



**DRIVE**

**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



# 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

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# 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.

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# SECTION 1: INTRODUCTION AND CONTEXT

## 1.1. Introduction

S3 Solutions was commissioned by the North Dublin Regional Drug and Alcohol Task Force on behalf and at the request of the DRIVE (Drug Related Intimidation & Violence Engagement) Oversight Committee to carry out research that leads 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'**.

Through the involvement of and consultation 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, the specific aims and objectives of this commission were:

- To develop a comprehensive, evidence-informed model to respond effectively to drug-related intimidation and violence in communities.
- To devise a staged implementation plan to accompany the articulated model. It should include: actions, roles/responsibilities, named lead agencies, and outcome measurement process
- To ensure that the model and implementation plan are designed to be feasibly delivered with consistent high quality and sustained over time within local resources, including both financial resources and organisational capacity

The research and model development process was carried out between January and June 2021.

## 1.2. Report Structure

This report is set out as follows:

- **Section 2:** Thematic analysis of consultation findings including an understanding of how DRI manifests in communities across Ireland and current approaches to deal with DRI
- **Section 3:** Summary of the strategic, policy and legislative context within which the DRI model and implementation plan is developed
- **Section 4:** Summary of the key principles and evidence-based characteristics underpinning the model
- **Section 5:** A DRIVE Intervention Model, Theory of Change and Implementation Plan

## 1.3. Methodology

### Data Collection

Data was collected through semi-structured interviews and small group discussions. An interview schedule with a series of predetermined, yet open-ended, questions was developed by the researchers and approved by members of the DRIVE Oversight Committee. The following summarises the data collection activities undertaken between 14th January and 28th May 2021.

- Thirty six semi-structured interviews were carried out with organisations 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. Due to Covid-19 restrictions, all of the interviews were carried out over Zoom. A full list of organisations represented in the consultation process is provided in appendix 2.
- Three online group discussions were facilitated with: 8 members of the local drug and alcohol task force network, 9 members of the regional drug and alcohol task force network, 8 Garda Inspectors, 1 meeting with four HSE staff including 2 members of the NAAGG<sup>1</sup>. The purpose of these discussions was to present emerging recommendations and seek feedback on their feasibility and implementability

<sup>1</sup> 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.

A desk-based review of secondary data and information, including existing qualitative research studies, statistical data and policy documentation relevant to drug-related intimidation was carried out. The following resources and research papers formed the basis of the review:

- 1 McCreery, Sarahjane and Keane, Marcus and Bowden, Matthew (2021) Debts, threats, distress and hope: towards understanding drug-related intimidation in Dublin's North East Inner City. Dublin: Ana Liffey Drug Project.
- 2 Drogheda Creating a Bridge to a Better Future: Community Safety & Wellbeing: Report of a Scoping Review for the Department of Justice (January 2021)
- 3 Health Research Board. Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction. (2021) Ireland: national report for 2020 - drug markets and crime.
- 4 Connolly, Johnny and Mulcahy, Jane (2019) Building community resilience. Responding to criminal and anti-social behaviour networks across Dublin South Central: a research study. Dublin: Four Forum Network and Dublin City Council.
- 5 Government of Ireland (2019). A policing service for the future. Implementing the Report of the Commission on the Future of Policing in Ireland. Government of Ireland, Dublin
- 6 Reducing harm, supporting recovery: a national drug strategy. A health-led response to drug and alcohol use in Ireland 2017 – 2025
- 7 Drug-related intimidation. The Irish situation and international responses: an evidence review: Murphy et al (2017)
- 8 Murphy, Laura (2017) Drug-related intimidation. Drugnet Ireland , Issue 62, Summer 2017 , pp. 25-27
- 9 Demanding money with menace: drug-related intimidation and community violence in Ireland. Connolly & Buckley (2016)
- 10 Department of Children and Youth Affairs. Lifting the Lid on Greentown: Why we should be concerned about the influence criminal networks have on children's offending behaviour in Ireland. Dublin: Government Publications, (2016)
- 11 Connolly J and Donovan A M (2014). Illicit drug markets in Ireland. National Advisory Committee on Drugs and Alcohol, Dublin

Online news articles were also accessed and reviewed to gather background information on drug related intimidation and to explore how the media was reporting on events. In addition, the reference lists of relevant research reports were used to identify any additional studies or research of interest.

### Data Analysis

Qualitative data analysis was conducted using a thematic approach<sup>2</sup>. Categories were developed, coded, and reduced. Interview data and information from secondary data sources were cross-referenced to identify emergent themes and issues and to explore the relationships between issues<sup>3</sup>. The researchers adopted an inductive approach, focused on wide-ranging engagements with key stakeholders to build an abstraction and describe the key concepts relating to drug-related intimidation, in an Irish context. These were transferred into a data-driven model and implementation plan towards the end of the process – augmented by further 'co-design' engagement with the DRIVE Oversight Committee and other stakeholders.

## 1.4. Limitations

The research process involved consultation with DATFs and locally-based service providers at the outset to get a sense of the current situation across communities in Ireland. This information was then used to shape discussions and consultations with regional and national organisations. The winding up of the National Family Support Network (NFSN) on the 26th of April 2021 meant that the researchers did not have the opportunity to consult with representatives of this organisation. Given its role in the Drug-Related Intimidation Reporting Programme (DRIRP), this represents a gap. We did engage with individuals and organisations that previously worked with NFSN and partners to address this.

A large body of literature exists that documents the impact of DRI on individual victims. Rather than duplicate previous research, the focus of this work is on systems and structures that facilitate better understanding of DRI prevalence and thus provide better evidence to inform DRI supports. The consultation was therefore focused at an organisational and service provider level. We do acknowledge and recognise the invaluable contribution of people with lived experience, this is evident in the recommendations to involve those with lived experience at different stages of the implementation plan.

<sup>2</sup> Lewis-Beck, M. S., Bryman, A. & Liao, T. F. (Eds.) (2004). The SAGE encyclopaedia of social science research methods (Vols. 1-3). Thousand Oaks, CA: SAGE Publications

<sup>3</sup> Morgan, D. L. (1997). Focus groups as qualitative research (2nd ed.). Thousand Oaks, CA: Sage.

# SECTION 2: ANALYSIS OF FINDINGS

## 2.1. What is Drug-Related Intimidation?

There are many definitions and descriptions of drug-related intimidation. For the purposes of this report, the definition used in the HRB Drug and Alcohol Evidence Review (2017)<sup>4</sup> was considered the most useful: *“Intimidation is a serious, insidious and coercive behaviour intended to force compliance of another person against their will. It can be either explicit or implicit, involving actual, threatened or perceived threats of violence to a person or damage to property. It can leave targeted individuals, families or communities feeling helpless, isolated, demoralized and fearful. DRI is intimidation carried out by those who are using drugs, or those involved in the distribution of drugs”*<sup>4</sup>

The HRB Review<sup>4</sup> pointed to enhanced understanding of DRI aligned to three explanatory categories commonly used to describe the link between drugs and crime: psychopharmacological, economic-compulsive, and systemic. This categorisation can be extended to describe the various forms of DRI, which include actual or threatened violence against people or their property.

Psychopharmacological intimidation describes intimidation by drug users of family, friends or the community as a result of the effects of drug use or withdrawal. Economic-compulsive intimidation describes intimidation by drug users as a means of obtaining money to support drug use. Systemic intimidation describes intimidation by those involved in drug distribution. Systemic intimidation can be further classified as either ‘disciplinary’ or ‘successional’. Disciplinary intimidation is used to enforce social norms within the drug distribution hierarchy, to discourage or punish informants within the community, or as a means to reclaim drug debts, whereas successional intimidation is used to recruit new members, or gain control over drugs distribution networks or territory.

