# STREET SUPPORT PROJECT

## Ireland

national report

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national report

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# executive summary

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: 1,739 families in the February 2018 count, comprising 2,431 adults and 3,755 dependents. This is a 400% increase in both number of houseless families and children since July 2014.

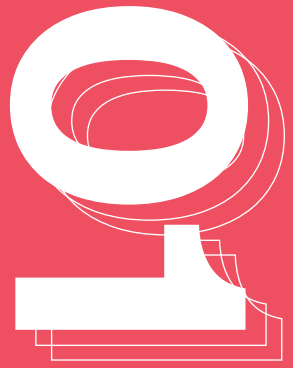
Single people experiencing homelessness are much more likely than the domiciled population to experience substance misuse problems, though the problem drinking profile of both groups is not dissimilar (separate and recent data is not available on the new family population experiencing homelessness). However, it is not possible to generalize about the links between drug use, public nuisance and homelessness, given the severe limitations of the Irish data.

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. 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.

A new drugs 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.

In relation to public nuisances, the main pieces of legislation are the Criminal Justice (Public Order) Act 1994 and the Criminal Justice (Public Order) Act 2011. A 'public place' is defined broadly to include roads, public parks, cemeteries and public transport. Offences in these public places, as specified in the 1994 Act, include being under the influence of drink or other drugs (section 4) and engaging in offensive conduct (section 5) and threatening or abusive behaviour (section 6). The 2011 Act added the offence of begging in an intimidating manner (section 2). Note that in all the above cases, it is the opinion of the member of the Garda Siochana that is relevant, and as such embodies a substantial element of discretion, potentially in a more benign and less coercive direction.

Since the policy orientation away from purely emergency responses to homelessness, as signaled in Homelessness – An Integrated Strategy (2000), the health, education and training needs of homeless people 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. Moreover, a recent Dublin review has suggested rather limited impacts on the drug-using population experiencing homelessness of these progressive policy initiatives. Nonetheless, some encouraging recent initiatives give encouragement for the future, particularly in the context of the underlying approach to viewing problematic drug use and public nuisance in its public health and wider social context, rather than in narrow punitive terms.



# national situation

## with regard to homelessness, drug use & public nuisances

# 1.1. Description of epidemiology

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 that 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 needs, 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 'rooflessness' and 'houseless'[1]. (

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). 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.

1. See FEANTSA, 2017, for a discussion of the European Typology of Homelessness and Housing Exclusion. In the Irish case 'rooflessness' refers to rough sleeping and 'houselessness' refers to the emergency use of hostels, bed and breakfast and hotel accommodation, and 'homeless hubs' (the latter specifically for families).

. 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 provides a generally valid and reliable count of rough sleeping in Dublin (Dublin Region Homeless Executive, 2018). More informal rough sleeper counts are conducted in the eight other reporting regions of the country.

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 from 2014 show houselessness (use of some form of emergency accommodation) increasing rapidly, to 9,807 persons nationally (6,052 adults and 3,755 dependents) in February 2018. 57.5% of these houseless adults were male and 42.5% were female. This increase is largely due to a growing number of families becoming homeless: 1,739 families in the February 2018 count, comprising 2,431 adults and 3,755 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, bed and breakfast accommodation, and in 'homeless hubs' (Department of Housing, Planning and Local Government, 2018).

In Dublin, the numbers recorded as sleeping rough have fluctuated between 90 and 105 persons in the counts from Spring 2015 to Spring 2016 with the count in early November 2017 recording 184 persons (DRHE, 2018). Increases in rough sleeping since late 2014 have been recorded by homelessness services in Cork City, with an average of 17 people sleeping rough in August 2016, and a total of 217 people recorded as rough sleeping on at least one night in the period October to December 2017 (Cork Simon Community, 2016; South West Region, 2018).

## ALCOHOL & DRUG USE OFFENCES, AND OFFENDING/PUBLIC ORDER OFFENCES: THE DOMICILED AND THE POPULATION EXPERIENCING HOMELESSNESS

People experiencing homelessness are much more likely than the domiciled population to experience substance misuse problems, though data on this is based on single people experiencing homeless rather than on the new family homeless. Moreover, the extent of problem drug use has increased much more rapidly amongst the population experiencing homelessness than amongst the domiciled population in the last two decades.

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 population experiencing homelessness than in the domiciled population, and there has been a much more rapid rate of increase of drug use amongst those experiencing homelessness. In a review of previous research in Dublin, Glynn (2016) found that, amongst the population experiencing homelessness 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 active drug users 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 in unavailable; for first-time users entering specialized drug-treatment centres between 2006 and 2010, heroin was the main problem drug reported (nowadays, however, this has been replaced by cannabis) (EMCCDA country report for Ireland 2017).

