


The logo for DRIVE (Drug Related Intimidation & Violence Engagement) features the word "DRIVE" in a bold, sans-serif font. The letters "D", "R", "I", and "V" are dark green, while "E" is a lighter shade of green. To the right of the text is a large, stylized arrow pointing right, composed of many small, light green arrows pointing in the same direction.

Drug Related Intimidation & Violence Engagement
An interagency response in Ireland

A data-driven intervention model to respond effectively to drug-related intimidation and violence in communities in Ireland.

November 2021

Executive Summary

FOREWORD

One of the strategic priorities under the national drugs strategy for 2021-2025 is to address the social determinants of and consequences of drug use in disadvantaged communities. This priority recognises the additional challenges arising from drug use in communities. It will tackle the criminality and anti-social behaviour associated with the drugs trade that impose a heavy burden on communities. These issues require action across government to promote community development and community safety.

Drug related intimidation and violence is a serious and insidious problem that affects individuals, families, and communities, throughout the country. It is not acceptable that the lives of families and communities are blighted by the violence and intimidation associated with criminal groups.

Addressing drug-related crime is also a concern of the EU drugs strategy and action plan. It recognises the impact of drug-related crime on communities and seeks to counter the threats posed by violence and intimidation, corruption and money laundering.

Addressing drug-related intimidation and violence is a central concern in strengthening resilience in communities, supporting participation of individuals families and communities, and developing evidence informed policies. It requires the involvement and cooperation of a range of government departments, statutory agencies and the community and voluntary sector.

I welcome this report which is an initiative of the national network of drug and alcohol task forces together with An Garda Síochána, the Probation service, HSE, family support and the community and voluntary sector and is funded by the Department of Health for a three-year period.

The report builds on previous research, including the Health Research Board evidence review in 2017, to identify on how best to develop systems and structures to realistically respond to drug related intimidation. It details and describes the development of a model to respond to drug related intimidation and violence in our communities. It outlines guidance for local structures, data collection methods and the evidence base for different approaches.



Supported by Regional and Local Drug & Alcohol Task Force Networks and the National Voluntary Drug & Alcohol Sector

Capturing quantifiable data in relation to drug related intimidation has been very challenging to date. The approach taken by the DRIVE project to engage with the Health Research Board to explore potential data collection mechanisms at community, regional and national level is positive and, in many ways, ground-breaking. For the first time, it proposes a mechanism to provide robust data and evidence on the patterns of drug related intimidation, which can inform responses to reduce the impact on families and communities. It will also be valuable for EU member states and the European drugs agency (EMCDDA) as a means to gather comparative data on drug related intimidation.

This report outlines an excellent model accompanied by a detailed implementation plan. As it develops, it will provide a toolkit for communities to enhance their capacity to address drug related intimidation. This model will complement the work of the Department of Justice on community policing and safety matters. It also builds on the Drug Related Intimidation Reporting Programme developed by An Garda Síochána and family support services to support affected families.

This is an informative report and I urge everyone with an interest in this topic to read it carefully. I look forward to receiving updates on the project as it delivers tangible actions and outcomes.

Finally, I want to congratulate the research team for their collaborative approach and extensive consultation with those who have direct experience of drug related intimidation. I also would like to acknowledge the work of the DRIVE oversight committee who represent the kind of multi-agency approach needed to tackle drug related intimidation and violence in our communities.



Frank Feighan TD

The Minister of State with responsibility for
Public Health, Wellbeing and the National Drugs Strategy

CHAIRS INTRODUCTION

On behalf and at the request of my colleagues on the DRIVE Oversight Committee; I am delighted to formally introduce the DRIVE Report. As a group, the DRIVE Oversight Committee considered the extensive body of work already in existence on drug related intimidation and violence; including Citywide and Dr Johnny Connolly reports among others. In particular we made a purposeful decision to build on the recent HRB evidence review; to inform systems and structures that were backed by evidence and applicable in any community. A key gap we identified very early on in the process was the need for a robust mechanism to capture the nature and prevalence of drug related intimidation at community, regional and national level. We saw this as central to ensuring evidence based approaches that were cognisant of the different needs of different communities. We noted the clear evidence in the literature that community collaboration must be embedded and central to any effective approach. With that in mind, the next stage was to resource the development of a DRIVE Community Intervention model which would incorporate both of these elements.