There is a wide body of research describing the extreme negative impact of DRI on individuals and families and on the organisations that support them. This research focused on how DRI manifests, and what systems and structures can be realistically developed to respond to DRI. As explored later in this report, the clear majority of DRI as reported to front-line services in Ireland relates to systemic intimidation, both disciplinary and to a lesser extent successional.

## 2.2. Thematic Analysis

Findings from the stakeholder interviews are presented thematically under the following headings. Where possible, the emerging themes are assessed against previous research, statistics and/or literature to substantiate or challenge findings. The findings presented here set the subsequent model in context.

- 1** How DRI manifests in communities across Ireland
  - 1) Types and scale of DRI
  - 2) Perpetrators of DRI
  - 3) Urban and Rural Variance
- 2** Responding to DRI
  - 1) DRI Reporting
  - 2) DRI Responses
  - 3) Normalisation of DRI
- 3** DRI as a driver of the Drugs Economy
  - 1) DRI perpetuating and sustaining drugs economy

## 2.3. How DRI manifests in communities

### Types and Scale of DRI

Drug-related intimidation can take many forms ranging from explicit threats to more nuanced implicit intimidation. Research participants identified ways in which DRI had manifested in their areas, this may have been based on personal experience or based on the testimony of service users and staff. These are categorised as follows:

<sup>4</sup> Murphy L, Farragher L, Keane M, Galvin B and Long J (2017) Drug-related intimidation. The Irish situation and international responses: an evidence review. HRB Drug and Alcohol Evidence Review 4. Dublin: Health Research Board



### Underlying/Implicit Threat

Research participants referenced 'low level', 'community-wide' intimidation such as dealing groups making themselves visible by patrolling neighbourhoods, cruising on scrambler bikes or hanging out on corners which creates "no go areas" for older people and young families. Threatening presence outside of someone's home or individuals being followed were considered 'typical' examples of intimidation that contributed to a palpable, consistent and underlying threat of violence in communities, engendering a sense of fear.

It was consistently the view of research participants that as the networks of criminal gangs expand so too does their hold on communities and that these more nuanced forms of DRI are focused on breaking down community spirit, dividing neighbourhoods and families and creating an atmosphere of segregation & helplessness.

**“The threat is without a doubt real, but there is more of an air of threat”**

### Direct verbal or communicated threat

Direct threats, either verbal or via text message were considered commonplace in incidents of DRI. We heard examples of threats of violence and threats of sexual assault to younger siblings of someone carrying a debt. In addition to threats on the drug user or individual in debt, threats against mothers, wives, partners, and children, in the form of reporting illegal residency status, and or benefit claims were also referenced.

This is consistent with a recent study examining experiences of drug-related intimidation in Dublin's North East Inner City whereby 67% of respondents indicated that they had experienced a direct threat of physical harm; 53% reported being followed or having their movements tracked and 45% reported a direct threat of vandalism or takeover of their property<sup>5</sup>. Similarly, the 2016 Citywide Study<sup>6</sup> found the majority (76%) of reported incidents of intimidation involved verbal threats.

<sup>5</sup> McCreery, Sarahjane and Keane, Marcus and Bowden, Matthew (2021) Debts, threats, distress and hope: towards understanding drug-related intimidation in Dublin's North East Inner City. Dublin: Ana Liffey Drug Project.

<sup>6</sup> Demanding money with menace: drug related intimidation and community violence in Ireland. Connolly & Buckley (2016)

### Criminal damage to property or material items

There were references to criminal damage to property with a wide range of examples including deflating car tyres, scratching and burning cars, throwing glass bottles and petrol bombs at houses, entering a home and 'smashing it up' as well as arson.

We also heard several references to 'hostile takeovers' (described in a recent study in the North East Inner City as 'Cuckooing') whereby drug gangs actively select and target a vulnerable drug user or family, then take over their property and use it as a base to sell drugs. Our research found that gangs potentially target up to a dozen houses at a time so that they are prepared to move to the next home.

**“In terms of what we see, you have the small-scale stuff that is like threatening someone with violence, or putting windows through, pouring brake fluid over cars. The lower end of things people might be getting a bit of a beating but very low scale. Then there's the extreme of people's houses being torched, or people being murdered. We would have seen a lot of gang related murders over the years”.**

It was also reported that in some cases the influence of and the hold that particular criminal families have in a community/estate is such that they don't target a family or individual based on perceived vulnerability, rather they just randomly select a house knowing that there will be no repercussions.

**“They will just choose a house at random, go in and make demands of the family to hold drugs, take their car or demand to be driven somewhere”.**

### Forced behaviours and actions

The targeting of vulnerable people includes coercion to deal drugs, perpetrate violence and launder money through their bank/credit union accounts. There were references to manufactured drug debts that purposely put people at risk.

**“We've known people who've owed a lot of money, and they've been asked to hold stuff, either drugs or firearms, or they've been told to do things, violent stuff”.**

The consultations identified examples of young people who have been targeted because they are known to be drug dependent, a drug dealer sets it up that their weed is robbed and they then owe money. If the young person is unable to pay, a debt or threat passes to the family and the figures owed are randomly multiplied. When dealers see that a family is willing to pay, they will continue to be targeted. Often, that person is forced to run errands or hold drugs to service a debt.

Contributors to this research described examples of individuals who are **“forced to be violent to someone else in order to service their debt, these are vulnerable people and they wouldn’t be capable of looking after themselves in that way”**. In some areas, there are examples of young men being forced to admit guilt to a crime and carry out a prison sentence on someone’s behalf.

**“We had a mother who had a daughter who owed several thousand. She brought a package from one side of the city to the other and then met someone in a car park, handed it over. They gave her another package and she brought it back over to this side of the city and she was caught by the police. There was drugs and a gun in it”.**

In at least three interviews, references were made to the forced prostitution of young women to service a debt, whereby a young woman is brought to a hotel to meet people.

**“Another element is the sexual abuse of women. They’ll show up in the morning after the kids have gone to school and they’ll be expected to have sex with whoever. Some of the stories over the years have been women being absolutely abused. Men are probably more physically beaten up, but for women it’s sexual”.**

Threats to rape their daughter were also highlighted as an intimidation to force parents to pay a drug debt.

#### Physical or sexual violence to the person

Research participants recounted incidents of ‘assaults’, ‘beatings’, ‘stabblings’ and ‘murder’ as examples of intimidation within their respective communities. In respect of intimidation and violence against women, multiple references were made to women being raped because of drug-related debt.

**“We’re seeing more with the girls, that some of them would end up selling themselves. They’d get involved because of the threats and are brought to hotels to meet people and their debts are paid off in that way; they’re intimidated into it”.**

#### Scale and Trends of DRI

Research participants were unable to identify any specific trends in relation to scale of debt vs scale of violence. We heard anecdotes and stories of debts ranging from €100 to €80,000 with no apparent correlation between the level of debt and scale of violence.

The common view of those consulted was that the scale of intimidation and violence was entirely ‘at the whim’ of the criminal gang leaders, who would often instruct a greater intensity and visibility of violence against smaller debts in order to ‘make a statement’ or ‘send out a warning’ to the rest of the community about the consequences of not paying. The same applies for the levels of interest applied to late debt payments, these can fluctuate and change on any given day.

