

HR4Homelessness

Integrating harm reduction in homeless services

COUNTRY REPORT IRELAND

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Abstract

There has been a substantial increase in homelessness in Ireland since 2013, driven by a severe shortage of affordable and accessible rental accommodation in the private rented sector and the low levels of public housing provision, due to the depletion of public housing by help-to-buy schemes in the past decades. Housing subsidies have failed to compensate the stark increase of rents on the private market.

The increase of homelessness is largely made up of an increasing number of families becoming homeless. Within the homeless population, a distinction is drawn between those experiencing long-term homelessness whose needs are often more complex, and other homelessness such as families in emergency accommodation.

Those experiencing homelessness were found to be much more likely than the domiciled population to use drugs and to develop and experience problematic drug use. There is a complex causative relationship between drug use and homelessness. While drug use can be a factor for some in becoming homeless, drug use can also be commenced by people who are homeless as a coping mechanism, or drug use can be exacerbated by homelessness.

Needle exchange facilities are available in Ireland, however, unevenly available: while provision is generally good in larger cities, in rural towns needle exchanges can be limited.

Similarly, substitution and addiction treatment and detox services provided by the Irish Public Health Services are focused on larger cities, with very limited and difficult access for those from rural areas, and particularly homeless people. The Safe Injections Site, successfully piloted in Dublin in 2018, was commissioned as permanent service but is not yet in place, mainly due to political obstacles and localized planning objections.

Introduction

This country report provides an overview of the policy landscape in Ireland in relation to homelessness and drug-use. It provides a context to the scale and scope of the issues of homelessness and problematic drug-use in Ireland, and outlines what elements of the State's approach to the area are following a harm reduction model, and what policy shortcomings still prevail.

1.1 Data on homelessness

There has been a substantial increase in homelessness in Ireland since 2013, driven by a severe shortage of affordable and accessible rental accommodation. This increase is largely made up of an increasing number of families becoming homeless: 1,610 families in the February 2020 count, comprising 2,322 adults and 3,534 dependents. This is a 400% increase in both number of houseless families and children since July 2014.

Homelessness in Ireland is defined in law in Section 2 of the Housing Act 1988, where a person is regarded as homeless if the housing department of their local authority judges that they have no accommodation that they can ‘reasonably occupy’, or they are living in some form of emergency accommodation, and are judged to have insufficient resources to secure reasonable accommodation. While this could encompass a wide range of housing need, in practice the definition is interpreted narrowly to focus on adults and their dependents who are (or are imminently) sleeping rough or living in emergency and transitional accommodation (though excluding domestic violence refuges) (Anderson, Dyb and Finnerty, 2016). In terms of the ETHOS classification, this encompasses those ‘roofless’ and ‘houseless’. (see FEANTSA, 2017, for a discussion of the European Typology of Homelessness and Housing Exclusion, where ‘rooflessness’ refers to rough sleeping and ‘houselessness’ refers mainly to users of emergency hostels).

A statutory count of social housing need, including categories such as living in unaffordable accommodation and involuntarily sharing, and whose validity and reliability is routinely questioned by civil society groups, is conducted annually by each local authority. (Homeless Agency, 2017). As such, it is difficult to form an accurate picture of those experiencing “hidden homelessness” in overcrowded accommodation, couch-surfing, living with friends and family etc. Accordingly, two other measures of the extent of homelessness are generally relied on. The first measure is a count of rooflessness and houselessness in the five-yearly Census of Population (these counts were conducted for the 2011 and 2016 Censuses). The second and more significant measure provides monthly statistics on numbers using emergency accommodation only (Department of Housing, Planning and Local Government, 2018). This measure uses the Pathway Accommodation and Support System (PASS) software system to capture details of individuals in State-funded emergency accommodation; this data is now reported on monthly for the nine reporting regions of the country. Since the introduction of this new data collection method nationally from 2013, the quality of data (in terms of validity, reliability and timeliness) on the houseless (i.e. hostel-dwelling) population has improved very significantly.

Additionally, in terms of estimating the size of the rough sleeping (‘roofless’) population in Dublin, the twice yearly count conducted since 2007 by the Dublin Regional Homeless Executive (DRHE) provides a generally valid and reliable count of rough sleeping in Dublin (DRHE, 2018). However, the data gathered by the rough-sleep count may be impacted by the weather, timing and the areas surveyed.