O'Reilly et al.'s survey of homeless people in Limerick and Dublin evidenced high levels of poly drug use amongst the population experiencing homelessness 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.

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 population experiencing homelessness.

Moreover, it is important to note the severe limitations of the Irish data with regard to drug use, public nuisance and homelessness. In first instance, national level data on the domiciled population in relation to the intersection of drug use with public nuisance is unavailable; as Van Hout and Bingen (2013) comment, "The extent of drug-related public nuisance in Ireland remains unknown."

These data limitations are compounded when attempting to link drug use and public nuisance with the population experiencing homelessness. Official statistics on drug use and public nuisance amongst the population experiencing homelessness nationally are not collected; research, often commissioned by NGOs or having a strong medical orientation, principally focused on Dublin, and involving non-representative samples must be relied upon. This is the case of the research by O'Reilly et al, 2015, referred to above, which has typically explored drug use amongst the roofless and houseless population, with little or no analysis of the drug use - public nuisance - homelessness nexus.

### 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 population experiencing homelessness, as measured in Census 2016 was 69% as compared to 13% amongst the domiciled population (Farrell, 2017). People experiencing homelessness were almost 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 despite the high rates of substance misuse reported above, rising homelessness in Ireland has been clearly linked to structural (rather than individual level) factors.

Poverty and unemployment play their part, as there was a 16.5% risk of poverty rate amongst the domiciled population in 2016, though this rate has decreased slightly since 2012 ( CSO, 2018). However, the key structural factor in the increase in homelessness has been the shortage of available and affordable accommodation in the private rented sector. Behind this lies: 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). A time-limited change in social housing allocation criteria favouring homeless households may have played a minor role in the increase in family homelessness, though this claim has been hotly disputed.

## 1.2. Description of the national policy approach

### NATIONAL REGULATION ON HOMELESSNESS

In Ireland, the Housing Act 1988 remains the key piece of homelessness legislation, defining homelessness and giving power to local government ('local authorities') to make homelessness assessments and to assist in various ways.

However, the 1988 Act left unclarified the relations between local authorities and the other statutory provider, the Health Boards (subsequently the Health Services Executive), and the 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 Health Service Executive continues to have a broadly defined remit to meet the needs of people experiencing homelessness (Anderson, Dyb, and Finnerty, 2016).

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, despite some evidence of street level hostility to people experiencing homelessness.

The second national homelessness policy, published in 2008 just as the housing bubble was bursting, had as its key target the elimination of long term homelessness by end 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). The Plan provides for increased funding to, inter alia, reduce the reliance on hotels and bed and breakfast accommodation for homeless families; an increased use of 'family hubs'; and enhanced inter-agency support for people experiencing homelessness, including those with mental health and problematic drug use 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 people experiencing homelessness (Anderson et al., 2016).

## NATIONAL REGULATIONS ON 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 Health Services Executive. Attempts to restrict these eligibility criteria have been the subject of frequent political controversy since the Irish economic collapse in 2008 (Finnerty, 2014).

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).

## NATIONAL REGULATIONS ON DRUGS

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. 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.

## NATIONAL REGULATIONS ON PUBLIC NUISANCE

In relation to public nuisances, the main pieces of legislation are the Criminal Justice (Public Order) Act 1994 and the Criminal Justice (Public Order) Act 2011. A 'public place' is defined broadly to include roads, public parks, cemeteries, and public transport. Offences in these public places, as specified in the 1994 Act, include being under the influence of alcoholic beverages or other drugs (section 4) and engaging in offensive conduct (section 5) and threatening or abusive behaviour (section 6). The 2011 Act added the offence of begging in an intimidating manner (section 2).

Offensive conduct is defined as " any unreasonable behaviour which, having regard to all the circumstances, is likely to cause serious offence or serious annoyance to any person who is, or might reasonably be expected to be, aware of such behaviour." The offence of being under the influence of alcoholic beveragesor drugs in a public place refers to a level of intoxication "to such an extent as would give rise to a reasonable apprehension that he might endanger himself or any other person in his vicinity." Interestingly, where a member of the 'Garda Siochana' (the Irish police force) forms such a judgement, any intoxicating substance may be confiscated without warrant, except in someone's home.

The offence of threatening or abusive behavior is defined as "threatening, abusive or insulting words or behaviour with intent to provoke a breach of the peace or being reckless as to whether a breach of the peace may be occasioned". A new offence of harassment or threatening behavior, or obstructing free

passage, while begging in a public place was introduced in the Criminal Justice (Public Order) Act 2011.