**“Last year, a man and his brother went knocking on a door. The young lad owed 3000 but they said they were pumping it to 5000 because it was late payment. The dad went to outside a pub to hand the money over and the gang were standing up the road a bit, and they sent a little 10-year-old child down on a bike to take the 5000”.**

#### Perpetrators of DRI

It was consistently the view of those consulted that young males aged 16-24 are the primary perpetrators of DRI. This is consistent with previous research that identifies perpetrators as largely male, aged 18-35 although women of the same age range have been found to be involved and 10% of incidences reported in that study were carried out by children aged 15-17.

A potential new trend is the growing incidence of intimidation carried out by children as young as 10-14, this mostly involved throwing stones at houses and damage to cars. This was referenced in multiple interviews and research participants described the coercion of young people to carrying out intimidation as a critical concern.

**“In some of our estates we’ve got a couple of families who are the trouble makers in the estates and they’re terrorising others. They usually have larger families, and the younger members are sent off to kick balls at cars for example, that’s how it starts”.**

In keeping with findings from previous research, we heard that the majority of DRI incidents are carried out by groups, and often, the victim and perpetrator(s) will know each other<sup>4</sup>.

Further, whilst drug-dependent individuals are often the recipients of intimidation, they can also be perpetrators and pressurise their friends or family for money to purchase further substances or to pay down existing debt. The perception is that the numbers involved are relatively small typically around 15-20 in any one community but what is unseen is the orchestration from leaders of criminal gangs behind the scenes.

**“With the young men, they get themselves into debt, so they start dealing, but then they’re dealing to other participants. It’s a vicious cycle”.**

In addition, the turnover of young people as actors in the drugs economy is high and it means that young people need to be prepared to do what it takes to stay relevant and connected, and criminal gang leaders use this.

It was highlighted that in some cases the perpetrators of the DRI are low level in the chain and consequently are equally as vulnerable as the victims, as they are forced into violence and intimidation due to the threat they face from those further up the criminal hierarchy. It was felt that the judicial system in sentencing does not recognise the fear and level of threat which those on the lower rungs of the criminal ladder can be subject to.

#### Targeting and Profiling of Communities

According to those consulted, dealers and leaders of criminal gangs carry out an organised profiling and targeting of local communities to sustain the drugs economy there, this includes identifying people as runners, to store drugs, or to perpetrate violence.

**“These people aren’t stupid. They know who has money and who hasn’t. They know who they can squeeze for a credit union loan, but they know they can’t do that again because they’re still paying it off, so they squeeze them for a cut of their weekly benefit payment”**

Young people are actively targeted or selected because of: their own involvement in drug and alcohol misuse, family involvement in drug consumption or crime, difficult family circumstances, knowledge of trouble at school or links with other young people known to be involved in drug/alcohol misuse or anti-social behaviour.

Research participants referenced dealers ‘observing the post office or credit unions’ to identify potential targets for DRI. In many cases debts are then manufactured in the knowledge that someone may be in a position to pay.

**“There’s been a couple of stories of street drinkers who live in flats and have been asked to store stuff and have been caught and prosecuted for it. Vulnerable adults with learning disabilities have been targeted as well, so there are very targeted observations going on. It would lead you believe there’s some network going on and they use local knowledge, but they target people with their own housing”.**

## 2.4. Urban and Rural Variance

DRI is most prevalent in areas with the highest density of population and levels of social and economic deprivation **“The narrative of DRI has been built around the big urban areas of Dublin and Limerick, however it is also prevalent and visible in big estates on the edge of many towns in Ireland”.**

Concentration in areas of social and economic deprivation renders such communities more vulnerable to control by criminal elements and consequently more challenging for law enforcement. This is most likely to occur in inner-city or urbanised, heavily populated communities which are characterised by poverty and a lack of social cohesion<sup>5</sup>.

**“You can’t dissociate all these issues from poverty, that’s the main ingredient. It’s about poverty, social exclusion, education systems, all the systems that people are struggling with”.**

In the long established estates in inner city and urbanised areas, the same families have exerted control over the area across two or three generations and this generational transition has witnessed a change in approach and behaviour as the younger incumbents are much more violent and ruthless.

**“In the past, there was at least some honour, you could have a word with the father to ask him to get his son to lay off someone and he would do this if the debt was paid. That’s not the case now as the older generation have passed on and the current cohort have no respect for the community or appreciation of the area that their fathers and even grandfathers grew up in”**

While the DRI reporting programme has not yet translated into robust statistics on incidence, there is however a sound understanding among key stakeholders of how DRI manifests and presents in urban areas. This is not the case for the more remote rural areas which may be serviced by a Garda division station in the nearest town some considerable distance away. The Regional Drugs & Alcohol coordinators highlighted that there may be DRI in very remote areas that goes unnoticed and unreported due to the sheer isolation of the area.

There were examples highlighted of opportunistic DRI in more affluent areas where families with big houses were targeted in relation to a perceived drug debt owed by a family member. This type of targeting is motivated by the idea that **“such families have the money and will pay quickly to avoid distress and the risk of the neighbours finding out”**.

## 2.5. Responding to DRI

### DRI Reporting

It was consistently the view of those consulted that there is a clear lack of data and information about DRI at a local level. The main vehicle to gather information on DRI currently is via the National Drug-Related Intimidation Reporting Programme (DRIRP) which was developed by An Garda Síochána (AGS) alongside the National Family Support Network (NFSN) with the aim of addressing the needs of drug users and family members who are subjected to drug-related intimidation.

This programme aims to fulfil criteria in the most recent national drugs strategy in Ireland<sup>7</sup>, specifically Objective 4.1 of Goal 4: **“Strengthen the resilience of communities and build their capacity to respond”**.

Primary responsibility for responding to the issue of drug-related intimidation is given to one Inspector in every Garda division. Inspectors are at management level and are chosen by the Garda Commissioner for their expertise, knowledge, and extensive experience. They liaise directly with their local Superintendent in relation to each individual case. Anyone requiring help from an Inspector in their local area can make contact to arrange a formal or informal meeting, or alternatively, they can ask a local family support or drug worker to contact the DRI Inspector for the area<sup>8</sup>.

The programme includes information on practical safety, drug support for those in debt and advice on specific incidences of intimidation. Individuals are taught how to make a formal complaint and made aware of the possible outcomes of the complaint, but it is ultimately their decision as to whether they want to proceed with the complaints process.

It is the prevailing view of stakeholders that the DRIRP is not working. Stakeholders felt that there may have been unrealistic expectations attached to the DRIRP in relation to increased prosecutions. The need to go formal with a complaint to instigate formal investigation was identified as the main limiting factor for the lack of prosecutions through the DRIRP. Fear, unwillingness to alert services/Gardaí to a potential drug use or family issue and mistrust of Garda and state agencies generally in some communities were main reasons cited for not formalising complaints.

**“If you ring the guards because someone has put your windows through, how long is it going to take them to arrive? They’ve got bigger things to be worried about. If you tell them that you’re being exposed to a daily based torment, they can’t respond quickly. If you’re using drugs yourself, you might think the guards will perceive you as a drug user as well”**

Whilst some reported positive working relationships with their Inspector, the majority of stakeholders reported a negative experience of the DRIRP, both as service providers and anecdotally through service users.