The committee is very grateful to Minister Frank Feighan for granting the funding and Jim Walsh, Mary-Jane Trimble and colleagues in the Drugs Policy Unit in the Department of Health for their ongoing support with which made this report possible. This will also allow the recruitment of a DRIVE Coordinator to develop the training & capacity building recommendations of the report. Furthermore we owe a huge debt to Dr Suzi Lyons and colleagues in the HRB for their openness to exploring data collection mechanisms with us. This will be one of the cornerstones of this project as it moves into implementation phase.

From inception to publication this report has been shaped and informed by many stakeholders as outlined further in the report itself. We would like to thank previous committee members Shane Brennan and Chief Superintendent Brian Woods and in particular Jennifer Clancy for the energy she inserted in the project in those early days and wish her the very best in her new role in the Department of Justice. Indeed, we must thank all of our colleagues in the Regional and Local Drug & Alcohol Task Forces, community and voluntary projects, family support, HSE Social Inclusion Services, Probation Service, An Garda Síochána and the many contributors who have helped bring this project to life. The Committee commends researchers Eamonn Seydak and colleagues in S3 Solutions for consulting widely and for their ongoing collaboration and openness to feedback. We also had expert inputs at critical stages of the project by Dr Johnny Connolly and the award winning 'Greentown' researcher Dr Sean Redmond who was very generous with his time and ongoing support

It is fair to say that this report is the culmination of a lot of work by a lot of people. Underpinning it was the dedication of my colleagues in the DRIVE committee itself. This project gathered steam just as the country went into lockdown in early 2020 when we formally established the interagency DRIVE Oversight committee. There was a huge volume of work completed since then with numerous meetings and consultations eating into already busy schedules for committee members. Meetings were almost weekly with lengthy reviews and discussions over hours of online consultations. Indeed we did not meet in person until late 2021. It is their enthusiasm, integrity and genuine commitment to improving the quality of life for communities impacted by drug related intimidation and violence that has culminated in finally publishing the DRIVE model. I look forward with great excitement to our continued collaboration with all partners as we start to follow through on the DRIVE actions in 2022.

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Bríd Walsh
Chairperson
DRIVE Oversight Committee

ACKNOWLEDGEMENTS

We would like to acknowledge the guidance and counsel provided by the DRIVE Oversight Committee and the Research Advisory Group. These groups helped shape our report, hold us to account on the methodology and retain a strategic oversight in the approach. Membership of the DRIVE Oversight Committee and Research Advisory Group are included in appendix 1. We would also like to acknowledge and thank all of the organisations and individuals that took the time to contribute to the consultation process, the various contributions were crucial in shaping the development of the model.

INTRODUCTION

In March 2019, the Minister of State with responsibility for Public Health, Wellbeing and the National Drug Strategy (NDS) announced an additional funding of €1 million for the implementation of the NDS.

Following consultation with relevant stakeholders, a three-strand model for this additional funding was agreed in May 2019. An allocation of funding under strand 3 was awarded to the DRIVE (Drug-related Intimidation & Violence Engagement) Project. One aspect of this project was to commission an independent research process that would:

- engage and consult with stakeholders from the community, voluntary and statutory agencies, including those impacted by; or whom are directly supporting individuals and communities affected by the issue of drug-related intimidation and violence
- lead to the development of 'A data driven intervention model using the best available information to respond effectively to drug-related intimidation and violence in communities in Ireland'.