Houselessness in Ireland is highly concentrated in the main cities, with the Dublin region consistently accounting for approximately two-thirds of the recorded houseless population. Results from the PASS system show houselessness (use of some form of emergency accommodation) has increasing rapidly, from 3,258 in July 2014 to 10,148 persons (6,614 adults and 3,534 dependents) in February 2020. 61.4% of these houseless adults were male and 38.6% were female. This increase is largely due to

increasing number of families becoming homeless: 1,610 families in the February 2020 count, comprising 2,332 adults and 3,534 dependents. This is a 400% increase in both number of houseless families and children since July 2014.

(Rather than being accommodated in emergency hostels, homeless families are typically housed in emergency hotels and bed and breakfast accommodation (Department of Housing, Planning and Local Government, 2018).

In Dublin, the numbers recorded as sleeping rough have fluctuated between 128 persons in the Spring 2019 count and 90 in the Winter 2019 count (DRHE, 2019).

Factors in the increase in Irish homelessness

People experiencing homelessness in Ireland are disadvantaged on many measures of socio-economic status and health. For example, the unemployment rate amongst the homeless population, as measured in Census 2016, was 69% (as compared to 13% amongst the domiciled population (Farrell, 2017). They were three times more likely to be unable to work due to long-term sickness or disability than the domiciled population (11.6% vs. 4.2%). However, despite such high rates of social exclusion and high rates of addiction issues, rising homelessness in Ireland has been clearly linked to structural (rather than individual level) factors. Poverty and unemployment play their part, and there was a 16% at risk of poverty rate amongst the domiciled population in 2018, though this rate has decreased slightly since 2012– CSO, 2019). However the key structural factors in the increase in homelessness has been the shortage of available and affordable accommodation in the private rented sector, and the low levels of public housing provision. The social housing stock has been depleted through help-to-buy schemes in decades past. There has been a resumption of rental inflation in the private rental sector for which housing subsidies have failed to compensate; lack of private social housing new build; and policy reliance on private landlords to assume a social housing role. (Finnerty, O’Connell, & O’Sullivan, 2016; O’Sullivan, 2016). The Simon Community conducts a quarterly report that finds that the majority of private rental properties available on the market are far beyond the limits allowed in order to qualify for Housing Assistant Payment (HAP). This payment is available to those who qualify for social housing, but requires an individual to find their own rental property on the private market within limits. (Simon Community, 2020)

1.2 Drug use among people experiencing homelessness

People experiencing homelessness are much more likely than the domiciled population to experience substance misuse problems, though this research is based on the single people experiencing homelessness and not on family homeless. The extent of problem drug use has increased much more rapidly amongst the homeless population than amongst the domiciled population in the last two decades. Within the homeless population, a distinction is drawn between those experiencing long-term homelessness whose needs are often more complex, and other homelessness such as families in emergency accommodation.

Those experiencing homelessness were found to be much more likely than the domiciled population to use drugs. The problem drinking profile of both groups is not dissimilar (separate and recent data is not available on the those adults experiencing homelessness in a family). There is a complex causative relationship between drug use and homelessness. While drug use can be a factor for some in becoming homeless, drug use can also be commenced by people who are homeless as a coping mechanism, or drug use can be exacerbated by homelessness.

The EMCDDA Ireland reports, based on methodologically respected national surveys, provide evidence on drug consumption trends in Ireland amongst the national population. These surveys suggest that drug use has become somewhat more common among the adult domiciled population aged 15-64 years in Ireland in the past fifteen years. Fewer than 2 in 10 adults reported lifetime use of any illicit drug in 2002-03, but this figure increased to approximately 3 in 10 in 2014-15. Similarly, last-year and last-month prevalence of use of illicit drugs has increased slightly since the 2011 survey.

The level of drug consumption is much higher in the homeless population than in the domiciled population, and there has been a much more rapid rate of increase of drug use amongst the homeless population. In a review of previous research in Dublin, Glynn (2016) found that, amongst the homeless population in Dublin, the proportion who had ever used drugs increased from 3 in 10 in 1997 to almost 8 in 10 in 2013. The percentage who identified themselves as a person who uses drugs increased from 23% in 2005 to 54% in 2013. Similarly, O'Reilly et al. (2015), in their survey of people experiencing homelessness in Dublin and Limerick, found that more than half (55%) of respondents reported current drug use (in the past three months).