**“There would be a huge mistrust of the guards. They wouldn’t trust the guards to do the right thing. Some of them would feel that the guards wouldn’t take it seriously, wouldn’t do anything. The other side is they would be scared the community would find out, they’d been seen as a snitch and the whole neighbourhood would turn against them. For some it is the fear that the guards would find out this was going on with their family and then others would find out, the council, social workers. The rest is the shame and embarrassment of it all”**

Those consulted referenced the transience associated with the DRI Inspector roles, sometimes when the named Inspector had moved on to another role or station, the Inspectors’ list was not updated which caused confusion. Barriers were also highlighted when making contact with the Garda station where in some instances, the responding Garda was unaware of the DRIRP and the named Inspector for the area.

<sup>7</sup> Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017–2025

<sup>8</sup> Health Research Board. Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction. (2021) Ireland: national report for 2020 - drug markets and crime.

**“Everyone pays; and even though we would say we can put you in touch with the garda liaison and you can meet them here in plain clothes, not one has ever met him. It's all fear, they have to live in the area and maybe the young lad that's coming to the door lives in the area too”.**

From the perspective of An Garda Síochána, the overlap of policing divisions and the DATFs areas contributes to a lack of consistency and coherence in approach. In addition, in most areas, there may be interagency working groups which could be a sub group of the task force or Meitheal<sup>9</sup> and AGS are expected to participate in these structures which takes up considerable time. Whilst AGS representatives reflected the merit of engaging in community structures, the primary purpose of the role of AGS is to access information and intelligence that enables policing interventions and convictions where crimes have been committed. In any future intervention model, a more peripheral role or direct liaison with key contacts within the community may reflect a more efficient and effective approach.

An evaluation of the DRIRP was carried out in 2019 by UCC Department of Applied Psychology in partnership with the Drugs and Organized Crime Bureau, the two main findings from this evaluation were:

- When people tried to contact the Garda Inspector appointed over DRI in their area they would have to contact the Garda station and most times the Garda that they dealt with was unaware of the scheme or who was responsible so there were some barriers experienced in attempting to make contact and access information.
- Another issue was that the Inspector who was named as the person for the area had sometimes moved on to another role or station and the list hadn't been updated so members of the public didn't know who they were supposed to speak to in these instances.

The evaluation findings are consistent with feedback on this research process, the outworkings of this is a lack of faith and trust in the DRIRP and thus a lack of uptake. AGS representatives also acknowledged that the level of incidents being recorded on AGS reporting mechanisms is likely to be significantly less than those occurring and that a lack of understanding and knowledge of DRI across AGS may result in some crimes not being allocated a 'DRI motive' within the reporting mechanism, and this in turn may have implications on how resources are allocated and assigned to DRI.

<sup>9</sup><https://www.tusla.ie/services/family-community-support/prevention-partnership-and-family-support-programme/meitheal-national-practice-model/>

The consensus from stakeholders was that there was a greater likelihood of those impacted by DRI engaging with community and voluntary front-line family support or drug and alcohol services than the Gardaí. However, there can also be reluctance from family support or drug and alcohol services to probe the issue of DRI further for fear of the person disengaging from the service. Engagement in relation to DRI tends to be retrospective when much of the damage and trauma has been experienced and there is a challenge in accessing 'real time' DRI information.

**“Usually when people have felt all the negatives, like they've lost their house, or the cars been burnt out outside or somebody has got shot in the leg over something that's happened, then usually you'll hear about it there and then because they'll realise this has gone too far.**

**What we find is that when the family members who have paid a few times, then they will definitely link in with the resource centre. It will have already happened before they link in because there's a lot of shame in it”.**

The lack of consequence for perpetrators and the absence of 'fear of the judicial system' can serve to increase fear in the community. People don't feel protected enough to come forward and engage with the Gardaí and the community does not have the resources to offer sufficient protection. One contributor described an incident whereby a dealer knew that one house in a row of 12 had 'ratted', the response was to target and intimidate the entire block of 12 houses and the individuals within them.

Some contributors pointed to a marked reduction in the number of community Gardaí on the beat in areas where DRI tends to be most intensive, this accentuates the fear within the community as they don't feel protected.

**“Just seeing a Garda car patrolling the area makes people feel safer in their community, unfortunately Garda patrols in the area tend to be reactive and we do need to see more community Gardai on the streets”**

#### Responses to DRI

The most common response to DRI across all communities is to pay the debt. When faced with a drug debt intimidation, the overriding priority for the individual and their family is to pay the debt and they will do whatever needs to be done to do so (take out loans, give over benefit books, run errands). Some victims view the intimidation and violence associated as a consequence of the debt and this in addition to their fear of retribution reduces their likelihood of reporting.

**“ Even if they report it, the debt will remain”, “Some may also not see themselves as being a victim of crime as they committed a criminal act (bought an illegal substance) in the first place to instigate this”.**

Often, despite a reluctance, individuals or family members could be advised to pay the debt if possible, this reflects an acceptance that there are limited alternatives and the severity of the violent consequences are too much to risk. The enduring issue is that victims are then identified as someone that can pay, and therefore are susceptible to follow up intimidation and manufacturing of more debt.

**“ What you find is, when you’re paying a debt over time it’s never ending because they might charge interest or they’re more likely to keep coming back because you’ve demonstrated that you can pay”.**

In many cases, particularly in examples of single mothers, the victim will choose to service their drug debt with any cash available to them, and then rely on services such as foodbanks to provide sustenance for their family.

**“ Family members have options. You either try and tackle it yourself, tell nobody, pay drug debts, the drug dealers see you as an easy touch and they keep coming back, or, family members can come to the family support service, access the support, be linked in with the guards, and work with it that way. There are the two options, there are no other options”.**

There were examples of mediation facilitated by influential community representatives which was successful in ensuring that there was no follow up or manufacturing of drug debt after the initial debt was paid. Whilst in more extreme cases, families have sold their home and left the area to escape the issue or have requested a new home with the local authority or local councillor – this it was felt, is a potential opportunity to identify a case of DRI. In some extreme cases where there was no solution to a debt, service providers and contributors referenced a high number of suicides which they believe, can be attributed to a drug-related debt and associated intimidation and violence.

The Drugs & Alcohol Task Forces in each area fund a range of treatment and prevention services for individuals and their families impacted by substance misuse. These services often include wraparound supports such as counselling, youth-based provision, family support and case management. The issue of DRI is most likely to present in the context of family support provision where the impact of substance use on the family is addressed. The objectives of the DATF prevention initiatives are to delay initiation, divert people from substance misuse and consequently exposure to DRI while the objectives of the treatment/rehabilitation interventions are to support people to reduce and/or cease drug use which reduces the risk of DRI in the future.

Some Task Forces have, based on their analysis of need, used some of their global annual budget to employ community safety officers who have led local campaigns to raise awareness of DRI in their communities. The headline messages of such campaigns have included statistics on numbers of people with a drug debt who are attacked, numbers of mothers threatened over the drug debt of their son/daughter and number of homes attacked.

Community safety officers have disseminated literature and posters highlighting the risks and manifestations of DRI across their communities, in some cases they include their contact details should anyone wish to discuss issues connected with DRI. Stakeholders from those DATF areas where campaigns were mobilised felt that they were successful in raising awareness of DRI issues and some people did disclose being impacted by DRI but did not want to go down a formal route. However, it was reported that while the impact of awareness raising did continue beyond the timeline of the campaign, it did not sustain beyond 3-6 months.