Sanctions for the above range of offences include fixed-charge fines, arrest without warrant (if failing to supply name and address), and exclusion orders (under the Criminal Justice Public Order Act 2003) from premises such as pubs and nightclubs for periods up to one year. Note that in all the above cases, it is the opinion of the member of the Garda Siochana that is relevant, and as such embodies a substantial element of discretion, potentially in a more benign and less coercive direction.

## 1.3. Description of the national support system

As noted above, the 1988 Housing Act gives power to local authorities to intervene to assist persons assessed as homeless. This may take a variety of forms: directly via cash payments to people experiencing homelessness (e.g. for emergency Bed and Breakfast); 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 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 (hostel-using) population by accommodation type is as follows: 54% of adults staying in emergency hostels with on-site support, 42% in private bed and breakfasts and hotels, with the remaining 4% residing in 'other' accommodations.

As noted above, the key national policy in relation shaping responses to drugs and alcohol up to 2016 was the National Drugs Strategy 2006-2016. It had 5 key themes: supply reduction, prevention, treatment, rehabilitation and research. Specifically in relation to homelessness, the Strategy recommends/proposes, inter alia: the 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.

As mentioned above, the 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 drugs and alcohol use as primarily a health issue, rather than a criminal justice issue.

This strategy identifies five strategic goals as follows:

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

The issue of public nuisance receives relatively little attention in the strategy with just one identified objective (third one) related to the issue. This is a proposal to develop and pilot a Community Impact Assessment Tool in order to measure the impact of drug-related crime and wider public nuisance issues on communities.

Despite this evidence of progress at policy level, Glyn (2016) has suggested that the Dublin data points to rather limited impacts on the drug-using population experiencing homelessness : "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 safer injecting room; and targeted information campaigns. Some of these recommendations are already present in national drugs and homelessness strategies but have not been implemented.

## PRISONS: REPRESSION, PENALTIES, DRUG COUNSELLING AND DISCHARGE PLANNING

The drugs treatment policy of the Irish Prison Service 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 Services, 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,referral and other supports to soon-to-be discharged prisoners without accommodation.

# 02

# 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 which lies at the intersection of homelessness, drug/alcohol use and public order issues, an assertive case management pilot project in Dublin exemplifies an effort to provide long term, holistic approaches to reduce marginalization and public nuisance (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: problematic drugs use and public injecting; homelessness and rough sleeping; anti-social behavior, begging and criminal behavior; and mental health. Dophin (2016) finds that this pilot is working well and achieving significant engagement and case management outcomes with the target group.

In terms of organization and governance, the project comprises involves four agencies: the Health Service Executive (HSE); Dublin City Council (DCC); the police (Garda); and the Ana Liffey Drug Project (ALDP).

The ALDP employ a team leader and a project worker using HSE funding, and provides management and volunteer support from their own resources. The Garda have two members, one from each side of the city, allocated to working part-time with the team, amounting in total to half a full-time input. Dublin City Council provide the team with rent-free office and meeting space and resources.

Oversight is provided by a 'High Level Group' drawn from senior management in the HSE, DCC, the Garda, and the Dublin Region Homeless Executive, which meets every four-six weeks with the ALDP director. An interagency case management team meeting takes place every week with the ALDP team leader and project worker, the Garda members and a Housing First (DCC homeless street outreach service ) representative.

The team also has regular informal and/or structured communication with a range of other statutory agencies and community/voluntary charity/non-governmental organisations (NGOs) providing services in the homeless and addiction sectors.

In order for a person to be case managed under the ACMT, they first sign a Consent Protocol - agreeing that information on their case can be shared across key agencies.

The brief of the two ALDP workers is outreach and case management, with a typical caseload in 20 persons each. Dolphin (2016: 21-2) lists the 'soft and hard outcomes' as follows:

- Emotional support to clients;
- Giving hope to clients, positive thinking and problem-solving through care plans;
- Hands-on practical supports e.g. paperwork, accompaniment, advocating in relation to other services, which solves practical problems for the client and therefore reinforces trust and engagement;
- Better assessment of client needs through interagency case management, leading to more

comprehensive treatment plans;

- Clients supported to access services previously unavailable to them or excluded from (e.g. accommodation or rehabilitation services)
- More clients keeping medical and legal appointments;
- Clinics using the ACMT to follow-up on clients who drop out of medical treatment;
- Significant improvement in the relationship between many clients and the Garda, leading to increased communication, trust and compliance with the law, warrants and court appearances;
- Reduction in drug-dealing, begging and anti-social behaviour.
- Managing upcoming court appointments with clients to avoid missed appearances and further bench warrants" (21-2)

Following a positive evaluation of a pilot Housing First pilot programme in Dublin, involving 30 persons who had been chronically roofless, and with a tenancy sustainment rate of around 80% (Greenwood, 2015), national homeless

policy has now outlined has a detailed target of ending homelessness for 660 persons who are long-term homeless with complex support needs across the state over the period 2018 to 2021 (Department of Housing, Planning and Local Government, 2017a; Dublin Region Homeless Executive, 2018).