The most recent data on the domiciled population from 2014-15 shows that cannabis remains the most commonly used illicit drug, followed by MDMA/ecstasy and cocaine. Illicit drug use is more common among males and younger age groups (EMCCDA country report for Ireland 2017). Current data on high-risk opioid use amongst the domiciled population is unavailable; for first-time users entering specialized drug-treatment centres between 2006 and 2010, heroin was the main problem drug reported (but this has now been replaced by cannabis) (EMCCDA country report for Ireland 2017).

O'Reilly et al.'s survey of people experiencing homelessness in Limerick and Dublin evidenced high levels of poly drug use amongst the homeless population in these two Irish cities (O'Reilly et al., 2015). Increased cannabis smoking, abuse of benzodiazepines and reduced heroin use was found among the younger cohort, as compared with an earlier study. An increase in methadone treatment coverage since the previous survey may have contributed to the reduction in heroin use among the younger cohort.

In relation to problem drinking, however, the profile of the homeless and domiciled populations is not dissimilar. Thus, while O'Reilly et al found that almost 40% of their homeless sample reported drinking above recommended limits, research on the domiciled population reports drinking to excess on a regular basis is commonplace. According to the Healthy Ireland Survey 2015 "Four out of ten drinkers in Ireland drink to harmful levels on a monthly basis, with over a fifth doing so on a weekly basis. This behaviour is evident throughout the population and is not specifically limited to particular groups." (Healthy Ireland, 2015).

The key source of data on convictions for drug use, and for public orders offences, comes from the annual report of the Irish Courts Service. For example, there were just over 13,100 orders made in respect of drugs offences coming before the District Court in 2016, a 6% increase on 2015 (Irish Courts Service, 2017). There were just over 28,300 orders made in relation to public order offences in 2016, a 7% increase on 2015. However, this data does not distinguish between the domiciled and the homeless populations.

Moreover, it is important to note the severe limitations of the Irish data with regard to drug use and homelessness. Official statistics on drug use amongst the homeless population nationally are not collected. Research, often commissioned by NGOs or having a strong medical orientation, and principally focused on Dublin and involving non-representative samples, must be relied upon (such as the research by O'Reilly et al, 2015, referred to above). This research has typically explored drug use amongst the roofless and houseless population.

1.3 Access to harm reduction services for those experiencing homelessness

Needle exchange facilities are available in Ireland, allowing people to pick up sterile injection equipment and return used items. According to the Health Service Executive (HSE), over 100 pharmacies nationwide participate in the Pharmacy Needle Exchange Programme. Some NGOs also provide needle exchange services to clients, such as the Dublin and Cork Simon Communities, Merchants Quay Ireland and the Ana Liffey Drugs Project. There is uneven access to needle exchange services across the country, while access is generally good in larger cities, in rural towns needle exchanges can be limited by time and days.

More broadly, addiction treatment services and detox services provided by the HSE are focused on larger cities, with very limited and difficult access for those from rural areas, and particularly homeless people.

There are no supervised injection facilities in Ireland, although a pilot supervised injection facility has been commissioned by the public health service provider, the HSE, and is to be provided by an NGO; Merchants Quay Ireland. This process began in December 2015 and has been fraught with delay, significant political obstacles and localized planning objections to the establishment of the centre, which will be located

in Dublin city centre. The process required legislative change that came about through the Misuse of Drugs (Supervised Injecting Facilities) Act 2017.

Since the 1990s Ireland has had a GP-led methadone treatment service for those experiencing opioid addiction issues. The public provision of methadone has the stated aim of reducing harm and overdoses associated with opioids. Currently over 10,000 people are in receipt of methadone treatment services from the HSE nationwide. There is a long-term trend of people remaining in receipt of methadone treatment services for many years. Service-users have expressed concerns related to the methadone treatment programme in Ireland, including lack of meaningful engagement around treatment planning and treatment choice, and around the lack of dignity involved in testing, including urine samples, for illegal drug use and punitive measures applied by GPs to those who test positive for illegal drug use. (Community Action Network, 2018)

Data from the Central Methadone Treatment List shows that there has been an increase in the number of people in receipt of methadone treatment who report as homeless or no-fixed abode, increasing from 2% in 2011 to 7% in 2014. This has been as a result of pilot initiatives for community-based treatment for problematic drug use within the homeless population, by organisations such as Novas and Merchants Quay Ireland.