Contributions from DATFs highlighted differences in local and regional task force areas and the subsequent implications for effective DRI responses. DATFs are almost exclusively funded by the Department of Health under the drugs initiative; (mainly channelled through HSE). In 2020, funding allocated to LDATFs ranged from €891,431 to €2,239,579 (average of €1,363,530) compared to the RDATF which ranged from €576,700 to €1,417,989 (average of €879,884)<sup>10</sup>.

Local DATFs are likely to have high concentrations of socio-economic disadvantage in densely populated inner city areas and therefore may have high concentrations of DRI – this lends itself to targeting and focused initiatives such as employing community safety officers.

Those in regional DATFs work with significantly larger populations over much larger geographic areas which comprise both urban areas with high concentrations of socio-economic disadvantage, as well as smaller pockets of deprivation that are often masked by sparsely populated areas of affluence.

All DATFs are under increased pressures to offer more treatment-based services for people who use substances, underpinned by a responsibility to ensure value for money for the public purse in their allocation of funding for projects. In addition, DATFs have not received increases in recurring budgets over the past 10 years; The DATFs however acknowledged the strand initiative funding allocated at the end of 2019 to 2023.<sup>10</sup> In this context, Regional DATFs reflected that they do not have the flexibility or discretionary funds to do things like hire community safety officers thus future initiatives to tackle DRI in these areas require adequate resourcing.

<sup>10</sup> <https://www.oireachtas.ie/en/debates/question/2021-04-21/1631/>

### Normalisation of Drug Debt and DRI

The extent to which DRI is normalised and accepted within communities was highlighted as being commensurate with the influence and impact of the drug economy in the area. This tends to be more profound and embedded in areas of high deprivation. Contributors felt that communities had become desensitised to the issues emanating from the drug economy with daily violence not causing any great surprise or alarm. There is also a tacit acceptance of criminality in the communities where the leading criminal families hail from and have been living for generations, further contributing to the sense of normalisation.

**“When you can't see another way of making money except drugs and money, and it's all part of the local economy and dealing is seen as a legitimate career. They are aware of the consequences. The risk/reward factor is worth it for them”**

Some felt that this sense of normalisation must be addressed through traditional community development approaches where the community is meaningfully involved in the planning and codesign of DRI interventions.

Engaging the community sends a strong message to those involved in crime, violence, and intimidation, that those behaviours will no longer be tolerated, and that support is available for those who want help transitioning away from those lifestyles. Community involvement can empower communities through social cohesion, and therefore prevent feelings of hopelessness perpetuated by incidents of drug related intimidation. However, in some cases community intimidation is so pervasive, the initial priority of intervention should be to re-establish a sense of community safety and faith in the law through for example more visible policing.

Further, contributors felt that DRI was not exclusively about drug debt, rather it also included intimidation relating to instilling fear in and exerting control over communities to grow their illegal business and criminality.

Discussions on drug debt also raised some philosophical questions, there is the adage that **“a debt is a debt”** and across society there is acceptance that people need to take responsibility for their debts and pay them. Should this also apply to the drug economy, some contributors felt that where people wilfully incurred a drug debt based on market value and agreed to terms of repayment then they should be responsible for payment. Indeed, it is the established relationship that people have with their dealer that sustains the drugs economy and, in many cases, debts are repaid on time with no violence and intimidation<sup>11</sup>.

<sup>11</sup> The Finglas Cabra LDATF DRI awareness raising campaign estimated that 50% of those with a drug debt will be attacked.

What stakeholders felt needs to be addressed by law enforcement and community-based services is prevention (education and awareness raising), the targeting and manipulation of the vulnerable, the manufacturing of drug debts and the violence and coercion associated with drug debt collection. The “Purchasing Drugs from a Minor or Placing a Child in the Process of Drug Sale/Supply”, “Blackmail” and “Assault and Threats of Assault” legislation criminalises these acts and provides the legislative framework for an Garda Síochána to prosecute, albeit there remain significant challenges in pursuing a prosecution.

## 2.6. DRI as a Driver of the Drugs Economy

### DRI Perpetuating and Sustaining the Drugs Economy

DRI is inextricably linked to the Drugs Economy and the prevailing view from stakeholders was that **“as long as there is a drugs economy where people are willing to buy and sell, there will be intimidation and violence”**. Consultees pointed to the grotesque level of violence for a small debt purely to enhance fear and sense of dominance in the community.

A survival of the fittest mentality is embedded. Loyalty and in some cases family ties are often transcended by the need to protect territory and ensure optimum financial gain. For many, the administration of DRI is a necessary tactic to retain their influence and income and given the level of fear in the community generated by violence and intimidation **“1 attack will silence 99 other people”** the risk of being apprehended pales into insignificance when compared with the rewards.

Contributors highlighted that the lure of the drug economy is such that young people actively seek out opportunities to get involved and often their initiation requires them to intimidate or be violent.

**“In areas of disadvantage, seeing someone their age who is not working and driving a top of the range car or wearing the best clothes will inevitably have an impact on that young person and may motivate them to become involved”**.

In some cases, involvement in the drug economy can be transformational for the young person as they can quickly gain the respect of their peers (often through fear) and the sense of hopelessness, lack of belonging and low self-esteem that they might have experienced previously disappears. With increased confidence emanating from their involvement in the drug economy, young people can quickly realise that age is no barrier to progression, and it is a growing and very lucrative market.

These young people in turn become the role models for the next generation, the glorification of the drugs economy, which, combined with limited other life prospects is perceived to be one of the key motivations for involvement. For some, the lure of the trappings will be the catalyst to seek out involvement, be more daring, store higher value packages, take more risks and exhibit increased ruthlessness and violence to move up the chain.

A key finding from across the research is the view that DRI is a key driving force that sustains a drugs economy in local communities. The presence of intimidation perpetuates and sustains the drugs economy and this is having a severe impact on the health and wellbeing of local communities.

**“ We have to link DRI with the drug economy. There’s a lot of people who benefit in the community, even subtly from the economy which is another angle that you have to look at. It’s the Robin Hood effect; drug dealers have a lot of money and they spread it around and then they’re glorified”.**

The focus of DRI interventions must be around managing the issue rather than creating unrealistic expectations around complete cessation. The nature of the violence is becoming more extreme as the competition and pressure for gangs to hold and expand their territory is increasingly more intense. Consequently, the turnover of “actors” in the drugs economy is high and it means people need to be prepared to do what it takes to stay relevant and connected.

## SECTION 3: SETTING DRI IN CONTEXT

### 3.1. Introduction

The following section provides a high level summary of the strategic, legislative and policy context within which the data-informed model will operate.

### 3.2. Legislative Context

#### Coercive Control

Coercive control entered legislation as a criminal offence in Ireland on January 1st, 2019 but currently only applies to intimate partners in matters of domestic abuse. Section 39 of the Domestic Violence Act 2018<sup>12</sup> states that an individual commits an offence when he/she is knowingly and persistently engaged in behaviour that:

- a** is controlling and coercive
- b** has a serious effect on the relevant person
- c** a reasonable person would consider likely to have a serious effect on the relevant person

Coercive control legislation does not currently apply to drug-related intimidation. Associated applicable legislation could include but is not limited to:

#### Purchasing Drugs from a Minor or Placing a Child in the Process of Drug Sale/Supply

In 2019, Fianna Fáil’s National Drug Policy spokesperson John Curran prepared draft legislation to combat gangs using those under the age of 18 in the illegal drugs trade. The main purpose of the proposed legislation<sup>13</sup> is to amend the Misuse of Drugs Act 1998 to

12 Section 39 of the Domestic Violence Act 2018 - <http://www.irishstatutebook.ie/eli/2018/act/6/section/39/enacted/en/html>  
13 Dail Eireann Debate (December 2019) - <https://www.oireachtas.ie/en/debates/debate/dail/2019-12-11/31/>



create two new criminal offences: the purchase of drugs from children and the use of children in drug distribution.