During the period January–June 2021, the following consultation activity took place, informing the model:

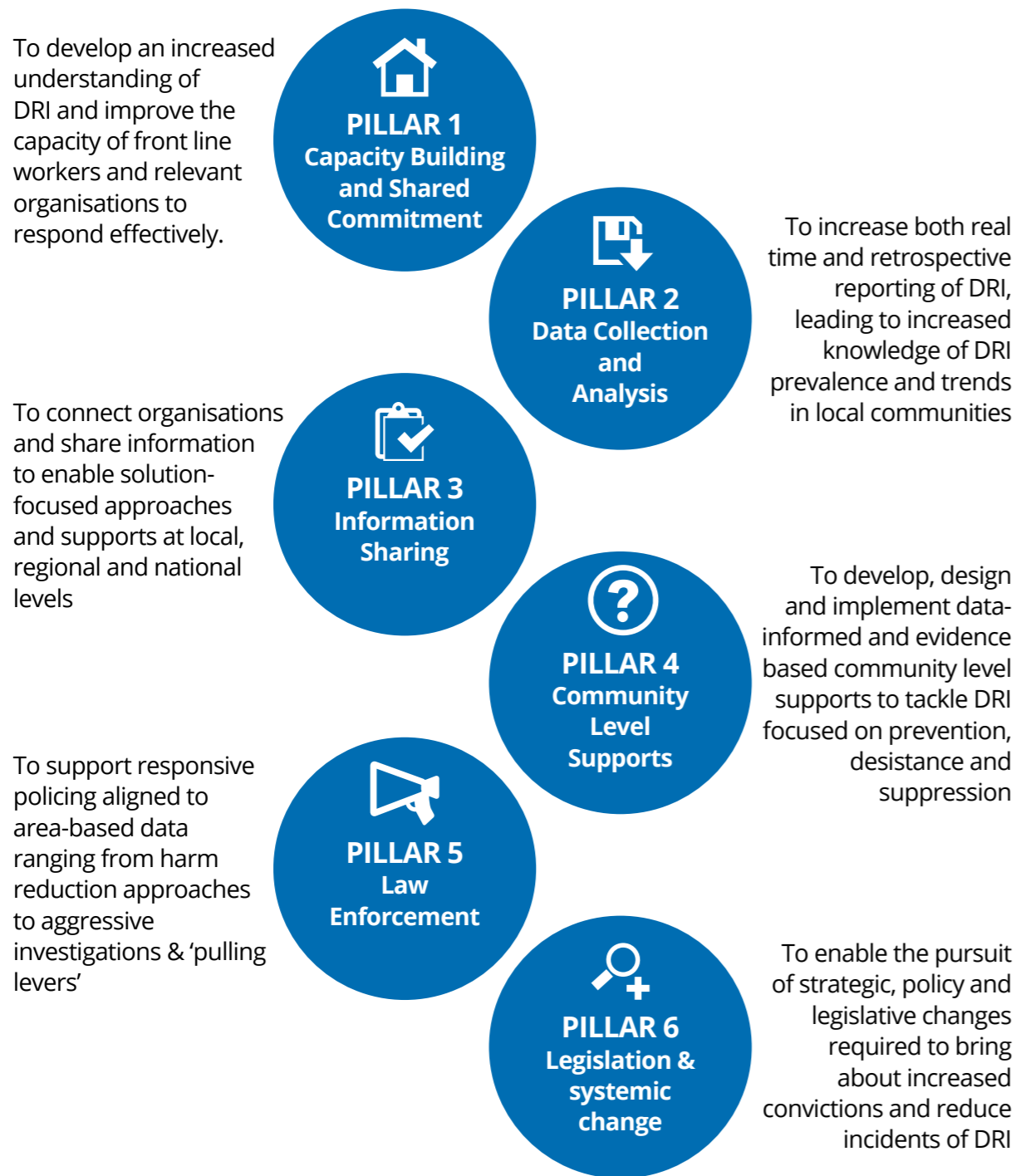
- Thirty six semi-structured interviews were carried out with organisations from the community, voluntary and statutory agencies, including (not exhaustive): Drug and Alcohol Task Forces, An Garda Síochána, the Probation Service, Department of Health, HSE, Health Research Board, Academics, Local Service Providers, Citywide.
- Four online group discussions with the local and regional drug and alcohol task force networks, regional Garda Inspectors and the National Addiction Advisory Governance Group
- Four meetings of the DRIVE Oversight Committee to: co-design the consultation process, set the context for the research from a strategic/policy and community perspective, reflect on the emerging findings and finalise recommendations.