2.1 Laws and policies on homelessness (national and, where existent, regional policies / policy strategies)

National Policy on Housing

In Ireland, the Housing Act 1988 remains the key piece of homelessness legislation, defining homelessness, giving power to local government ('local authorities') to make homelessness assessments, and to assist in various ways. This assistance takes a variety of forms: directly via provision of emergency accommodation, including homeless hostels, or B&Bs and hotels, by direct provision of social housing (local authority and voluntary providers); or indirectly via cash assistance to voluntary bodies for providing emergency shelters, to assist people experiencing homelessness to find accommodation. Another housing option is some form of rental housing subsidy, eligibility for which is determined by the housing authority (Finnerty, O'Connell, & O'Sullivan, 2016). The breakdown of the houseless homeless population by accommodation type is as follows: 54% of adults staying in emergency hostels with on-site support, 42% in private B&Bs and hotels, with the remaining 4% residing in 'other' accommodation. The Department of Housing recently sought to change the classification of those considered to be in emergency accommodation by removing those in "own-door" accommodation from the emergency accommodation monthly figures. Own-door accommodation is where short-term lets such as Airbnb are used to provide emergency accommodation to a family or individual. This change sought to remove a cohort of people from the monthly numbers, though they had no tenancy agreement or security in the own-door emergency accommodation.

However, the 1988 Act left unclarified the relations between local authorities and the other statutory provider, the Health Boards (subsequently the HSE), and indeed with voluntary providers. The Housing Act gave considerable discretion to local authorities in terms of who was to be counted as homeless and what services were to be provided to them, while the HSE continues to have a broadly defined remit to meet the needs of those experiencing homelessness (Anderson, Dyb, and Finnerty, 2016).

Since the policy orientation shift away from purely emergency responses to homelessness, as signaled in *Homelessness – An Integrated Strategy* (2000), the health, education and training needs of people experiencing homelessness have received more attention. A variety of initiatives, typically involving linkages between NGOs and statutory health, education and prison services, have emerged as a result. However, little systematic mapping of the services and supports provided by these NGOs is available. Some recent initiatives give encouragement for the future, particularly in the context of the underlying approach to viewing addiction in its public health and wider social context, rather than in narrow punitive terms.

In terms of institutions and delivery, Ireland is noteworthy for a strong reliance on NGOs (albeit now with quite high levels of State funding) to provide emergency responses. In attitudinal terms, there is a relatively high level of public support in Ireland for tackling homelessness.

The second national homelessness policy, published in 2008 had as its key target the elimination of long-term homelessness by the end of 2010. A key mechanism to implement this target was the setting up of what became regional homeless fora, which devised local action plans to progress the national goals. When this target was not met, and despite the backdrop of economic crisis, 2016 was chosen as the revised target year for ending homelessness (this target was also missed, as the statistics above demonstrate). (Anderson et al., 2016).

Most recently, homelessness features as a key concern in *Rebuilding Ireland: Action Plan for Housing and Homelessness* (July 2016). It provides for increased funding to, inter alia, reduce the reliance on hotels and B&B accommodation for homeless families. This has led to an increased use of ‘family hubs’. There has also been an enhanced inter-agency support for those experiencing homelessness, including those with mental health and addiction issues. Such enhanced supports continue the progressive policy development since 2000 with the publication of *Homelessness – an Integrated Strategy*, which went beyond purely emergency responses to proposing to address health, education and longer-term accommodation needs of those experiencing homelessness. (Anderson et al., 2016).

Pillar 1 of the Rebuilding Ireland plan is to ‘address homelessness.’ The pillar includes commitments to expand Housing Assistant Payment (HAP) that provides rental support to those in private rental accommodation, acquire more social housing units, enhance the rapid build of social housing and expand the ‘Housing First’ policy.

A General Election was held in February 2020, and a new Programme for Government may see changes to targets set out in Rebuilding Ireland, particularly the target for building social housing.