The bill defines a child as anyone under the age of 18 and would introduce the two new criminal offences into the principal Act, providing evidentiary presumptions in favour of the prosecutor such as not being required to prove the drug is a controlled substance or that the defendant knew the child was under the age of 18. Should the legislation take effect, the offences under this section would be classified as hybrid offences and prosecuted in either the District Court where the maximum penalty would be a fine of €3000 and/or imprisonment of 12 months, or in the Circuit Court, where the maximum penalty would be a jail term of 10 years and/or a fine.

### Blackmail

Blackmail is an offence in Ireland under Section 17(1) of the Criminal Justice (Public Order) Act 1994<sup>14</sup>. It is an offence for an individual to make “unwarranted demands with menaces to make personal gains for themselves or another, or with the intention to cause loss to another. Menaces was held in court as liberally construed and including any threats of action that would be detrimental or unpleasant to the individual addressed, including but not limited to threats of violence, threats to post explicit information or photographs online, or reveal sensitive or damaging information.

This legislation is reinforced in the Harassment, Harmful Communications and Related Offences Act 2020<sup>15</sup> in its addressing of threats to distribute or distribution of an intimate image without consent and to cause harm; and the threat to send or sending of grossly offensive communication. The Act makes these activities offences under the law.

## 3.3. Strategic Context

### National Drugs Strategy

The current national drug strategy for 2017-2025<sup>16</sup> is the first integrated drug and alcohol strategy and was initially structured around five key goals, with a vision of creating “a healthier and safer Ireland, where public health and safety is protected, and the harms caused to individuals, families and communities by substance misuse are reduced and every person affected by substance use is empowered to improve their health and wellbeing and quality of life.” During the period 2017-2020, the strategy was focused on five key goals (set out below). Addressing the harmful aspects of the drugs situation in communities, such as drug-dealing and drug-related crime and intimidation (including the DRIRP) were captured under Goal 4.

<sup>14</sup> Section 17 of the Criminal Justice (Public Order) Act 1994 - <http://www.irishstatutebook.ie/eli/1994/act/2/section/17/enacted/en/html#sec17>

<sup>15</sup> Harmful Communications and Related Offences Act 2020 - <http://www.irishstatutebook.ie/eli/2020/act/32/enacted/en/print.html>

<sup>16</sup> <https://www.gov.ie/en/publication/e2ac4-mid-term-review-of-the-national-drug-strategy-reducing-harm-supporting-recovery/>

### Goal 1: To promote and protect health and wellbeing

- 1 Promoting and protecting health and wellbeing to ensure that the commitment to an integrated public health approach is delivered and that evidence-based approaches to action on alcohol problems are promoted.
- 2 Preventing the use of drugs and alcohol at a young age. This includes supporting Social, Personal and Health Education by promoting effective communications between schools and Drug and Alcohol Task Forces, improving supports and services for at risk children, and facilitating the use of school buildings, where feasible, for afterschool care and out-of-hours use to support local communities.
- 3 Developing harm reduction interventions targeting at risk groups including parents with substance misuse issues via services for addiction, maternity, health and social care.

### Goal 2: To minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery

- 1 To attain better health and social outcomes for people who experience harm from substance misuse and meet their recovery and rehabilitation needs.
- 2 To reduce harm among high-risk users by providing enhanced clinical support to people who inject substances, and to target a reduction in drug-related death and non-fatal overdoses by expanding the availability of naloxone.

### Goal 3: To address the harms of drug markets and reduce access to drugs for harmful use

- 1 To provide a comprehensive and responsive misuse of drugs control framework which ensures the proper control, management, and regulation of drug supply.
- 2 To implement effective law enforcement and supply reduction strategies and actions to prevent, disrupt, and reduce illicit drug availability through drug market monitoring and the possible use of Community Impact Statements in the criminal justice system.
- 3 To develop effective monitoring and responses to evolving trends, public health threats, and the emergence of new drug markets.

### Goal 4: To support participation of individuals, families, and communities

- 1 To strengthen the resilience of communities and build their capacity to respond through supported and promoted structures at local, regional, and national level, and measuring the impact of drug related crime on communities.
- 2 To enable participation of both users of services and their families through building capacity within the problem substance use sector to develop a patient safety approach and involving service users and families in decision-making structures.

### Goal 5: To develop sound and comprehensive evidence-informed policies and actions

- 1 To strengthen Ireland's drug monitoring system
- 2 To strengthen the National Drug Treatment Reporting System
- 3 To improve knowledge of rehabilitation outcomes by conducting studies on service user and family experience.

Following the midterm review of the national drugs strategy(16), six strategic priorities are identified to strengthen the implementation of strategy for the period 2021-2025. The strategic priorities reflect the lessons learned and the stakeholder feedback from the mid-term review and capture the commitments in the Programme for Government. The six priorities and the alignment of the DRIVE model are captured in section 5.10.

## 3.4. Future of Policing

In 2018 the Commission for the Future of Policing in Ireland published the Future of Policing in Ireland report<sup>17</sup> which lays out a framework for policing, security, and community safety. The report is underpinned by 10 principles:

- Human rights are the foundation and purpose of policing
- Policing and national security are not the responsibility of the police alone
- Accountability and oversight structures should be clear and effective
- International governance must be strong and efficient
- Police duties should be clearly defined, and resources deployed accordingly
- An Garda Síochána should be structured and managed to support front line policing
- The police of An Garda Síochána are its greatest resource
- Policing must be information-led
- Policing should be seen as a profession
- Policing must be adaptive, innovative, and cost-effective

### A New Definition of Policing

The report highlights that the duties of An Garda Síochána recognised in the Garda Síochána Act do not adequately cover the range of functions that An Garda Síochána perform. The Garda Síochána Act does not make specific reference to the prevention of harm which is incompatible with the time An Garda Síochána spends trying to protect vulnerable people like those with mental health conditions or substance misuse problems, the elderly, homeless individuals, and children. This far eclipses the time spent addressing crime.

As a result, the report recommends that the prevention of harm should be explicitly identified as a core objective of policing for An Garda Síochána as it links to the broader policing objectives of keeping communities safe, ensuring order, reducing crime, and vindicating human rights. Additionally, it is recommended that a new Policing and Community Safety Act is enacted in legislation to refine the role of the police service in harm prevention. In line with this, all An Garda Síochána need to be equipped with and trained in the necessary response techniques required to safely handle situations involving vulnerable individuals.

### A New District Policing Model

The 2018 culture audit of An Garda Síochána indicated that Gardaí think of themselves as community police but that the community policing system as a whole is under strain and front-line gardaí do not have sufficient support. The number of Gardaí employed in this position is depleting as personnel are pulled away to other duties such as serious crime investigations which should instead be carried out by specialists.

The communities of Ireland also place great importance on community policing but identify a lack of police visibility and continuity in practice. The current concept of community policing is a specialist activity which sees around 10% of gardaí in a district designated to it. The Future of Policing in Ireland report puts forward a new model of community or district policing which focuses on problem-orientated policing. In this model all gardaí at a district level would be considered community police, some focused on responding to emergencies, others to long-term problem solving, but working in conjunction to solve problems relating to community safety.