There is a wide body of existing research on the extreme and negative impact of DRI on individuals, families and communities. The focus of this research was on how DRI manifested, and what resources, systems and structures exist currently, or could be developed in the future to tackle DRI. The result is the development of a practical, data-driven model that offers a national approach that ultimately seeks to reduce incidents of DRI, reduce the harm caused by DRI and create safer and healthier communities.

A DATA-DRIVEN INTERVENTION MODEL TO RESPOND EFFECTIVELY TO DRUG-RELATED INTIMIDATION AND VIOLENCE IN IRELAND

DRIVE Intervention Model

The data-driven intervention model to tackle DRI is comprised of six key pillars which, collectively, provide a comprehensive response to Drug-Related Intimidation. On their own, the pillars will not deliver the intended outcomes or results, moreover the six pillars are interdependent and require a joint commitment and unity of purpose from those with responsibility to intervene. Central to the framework is a commitment to data collection and information sharing. At a basic level, by naming, defining and better understanding the problem – this model creates the impetus for action. The successful implementation of the model will also create the conditions for effective lobbying and campaigning for policy and legislative changes that may bring about greater levels of convictions and ultimately reduced incidents of DRI –which is at the heart of a theory of change.



Model Implementation Plan

A series of 18 actions are aligned to the six pillars of the model, all of which are underpinned by four strategic imperatives.

DRIVE Leads

To support the implementation of DRIVE, we recommend the establishment of a network of DRIVE leads. The expected roles and responsibilities of the DRIVE lead in each area will be:

- 1 Coordinating data collection efforts in each area with front line service providers
- 2 Cascading the delivery of a reinvigorated DRI training programme to all front line workers within their local catchment
- 3 Coordinating local information sharing to develop area based understanding of DRI prevalence and trends that inform community level supports and policing responses
- 4 Contribute to regional structures such as the new community safety forums to promote solutions based approaches to DRI and contribute to national information sharing events
- 5 Using data, to develop and oversee the development and delivery of community level supports in each area under the themes of prevention, desistance and suppression – this involves maximising existing and securing new resources.

These roles should be located within the community and voluntary sector with the network of Drug and Alcohol Task Forces best placed to lead on the implementation of the DRIVE intervention model.

18 Sláintecare is the ten-year programme to transform our health and social care services. It is the roadmap for building a world-class health and social care service for the Irish people.

In the immediate term we recommend the nomination of a DRIVE lead in each DATF area. The initial focus of this nominated DRIVE lead will be to facilitate the DRIVE interagency structures at a task force level and coordinate the cascading of training to local areas to enable data collection on DRI. The nominated DRIVE leads will form a DRIVE network, supported by the National coordinator (a position that is being created to oversee the roll out of the recommendations in this report) to provide peer support and shared learning to ensure the implementation of DRIVE in local areas.

It is expected that, based on the data gathered, these roles will require future resourcing in order to adequately respond to DRI at a community level. This may be at an individual task force level, or a shared role across multiple task force areas depending on emerging need.

There are roles with a similar remit in existence in some DATFs, for example: community safety officers (primarily in Urban Inner City areas). These may offer a natural place for the nominated DRIVE lead. Where these roles are not in existence currently, consideration should be given for a small resource allocation per DATF to support the extension of an existing role to motivate and engage service providers, ensuring a unity of purpose in the implementation of data collection and information sharing.

DRI Partners

In light of the recent closure of the NFSN, it is recommended that the collaboration with An Garda Síochána on DRI continues via the DRIVE structures. This will include the joint design and roll out of a reinvigorated DRI training programme and reconfiguration of the DRIRP.