National Policy – health and income maintenance

A key feature of the Irish health system has been the provision of free primary medical care to low-income households who satisfy certain residence conditions. After assessment for eligibility, successful applicants are issued with a medical card entitling the holder to free primary health and dental care and to free medication, provided by the HSE. Free GP care and consultant-led care is often characterised by long out-patient waiting lists. Attempts to restrict these eligibility criteria were the subject of frequent political controversy during the Irish economic collapse from 2008 onwards (Finnerty, 2014). People who are homeless generally satisfy the conditions in order to access free primary medical care. However, migrants who are experiencing homelessness may not be able to satisfy the Habitual Residence Condition. The Habitual Residence Condition is a requirement to access social services that a person prove that they are habitually resident in the Irish State, and may be difficult to meet for a recent migrant or migrant with no fixed address.

Relatedly, the salient feature of the Irish system of income maintenance is the provision of a 'last-resort' payment – Supplementary Welfare Allowance - for persons not covered by social insurance or assistance who satisfy certain residence conditions. While not a 'basic income', this nonetheless puts a floor under the weekly budget of any qualifying adult (Finnerty, 2014).

2.2 Laws and policies on drug use and harm reduction (national and, where existent, regional policies / policy strategies)

The key pieces of legislation in relation to drug use are the *Misuse of Drugs Acts* 1977 and 1984. Penalties for possession of cannabis for personal use, for example, range from fines on first or second conviction to up to a year or more in prison on third conviction (depending on whether it is a summary conviction or conviction on indictment). For most other illegal drugs, the penalties involve up to a year in prison or fine on summary conviction, and up to seven years in prison for conviction on indictment. However, the *Criminal Justice (Community Service) Act 2011* requires courts to consider imposing a community service order instead of a prison sentence in all cases where up to 12 months' imprisonment might otherwise have been imposed.

The key national policy in relation shaping responses to drugs and alcohol up to 2016 was the *National Drugs Strategy 2006-2016*. It had five key themes: supply reduction, preventions, treatment, rehabilitation and research. Specifically in relation to homelessness, the strategy recommended / proposed, inter alia, elimination of

waiting lists for access to treatment; the possible provision of methadone in hostels; provision of safe places for people to inject drugs; provision of in-reach services; and targeted media campaigns. In terms of organisation and delivery of drug-related services to people experiencing homelessness, the Strategy urges enhanced inter-agency working, particularly at local level.

Despite this evidence of progress at policy level, Glyn (2016) had suggested that the Dublin data points to rather limited impacts on the drug-using homeless population: “Evidence across a range of parameters suggests that prevention and treatment of drug and alcohol addiction within the homeless population has not been adequately addressed over the timeframe”. He has suggested, inter alia, (for the Dublin region) improved training for staff working in shelters, implementation of harm reduction measures such as targeted needle exchange, specialist consultant-led mental health and primary care services to supply in-reach services into all emergency accommodation, a safe injecting room, and targeted information campaigns (some of these recommendations are already present in national drugs and homelessness strategies but have not been implemented).

A new strategy entitled “Reducing Harm, Supporting Recovery - A health-led response to drug and alcohol use in Ireland 2017-2025” was published in early 2017. As the title implies the strategy positions the problem of drugs and alcohol use as primarily a health issue, rather than a criminal justice issue. The Strategy is driven by five goals, as follows;

1. Promote and protect health and wellbeing;
2. Minimise the harm caused by the use and misuse of substances and promote rehabilitation and recovery;
3. Address the harm of drug markets and reduce access to drugs for harmful use;
4. Support the participation of individuals, families and communities; and
5. Develop sound and comprehensive evidence-informed policies and actions.

The headline ‘key actions’ in the strategy for the first three years were as follows;

- Establish a supervised injection centre in Dublin city centre
- Establish a Working Group to examine alternative approaches to possessions of small quantities of drugs for personal use
- New targeted Youth Service Scheme for young people at risk of substance misuse
- Expansion of drug and alcohol services including residential services

Prisons, Homelessness and Drugs Policy

The drugs treatment policy of the Irish Prison Service (IPS) undertakes to provide multidimensional drug rehabilitation programmes for prisoners, including those homeless or likely to be homeless on discharge. Drug treatment services in Irish prisons are sub-contracted to drug treatment services based in the community and to private consultants. Counselling services provided include structured assessments, individual counselling, therapeutic group work, harm reduction interventions, multidisciplinary care and release planning interventions; they use different

modalities, including brief interventions, motivational interviewing and motivational enhancement therapy, such as the 12-step facilitation programme (EMCCDA, 2017; Irish Prison Service, 2018).