In the new district policing model, the district will be the level at which the majority of policing services are delivered to the public. The report states that community or district police should therefore have sufficient levels of delegated authority with which to handle day-to-day policing needs. To support this, it has been identified that there is a shortage of available Sergeants and Inspectors which are critical elements of front-line policing. The report recommends that an enhanced workforce planning review should be enacted to address these matters. In addition, the report highlights that division-level units will be necessary to

17 Government of Ireland (2019). A policing service for the future. Implementing the Report of the Commission on the Future of Policing in Ireland. Government of Ireland, Dublin

support front-line community policing in the districts and recommends that these divisions should self-sufficient, with their own devolved budgets, finances, and human resource teams. These divisions should include crisis intervention teams and an information centre which supports the district in data collection and analysis. The structure of the proposed new district policy model is less hierarchical than the one which currently exists and is intended to lead to a more responsive and efficient delivery of services.

### Crime Data

Improvements in data collection and analysis will enable An Garda Síochána to develop better strategies to reduce crime and prevent it from occurring. The report recommends that An Garda Síochána implement a crime analysis and response process which builds on the current work of the Garda Analysis Service, to be based at division level. Critical to the new definition of policing and the new district policing model is better data collection and analysis, as well as improved coordination between relevant state agencies.

According to the report, ***there does not currently exist a good picture of the scale of crime in Ireland and there are questions about the quality of An Garda Síochána's crime statistics. Crime statistics in every country underestimate the total amount of crime performed, with less serious crimes more likely to go unreported. Serious crimes are however also underreported, with domestic violence, hate crimes, and drug related crimes often not reported as victims fear reprisals. In Ireland specifically the problems go beyond underreporting as crimes have been reported which are then improperly recorded and, in many cases, downgraded to less serious offences without due reason.***

The poor quality of data available to An Garda Síochána is a hinderance to the organisation's operations, affecting the ability to detect and investigate crime, as well as take preventative measures against it. The report recommends that the functions of the Garda Information Services Centre should be reviewed. To address the current deficiencies in the collection, analysis and utilisation of data requires changes to technologies, the training of police in the recording and use of data, and to the management processes and systems employed by the police service.

The Future of Policing document and the strategic direction of recommendations has clear implications for the DRIVE intervention model.

## SECTION 4: DEVELOPING THE DRI MODEL

### 4.1. Introduction

The purpose of this report is to develop 'a data-driven intervention model using the best available information to respond effectively to drug-related intimidation and violence in communities in Ireland'.

Previous sections have described the experience of DRI currently according to those that are at the closest interface to it, as well as the context within which an intervention model will operate in Ireland. This report builds on the extensive work already carried out by Murphy et al (2017) whose research on drug-related intimidation (DRI) requested by the Department of Health on behalf of the Local and Regional Drugs and Alcohol Task Forces sought to critically appraise the national and international evidence to identify best practice, community-based responses to DRI to inform:

- DRI action points in the National Drugs Strategy, 2017–2025,
- Drugs Task Force action plans for implementing responses to DRI in their local communities.

The HRB review provides an overview of the gang control literature, examining in turn community-based approaches to preventing gang entry, supporting gang desistance, and suppressing or deterring gang-related crime, violence, and intimidation. It selected four questions to facilitate its interrogation of the national and international evidence base, which were:

- 1 What community-based interventions are effective in preventing entry into gang networks among at-risk children?
- 2 What community-based interventions are effective in preventing drug use among at-risk young people?

- 3 What community-based interventions are effective in promoting gang desistance among young people?
- 4 What community and/or criminal justice approaches are effective in deterring or suppressing drug-related crime, intimidation and/or violence?

The following provides a brief summary of the key findings of the HRB Review which provides a foundational framework for a proposed DRI intervention model in Ireland.

### Prevention (Universal)

The majority of universal prevention programmes identified in this review were school based, with or without parental involvement, but some were based between the home and community. Collectively, the programmes that worked had positive effects on short-term outcomes such as problem-solving, empathy, conduct problems, antisocial behaviour, delinquency, aggression, and long-term outcomes such as: substance initiation and use, violence, and crime.

Key features of effective programmes were those with positive goals, parental involvement, group-based and interactive techniques, trained professional facilitators, manualized content, and frequent content delivery. One gang-specific prevention programme (Gang Resistance Education and Training GREAT II) showed promise in preventing gang membership; however, the evidence was drawn from only one moderate-quality study.

### Prevention (Selective)

Selective prevention programmes target those at higher-than-average risk and aim to prevent antisocial behaviour, substance use, delinquency, and gang membership. There were a number of selective prevention programme models identified in the review. The review found good evidence to suggest that skills-based programmes targeting parents of at-risk children aged 0–3 years have immediate short-term impacts on child behaviour and parenting practices and improvements in long-term delinquency outcomes.

Youth mentoring had small beneficial effects on conduct and recidivism. There was no evidence available on the effect of education and employment opportunities provision for preventing gang involvement. Sports programmes in the community had weak evidence that they may reduce youth crime.

There was strong evidence that deterrence or discipline-based programmes, such as Scared Straight or boot camps, are ineffective and may be harmful. The key features of effective selective prevention programmes include: positive goals, involvement of schools and parents, interactive or real-life examples, manualised content, trained professional facilitators, and regular content delivery.

### Prevention (Indicated)

Indicated prevention programmes target those individuals already engaged in high-risk behaviours, such as opposition behaviour, conduct disorder, antisocial behaviour, substance use and/or delinquency to prevent severe problems such as gang membership, gang embeddedness, and criminal activity. These include:

- therapeutic approaches, such as Functional Family Therapy, Multisystemic Therapy, or Multidimensional Family Therapy, often delivered through home visits; and
- gang-specific wraparound approaches, which are highly individualised programmes of care identifying the precise supports needed by an individual and their family and providing them for as long as needed.

There is good evidence that indicated prevention programmes incorporating therapeutic principles that aim to create positive changes in the lives of young people and their families prevent negative outcomes. Risk assessment, using available tools such as the Gang Risk of Entry Factors tool, ensures appropriate targeting of indicated prevention programmes.

### Desistance

Gang alternatives interventions seek to motivate gang-involved youth to leave their gang, support them in doing so and create opportunities for meaningful occupation outside of the gang. Five identified gang alternatives interventions, involving street outreach or opportunities provision programmes, had limited evidence of no or negligible impact on gang membership status or involvement in gang-related crime or violence.

To address this gap in the available evidence, the HRB researchers conducted an in-depth analysis of primary peer-reviewed studies providing descriptive data – either qualitative or quantitative - on the nature or process of gang desistance. Analysis of this data suggested that gang members performed desistance work – i.e., effort to reform their identity, pursue prosocial values, and seek belonging among prosocial groups. Gang exit is underpinned by this desistance work, which enables former gang members to become the primary agents in their exit from the gang.

### Suppression (Gang activity prevention)

Gang activity prevention focuses on preventing the actions of gangs responsible for the most harm in the community by targeting specific activities, places, or behaviours. Evidence for these approaches was limited in quantity and quality. The most promising interventions in this category are carefully crafted civil gang injunctions, environmental design interventions, and urban renewal efforts, with the latter having positive impacts on crime, while improving police legitimacy and communities' sense of control and cohesion.

### Gang activity suppression

Gang activity suppression interventions seek to suppress or deter the harmful activities of gangs. 'Pulling levers' focused deterrence strategies had the largest direct impact on crime and violence of all suppression strategies reviewed, with moderate evidence of a medium-sized effect on crime and violence.