Resourcing The Action Plan

The following pages set out a series of 18 additional actions that relate to the six pillars of the implementation model, many of which will require an investment of resources, this includes for example: the development of a new online CPD-accredited training module and associated toolkits, materials as well as development work and extension of the NDTRS system for reporting and the future resourcing of DRIVE leads. The proposed model clearly cuts across the strategic priorities of both the Department of Health and Department of Justice. Specifically, the model aligns closely with strategic priority 4 of the Mid Term Review of the National Drugs Strategy (2021-2025) which is: “Address the social determinants and consequences of drug use in disadvantaged communities” as well as Goals 1 and 3 of the Department of Justice’s Safe, Fair and Inclusive Ireland Strategy. In addition, there is strong alignment between the model and the new community safety fund¹⁹, derived from CAB monies. These represent potential sources of funding. It is recommended that joint action is considered in resourcing the model.

Long Term Approach

This research positions DRI as endemic in communities across Ireland. A strong commitment to a long term approach is required to tackle DRI in a meaningful way. The early stages of the implementation plan are about establishing and embedding systems and structures, it is only when these systems and structures are in place and operational can good quality data be used to inform community level supports and law enforcement approaches, this requires patience and a long term commitment. The need to manage expectations on the timescale for impact is important and will ensure that all those connected with the roll out and implementation of the model are operating to the same agenda.

Implementing the Model

The following pages set out the 18 proposed actions that bring the six pillars of the model to life in a practical and implementable way.

¹⁹<https://www.gov.ie/en/press-release/ffa54-success-in-seizing-proceeds-of-crime-to-be-reflected-in-new-community-safety-innovation-fund/>

Pillar	Purpose	Key Actions
Capacity Building and Shared Commitment	Increased understanding of DRI and capacity to respond amongst front line workers and relevant organisations	<p>1. An Garda Síochána, the National DRIVE Coordinator and a representative group of service providers, drug and alcohol task forces, the HRB and people with lived experience will work to jointly develop a new DRIVE training programme that builds and expands on the previous DRIPR training. The reinvigorated training programme should focus on better understanding DRI, how it can be recorded, reported and recommended responses. Concurrently, and as part of the joint development of training, the various partners should discuss the findings of the 2019 evaluation of the Drug Related Intimidation Reporting Programme and the 2020 evaluation of the Community Crime Impact Assessment (CCIA) and how they might relate to a new model. A reconfigured DRIRP should align with the new data collection and information sharing networks as proposed in this model (see pillar 2).</p>
		<p>2. Ownership and responsibility for the coordination of the roll out of training should transfer to the National DRIVE Oversight committee through the National DRIVE Coordinator.</p>
		<p>3. The network of DRIVE leads should complete a 'Train the Trainer' module on the new DRIVE training programme. This network can in turn, cascade the delivery of training to all front line workers in family support, addiction, housing, elected representatives and other community services within their respective areas as well as train up local service providers/front line delivery staff to roll out training to residents and service users.</p>

Pillar	Purpose	Key Actions
		<p>4. The new DRIVE training programme should be embedded into Garda training at Templemore for new recruits and throughout various Garda stations to existing staff, particularly for those that deal directly with the public and for those that record crime motives using the Garda reporting mechanisms. It should be compulsory for Garda Regional Inspectors and Community Gardaí to complete DRIVE training before being assigned to those roles.</p>
		<p>5. The DRIVE training programme should be converted to an online module the provides CPD accreditation for those in front line community services (including but not limited to: The Probation Service, TUSLA, Garda Diversion projects, Youth-related projects, Family Support and Addiction Services, Sport and An Garda Síochána) and statutory services who complete the training.</p>
		<p>6. In conjunction with the roll out of training to front line services, the DRIVE lead in each area should coordinate an awareness raising campaign to make people aware of reporting options through community and voluntary front line services. The development of consistent national templates and messaging, with space for local input should be cascaded through the DRIVE lead for each area and delivered through service provider social media accounts and other local information outlets. The purpose is to ensure that local people are aware that they have the option to be signposted for support for the impact of DRI in community services who will have specific DRIVE training to provide service users with supports options available to them. This could result in organisations that complete training, signing up to a 'DRIVE Charter' which is a demonstrable commitment to raise awareness, to collect and record data and to contribute to a solutions-orientated approach to tackle the issue.</p>