In relation to accommodation for soon-to-be-discharged prisoners, and building on the discharge policy for those leaving care, prisons, and hospitals (Department of Environment, 2002), Sarma (2014) found that an in-reach prison project in Cork, was successful in providing advice and referral and other supports to soon-to-be discharged prisoners without accommodation.

Interventions

Since the re-orientation away from purely emergency responses to homelessness, as signaled in *Homelessness – An Integrated Strategy* (2000), the education and training needs of people experiencing homelessness have received more attention. A variety of initiatives, typically involving linkages between NGOs and the adult education sector, have emerged as a result (see e.g. TSA Consultancy, 2010). However, little systematic mapping of the services and supports provided by these NGOs is available. (Mazars, 2015): what follows are some examples of positive interventions that have been systematically evaluated.

In relation to the population that lies at the intersection of homelessness, drug/alcohol use, an assertive case management team (ACMT) pilot project in Dublin exemplifies an effort to provide long term, holistic approaches to reduce marginalization. (Dolphin, 2016). The pilot focuses on identifying, approaching, engaging with, and assisting those individuals with complex and multiple needs. The needs of the target group, numbering between 100-150 persons, encompasses four areas: addiction and public injecting; homelessness and rough sleeping; anti-social behaviour, begging and criminal behaviour; and mental health. Dolphin (2016) found that the ACMT pilot worked well and achieved significant engagement and case management outcomes with the target group.

Following a positive evaluation of a pilot Housing First pilot programme in Dublin, the government launched a Housing First National Implementation Plan in September 2018, with a view to providing Housing First accommodation to 650 people over the three-year cycle of the plan. (Department of Housing, Planning and Local Government, 2018) Expanding Housing First is a key action in the Rebuilding Ireland national policy on housing and homelessness.

2.3 Human rights situation of people experiencing homelessness/People Who Use Drugs (PWUD)

Ireland has ratified the UN International Covenant on Economic, Social and Cultural Rights (ICESCR). However there is no right to adequate housing enumerated in Irish domestic or constitutional law. In 2015, the national human rights institution, the Irish Human Rights and Equality Commission (IHREC), expressed its concern at the rapid rise in homelessness in Ireland in its shadow report to the UN committee on ICESCR.

(IHREC, 2015) IHREC has also expressed concern at the use of institutional settings, such as family hubs, as forms of emergency accommodation for people who are experiencing homelessness. (IHREC, 2017) Ireland's history of human rights abuses in institutional settings highlight the particular human rights risks associated with using institutions to meet social care needs.

In the last periodic review of Ireland by the UN under the ICESRC, the UN Economic and Social Council found that Ireland commented that the operation of a clause, the habitual residence condition, disallowed certain migrants to Ireland from social welfare benefits and contribute to homelessness.

The UN Committee also called on the State to step up the building of social housing, reduce the social housing waiting list, increase rent supplement levels and introduce legislation to protect mortgage borrowers in arrears. Finally the Committee called on Ireland to take all measures necessary to meet the critical needs of those who are homeless.

In terms of domestic Irish human rights case law, in 2012 the Irish Supreme Court found that the lack of an effective complaints mechanism for tenants evicted from social housing was a breach of the European Convention on Human Rights Act 2003 (Donegan v Dublin City Council, 2008). Housing cases are also regularly taken under the Equal Status Acts in Ireland in relation to discrimination in accessing housing, and has improved procedures at the Residential Tenancy Board, which is the state agency tasked with regulating landlord and tenant contracts and disputes.

3.1 Structural barriers

The public remains largely supportive in Ireland of measures to help people out of homelessness as a priority matter of national policy. Opinion polling in 2017 found 74% of the public felt the government was not doing enough to tackle the problem of homelessness (Amárach, 2017) and in the recent general election housing and homelessness were one of the main drivers of how people voted (Ipsos MRBI, 2020). However at local level, planning objections can regularly be submitted by local communities objecting to the building of social housing units, emergency accommodation hostels and other infrastructure relating to homelessness. Planning objections are often made by high profile national politicians in relation to local constituency areas.

IHREC published a report on discrimination and housing in Ireland in June 2018 undertaken by the ESRI. (IHREC, 2018)

The report found that;

- Non-EU nationals are more likely to face overcrowding than EU nationals on equivalent incomes, and that African migrants are over-represented in the homeless population.