# 03

# conclusions & recommendations

## 3.3. Most important findings of this report

- There is a **lack of data on the homelessness-drug use-public nuisance nexus**;

- There is a **lack of progress on implementing numerous proposals** that would have positive outcomes, particularly in relation to the drug-using population experiencing homelessness.

Glynn (2016) has suggested that the Dublin data points to rather limited impacts on the drug-using population experiencing homelessness: "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 are already present in policy but not implemented). It is noteworthy that many of these recommendations repeat those made a decade earlier;

- There is a **lack of evidence of the coercive approach** to people experiencing homelessness in public spaces evident in some other European countries.

In terms of Mitchell's (1995) distinction between the vision of a public space marked by free interactions and the absence of coercion by powerful institutions, and the vision of the planned controlled ordered space, orientated towards the assumed preferences of the emergent urban professional classes in the neoliberal city (also Lawton and Punch, 2014), insufficient evidence exists to

ascertain in which category Ireland (or Irish urban spaces) should be placed (or towards which end of the continuum Ireland belongs, in less dichotomous terms). While e.g. the Criminal Justice Public Order Act 2011 would suggest Ireland gravitates towards the latter category, the assertive case management initiative evaluated by Dolphin (2016), as well as the (generally undocumented) initiatives of NGOs, not to mention the lack of research and data in these areas, makes any determination of this issue currently impossible.

## 3.3. Evaluations of the findings

The results of this desk-based assessment may be summarized as "unexpectedly positive", chiefly because of the evidence (albeit limited) of attempts to address the issue of the homelessness-public order-drug use nexus in a constructive and non-punitive way. Traditional punitive approaches are clearly evident in the Criminal Justice Acts 2004 and 2011 discussed above.

However, recent policy developments, particularly in relation to the national rolling out of a housing first approach to roofless and houseless persons with complex needs (DRHE, 2018), and the moves to treat problem drug use as a health rather than criminal matter (Department of Health, 2016) suggest that non-punitive approaches are now in the ascendant, at least at the level of official discourse.

## 3.3. Advice for best practices

The suggestions below come directly from the review by Glynn (2016) and from views of stakeholders reported in Dolphin (2016) and Van Hout & Bingham (2013). As these suggestions and views arise from existing policy documents and suggestions of stakeholders, and to that extent may be deemed ipso facto to have good degrees of feasibility and viability.

- **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 (not just in Dublin or Cork).
- **Safe injecting rooms**.
- **Targeted information campaigns.**

More generally, there is the need for:

- **Improved rehabilitative pathways** for those on methadone treatment.
- **Greater access to and provision of treatment options** across Ireland.

integrated and inter agency community, service, business, family, youth, service user and Gardaí(Police) using a partnership approach to address anti-social behavior.

- **Incentives to encourage greater use of community employment schemes,** as part of improved detoxification and treatment pathways for clients accessing services in the research area.

## 3.4. Perspectives for the future

Overall, the underlying approach to viewing addiction and public nuisance in its public health and wider social context, rather than in narrow punitive terms, needs to be encouraged, resourced, and deepened.

## 3.5. Conclusions & Recommendations

Homelessness is a major and growing problem in Ireland. However, it is not possible to generalize about the links between drug use, public nuisance and homelessness, given the limitations of the Irish data, the emergence of structural (housing) drivers of homelessness and the resultant emergence of a cohort of homeless families whose health and addiction profile is likely to be quite different to that of the single homeless person.

While policy in relation to homelessness, drugs and public nuisance has moved in a generally positive direction, there is the need, inter alia, for-greater access to and provision of treatment options across Ireland, a deepened partnership approach across statutory, business, and civil society to address anti-social behavior.

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Drug- and alcohol-related nuisance is an important policy issue in nearly all smaller, medium-sized and bigger cities. Experience and research has shown that this is a pan-European problem which many local and municipal authorities are struggling to address in an effective manner.

A broad range of participatory interventions and prevention activities have been developed to prevent nuisance among youngsters. Intervention, targeting adults however, are limited and mainly based on repressive and sanctionary acts, including arrests, restraining orders and fines. Less is known about inclusive strategies and adult learning opportunities, which provide daily structure and support to this specific group.

The Street Support Project is built on the idea that each person has the potential to learn and to do something meaningful. Adult learning, work and other activities can play a vital role in this context, as long as it is adapted to the specific needs and living conditions of the target group.

STREET
SUPPORT