Pillar	Purpose	Key Actions
Data Collection and Analysis	Increased real time and retrospective reporting of DRI leading to an increased understanding of DRI prevalence and trends in local communities	<p>7. The NDTRS²⁰ system offers an online data entry portal, accessed with an internet connection and is currently used by treatment services (within DATF areas) to record information on service delivery. It is technically feasible to extend the functionality of the NDTRS to enable inclusion of Drug-Related Intimidation data. Proposal to explore:</p> <ul style="list-style-type: none"> ○ Development work to the NDTRS system to provide a screening question on DRI and a 'reason for referral' option as 'DRI'. This should trigger a pop-up window which would allow the service provider to input data relating to: <ul style="list-style-type: none"> • Nature of the DRI (will require list of drop down options, informed by National DRIVE Coordinator/this report) • Level of Debt (if appropriate) • Date/Time of Incident(s) • Approximate Location (ED or SA) • Outcome • Approximate age profile/gender of perpetrators and whether it was an individual or group <p>The overall objective of this is to get a good picture of the nature of DRI in specific areas in terms of how it manifests rather than identifying specific individuals and to identify trends in areas to support inter agency planning. The location of the data within the NDTRS system can have positive impacts in relation to HRBs commitment to report at an EU level to the European Monitoring Centre, within which Drug-Related Intimidation is an emerging priority. The anonymous data should be accessible on a 'live basis' by the DRIVE lead for each area to ensure real time reporting of DRI.</p>

Pillar	Purpose	Key Actions
		<p>8. The research suggests that front line family support services and other community services are the most likely to receive information and reports of DRI. Therefore, access to the NDTRS system should be extended to enable family support services and all other front line services who receive reports on DRI to record DRI information. In these cases, where DRI is selected as a 'reason for referral', all other treatment related data fields could automatically populate as 'not applicable'. This is technically feasible within the NDTRS system but will require development resources.</p> <p>9. The DRIVE lead in each area should work with existing service providers to review case notes for the previous 12 month period and develop an anonymized aggregated summary of DRI in each DATF area. This will create a baseline position in terms of nature, prevalence and trends of DRI in each area and inform monitoring & evaluation efforts. The information gathered should reflect that in pillar 2 action 1 above.</p>

²⁰ The National Drug Treatment Reporting System (NDTRS) was established as an epidemiological database on treated drug and alcohol misuse in Ireland. It records incidence of drug and alcohol treatment.

Pillar	Purpose	Key Actions
Information Sharing	Multi agency, solution focused information sharing at local, regional and national levels	<p>10. Each DATF should seek to develop a local DRIVE Committee – this will be an information sharing committee, potentially as an extension of an existing sub group or the establishment of a new sub group – focused on DRI. Membership of or contributions to this network should comprise: family support services, addiction services, local authority housing representatives, local councillors, An Garda Síochána, Tusla, MABs and others where relevant. The purpose of the DRIVE committee is twofold:</p> <p>To share high level/strategic information about the nature, type, prevalence of DRI in a local area in order to inform:</p> <ul style="list-style-type: none"> a) Community level supports and responses to DRI and b) To provide information and intelligence to An Garda Síochána to inform a policing approach to DRI <p>11. The DRIVE committee will be coordinated by the DRIVE lead with responsibility for each area (in partnership with local service providers and staff such as community safety officers) who will collate aggregated prevalence and trend data on DRI as gathered by service providers and as recorded in the NDTRS system. This will be shared with the National network of DRIVE leads and aggregated by the National Coordinator to provide a national picture of DRI.</p>