- Black people and other non-white ethnic groups were more likely to report discrimination in access to housing than white Irish and white non-Irish people.
- Lone-parent families are hugely overrepresented in homelessness, comprising 60% of homeless families, compared to 25% of families with children in the overall population (CSO Census, 2016) and report higher levels of discrimination in accessing housing.
- Travellers were the group most at risk of being homeless, representing just 1% of the general population but 9% of the homeless population.
- People with disabilities report high levels of discrimination in terms of access to housing, and were particularly overrepresented in the homeless population, with one in four people experiencing homelessness having a disability, twice the prevalence of disability as in the overall population.
- Those from lower socio-economic backgrounds in terms of educational attainment and lower incomes were more likely to experience discrimination in access to housing.
- The IHREC has also successfully challenged in the Irish courts private rental market websites that have been found to include discriminatory advertisements for private rental properties (e.g. in relation to social welfare status).

Public opinion polling in relation to people who use drugs is infrequent in Ireland, however in 2016 a Red C opinion poll was undertaken for the CityWide Drugs Crisis Campaign. This survey found that one-half (51%) of respondents agreed that PWUD really scare them and just under two-thirds (64%) reported that it would bother them to live near somebody who is addicted to drugs. On a more positive note, Four out of five people (81%) agreed that all PWUD should have access to the treatment they require. More respondents disagreed (44%) than agreed (31%) that they saw people addicted to drugs more as criminals than victims. (Dillon, 2017).

3.2 Local conflict zones

In relation to drugs policy, the most high-profile example of objections in the planning process has related to the established of the pilot Supervised Injection Centre by Merchants Quay Ireland. The project has been delayed a number of years owing to objections by local businesses and schools to the establishment of the centre in the local proximity. The government first announced plans to set up a pilot injection centre in December 2015, subsequently changed legislation and undertook the necessary public procurement process. Despite this national government-led process, Dublin City Council rejected planning permission for the Centre in August 2019. The

national State planning authority, An Bord Pleanála, overturned this decision upon appeal in December 2019.

4. Implications for service providers

Homelessness remains at crisis levels in Ireland, with circa 10,000 people in emergency accommodation. Government resources have been deployed in the area of reducing homelessness. However the use of such increased resources includes a reliance on cash payments to the private rental market through housing subsidies, and a lack of ambition in relation to State funded and State built social and affordable housing.

Drugs Policy

The drugs policy trend at a national level towards a harm reduction and public health-based response to drugs issues is progressive, welcome and should be to the benefit of those experiencing homelessness. Possession of small quantities of drugs for personal use remains a criminal offence in Ireland.

While the national policy in the area is moving in a progressive direction, there have been and continue to be significant barriers in relation to implementation of progressive drugs policy. Risks include lack of funding, lack of political will and localized objections.

- **Funding:** During a period of austerity from 2008 to 2015 public expenditure was tightly controlled and reduced, with addiction services a low priority in an under pressure health budget. Since 2016 the national budget has increased year-on-year, however addiction and mental health services are starting from a very disadvantageous base of underfunding.
- **Political Will:** Irish political discourse is regularly dominated by high profile crises in the Irish health services, ranging from the mistreatment of women with cervical cancer, to elderly people waiting in Emergency Department's for long periods. In this climate, addiction services are a low priority politically, and receive less media attention and support.
- **Political Impetus:** Drugs policy is not high profile politically in Ireland. Drugs policy only tends to enter into political discourse in relation to tackling crime and organised drugs gangs, rather than in relation to the health impacts of drugs. In recent years 'gangland crime' has terrorized a number of disadvantaged areas, particularly in Dublin's North East inner city, inner Dublin suburbs such as Crumlin, and satellite commuter towns such as Drogheda.
- **Local Objections:** Localised objections, or "NIMBYISM" continue to be raised through planning processes in relation to drugs related services, such as methadone clinics, and the pilot supervised injection centre.

Recommendations

The National Drugs Strategy contains important and progressive measures that should improve outcomes for those experiencing addiction issues, including those who are homeless. The key recommendation from this country report is that the national strategy be fully implemented with adequate funding, political leadership and the involvement of the communities that are most seriously impacted by the issue of drugs.

On the broader issue of homelessness, the State must invest in making long-term provision for social and affordable housing, reduce reliance on the private market to provide social houses and enhance protections for tenants currently in the private rental market.

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