Pillar	Purpose	Key Actions
		<p>12. Community Safety Partnerships will enter a two year long pilot period in Dublin’s North Inner City, Longford, and Waterford and if successful, may be rolled out in every local authority area. They will have a broader remit than the Joint Policing Committees they are due to replace. The DRIVE lead in each area should contribute to these structures to provide community level data on incidence, prevalence and trends and this will be reciprocated by representatives of An Garda Síochána who may provide data from PULSE and the AGS reporting mechanism. The subcommittees should adopt a solutions-focused approach and be measured on the extent of action taken against data..</p> <p>13. An annual national conference on DRI should be organised by the National DRIVE Coordinator in conjunction with the DRIVE oversight Committee including attendance by the network of DRIVE leads, policy makers, An Garda Síochána and other relevant stakeholders to share insights, trends and good practice on DRI and work to develop shared responses, interventions and solutions. This may include input from examples of good practice in other parts of Europe and Internationally.</p>

Pillar	Purpose	Key Actions
Community Level Interventions	Data-informed community-level interventions to tackle DRI focused on prevention, disistance and suppression	14. Using emerging data, the DRIVE lead in each area should coordinate the co-design, development and delivery of community-level supports relevant to the needs of the area and aligned to existing services. Efforts should be made to maximise and leverage existing resources on an ongoing basis, but it is acknowledged that further investment and resources will be required to develop targeted approaches at a community level. Interventions should be evidence-informed and based on prevention, disistance and suppression approaches as set out in the HRB review. Community-level supports may also include localised campaigns. Resources should be ringfenced or prioritised from sources such as the CAB monies and the Community safety innovation fund to support the delivery and roll out of the community level supports.

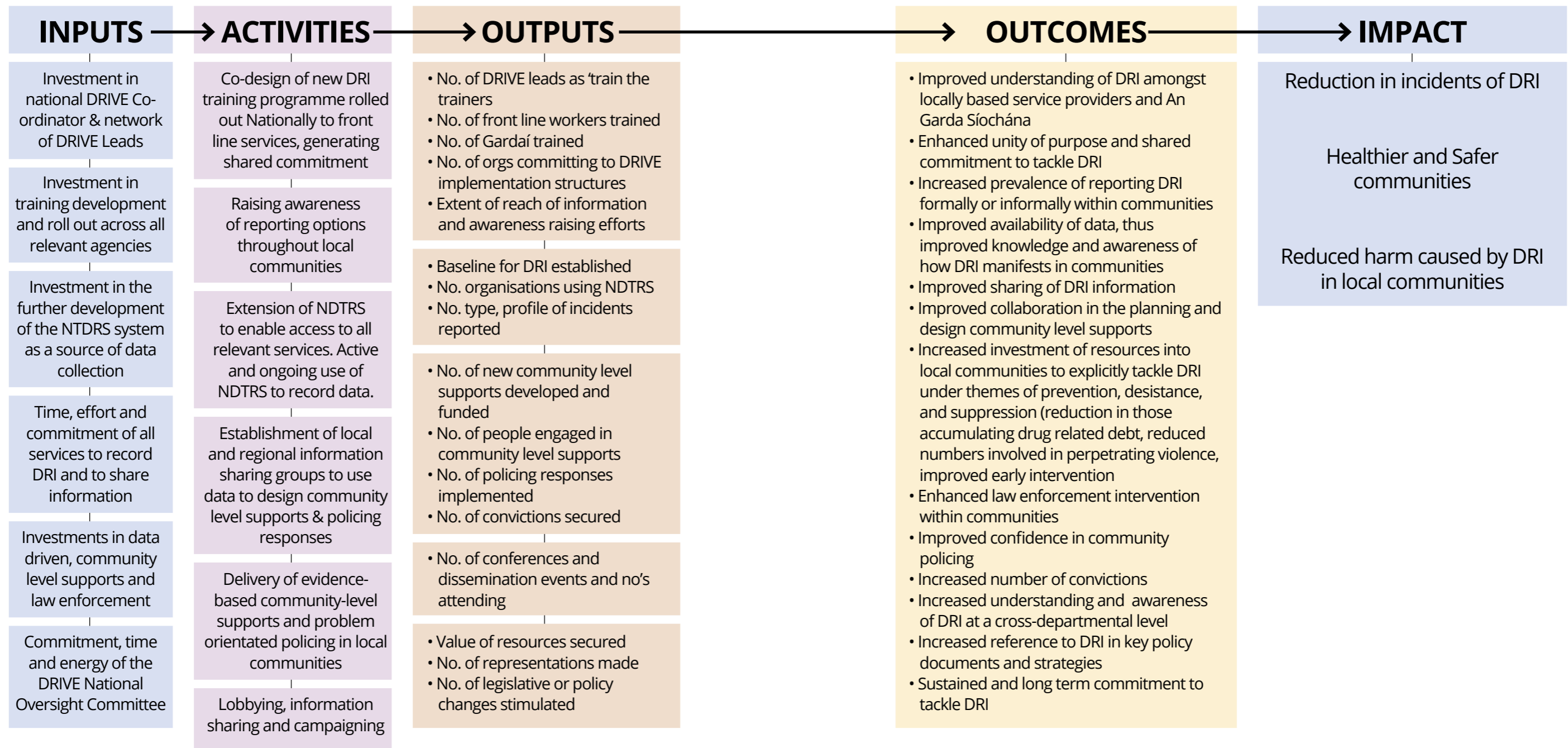
Pillar	Purpose	Key Actions
Law Enforcement	Responsive policing aligned to area-based data ranging from harm reduction approaches to aggressive investigations & 'pulling levers'	15. A priority for An Garda Síochána is to have access to information about incidents, trends and suspects in relation to DRI in local communities. The Garda Inspector in each area assigned to DRI should be mandated to work closely with the DRIVE lead to access relevant information, contribute where appropriate to the co-design of community level supports and to inform a problem orientated policing approach in each area. The roll out of the reinigorated training across An Garda Síochána will ensure accurate assignment of motive to incidents (based on the definitions of DRI) which in turn should result in appropriate and proportionate resources attributed to areas most in need, this should enable: a) greater visibility of Garda in hotspots and b) aggressive investigation into DRI suspects.

Pillar	Purpose	Key Actions
		16. Where appropriate, DRI convictions should be promoted and communicated as a deterrent, subject to a risk assessment for victims which should be carried out before any convictions are highlighted or publicised.

Pillar	Purpose	Key Actions
Legislation, strategy and policy	Pursuit of strategic, policy and legislative changes required to bring about increased convictions and reduce incidents of DRI	<p>17. The National DRIVE committee (currently the Drive Oversight Committee) should be retained and used as a vehicle for lobbying in relation to resources, policy, strategy and legislation on DRI. Where there are structural or environmental issues that are common in areas that require national input or policy consideration, the National DRIVE committee can make representations, supported by the National DRIVE Coordinator and by data from the various areas. Suggested areas of exploration are in relation to legislation and also lobbying to ringfence CAB monies to community level supports to tackle DRI. These should be a focus of the National committee.</p> <p>18. Formal reporting structures should be developed between the DRIVE Oversight Committee and the National Oversight for the National Drugs Strategy.</p>

Logic Model

A theory of change for the DRIVE intervention model is set out overleaf, this is framed using a Logic Model. At its heart, the DRIVE intervention model is about reducing incidents of DRI. The Logic Model seeks to capture the expected outcomes and long term impacts that should derive from the various investments, inputs and activities associated with the 6 pillars and 18 actions.



A data-driven intervention model to respond effectively to drug-related intimidation and violence in communities in Ireland.

S3 Solutions (On behalf of the DRIVE Oversight Committee)
November 2021



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