Key features of successful focused deterrence approaches include: targeting specific crimes rather than specific gangs, as the former is more efficient and effective and the latter may counterproductively increase gang cohesion and solidarity; strong, swift and consistent enforcement actions alongside meaningful offers of support by community agencies; establishing a multi-agency task force to lead and coordinate the initiative; and engaging members of the community to assist in identifying the key problem of focus and the key players to invite for notification meetings, and to help increase the legitimacy of the initiative.

### Comprehensive approaches

The HRB review recommended that comprehensive approaches should be developed within each of the three domains – prevention, intervention, and suppression, encompassing.

- Early intervention programmes involving schools and families, supporting positive goals, involving skills training, delivered by trained professionals, and incorporating therapeutic approaches for those identified as higher risk based on risk assessment.
- An assets-based approach to supporting the desistance work – or efforts to reform identity and find belonging in prosocial groups – of gang members who are trying to leave their gang life behind.
- A 'pulling levers' focused deterrence strategy designed with community involvement.

It stipulated that comprehensive approaches should be designed to be feasibly delivered at a consistent high quality and sustained over time within local resources, including both financial resources and organisational capacity. Such approaches would require partnership among a range of stakeholders, including social services, schools, law enforcement, probation and parole, the courts, system, and community representatives.

Meaningful participation by the local community is identified as being critical to successful partnership. Engaging the local community and the direct and continued involvement of community leaders is important to the legitimacy of the effort. Community has a role to play in defining the key issues, identifying young people within the community who require support, designing responses, and intervention delivery.

Given the current state of the evidence, any approach that is implemented should have a theoretical underpinning and be informed by local data, it should be clearly articulated in advance, it should be implemented according to protocol with deviations documented, and it should include a process and outcome evaluation. Researcher—practitioner partnerships may be useful in ensuring the use of a data-driven approach, robust evaluation, and good implementation fidelity.

## 4.2. Summary HRB Review

The HRB review argues that reducing drug gang activity by implementing a comprehensive gang control strategy, which seeks to prevent young people from joining gangs, promote desistance among active gang members and suppress the activity of persistent gang members, would indirectly reduce the fear, intimidation, crime, and violence created by drug gang networks in the communities where they are entrenched.

These findings provide an important, evidence-based context for the development of a DRI intervention model in Ireland.

## 4.3. Resources Available to tackle DRI in Ireland

An overview of some of the existing programmes, interventions and resources that are available in Ireland currently is provided in appendix 3. The overview focuses on those interventions with a national reach and/or an alignment with the categorisations in the HRB evidence review of: Prevention, Desistance, Suppression and Comprehensive and thus, can offer a contribution to efforts to tackle DRI. This is not an exhaustive list, there are many other interventions delivered at a local level.

The Drug-Related Intimidation Reporting Programme (DRIRP) has been considered in section 2.5.1, none of the interventions listed in the appendix are explicitly designed to tackle Drug-Related Intimidation, thus their theory of change and subsequent data, monitoring and evaluation does not focus on DRI.

No review of the effectiveness or impact of these interventions has been carried out as part of this research, the interventions are included because of their availability, and their alignment to

the HRB review and the emerging research findings herein. Their inclusion is not an endorsement or indication of their effectiveness or otherwise, moreover their availability may have implications and opportunities for the roll out of the proposed DRI Model in this report.

## 4.4. Characterising Evidence Based Interventions to Tackle DRI

In developing the DRI model, one of the requirements was to ensure its connection to an evidence base. The literature, and in particular the HRB Evidence Review identify several characteristics common to evidence-based interventions for drug use and drug-related intimidation, it follows that these characteristics should form part of any proposed DRI model. These include:

### Data-Informed Solutions

In any successful response to gang problems, drug use and drug-related intimidation – a common feature is the commitment to gathering intelligence and data to define and inform the problem.

### Interagency Cooperation

Comprehensive responses to gang problems, drug use, and drug-related intimidation should include a wide range of stakeholders with good coordination and communication employed. Most strategies involving interventions require multi-agency effort between social services, schools, law enforcement, probation, the courts system, community agencies and leaders.

### Community Engagement

Within the domains of all three types of interventions (prevention, desistance, and suppression), involving the local community and community leaders emerged as a key factor in success. The rationale behind this is four-fold. Firstly, the community can provide local knowledge and insight to ensure any interventions or strategies employed are appropriate to the local context. Second, the community can ensure that the strategy is appropriately targeted as they are well placed to identify those at risk and the issues which are of greatest importance in that community. Third, engaging the community sends a strong message to those involved in crime, violence, and intimidation, that those behaviours will no longer be tolerated, and that support is available for those who want help transitioning away from those lifestyles. Finally, community engagement can empower communities through social cohesion, and therefore prevent feelings of hopelessness perpetuated by incidents of drug-related intimidation.

### Long term approaches

Given the complexity of some of the issues at hand and the extent to which they are embedded and entrenched in local communities, interventions are required over a sustained period of time in order to achieve meaningful impact. Prevention programmes by their very nature are long term, but to identify changes in community level data, crime incidence and perceived safety – a baseline position and a sustained intervention is required. In addition, any systemic changes to established organisations, legislation or policy often takes time and thus sustained investment.

### Implementation Fidelity and a Theoretical Basis

Where evidence-based programmes are used, implementation fidelity is important. This refers to the delivery of the programme as intended and ensuring that the observed effect following delivery can be attributed to the programme. Measuring the extent to which interventions are implemented with fidelity is key to understanding if, how, why, in what context, and to what extent the outcomes of the intervention are a success. It should be noted that interventions that succeed in fidelity in one area and are then extrapolated to other contexts may need to be tailored to the specificities of other communities. In these cases, a balance must be struck between programme tailoring and maintaining fidelity to the evidence-based components of the specified intervention.

### Research, Monitoring and Evaluation

Practitioners of interventions should record and evidence:

- If there was implementation fidelity present in intervention projects
- Whether there was a positive or deterrent effect
- Whether the intervention can be extrapolated and replicated elsewhere
- Whether there is a consistent pattern of statistically significant effects
- Whether these effects are sustained beyond the intervention by at least a year with no negative ramifications.

Following an intervention, the process should be evaluated for effectiveness of intent and cost. To effectively evaluate interventions, a theory of change is necessary so that the input or ingredients of the initiative can be identified. Data should be used to identify local risk and protective factors, target the most appropriate people, assess implementation success, and the effects of initiatives. A theory of change has been developed in this report to accompany the model, this will facilitate future monitoring and evaluation efforts.

## 4.5. Summary

The following section sets out a data driven intervention model to respond effectively to DRI in communities in Ireland. The model has been developed based on a triangulation of data from the following:

- 36 qualitative engagements with stakeholders who are directly supporting individuals and communities affected by the issue of drug-related intimidation and violence, involved in law enforcement and/or involved in setting policy and strategic direction.
- A review of the research literature including 11 seminal research documents that explore DRI in an Irish context. In particular, the *“Drug-related intimidation. The Irish situation and international responses: an evidence review: Murphy et al (2017)”* provides a connection to evidence based approaches to tackle DRI
- A review of the strategic, policy and legislative landscape under which DRI sits – this is important in ensuring that the models can align with existing plans and approaches and will help ensure practical support and buy in from those involved in decision-making processes.

# SECTION 5: A DATA-DRIVEN INTERVENTION MODEL TO RESPOND EFFECTIVELY TO DRUG-RELATED INTIMIDATION AND VIOLENCE IN COMMUNITIES IN IRELAND

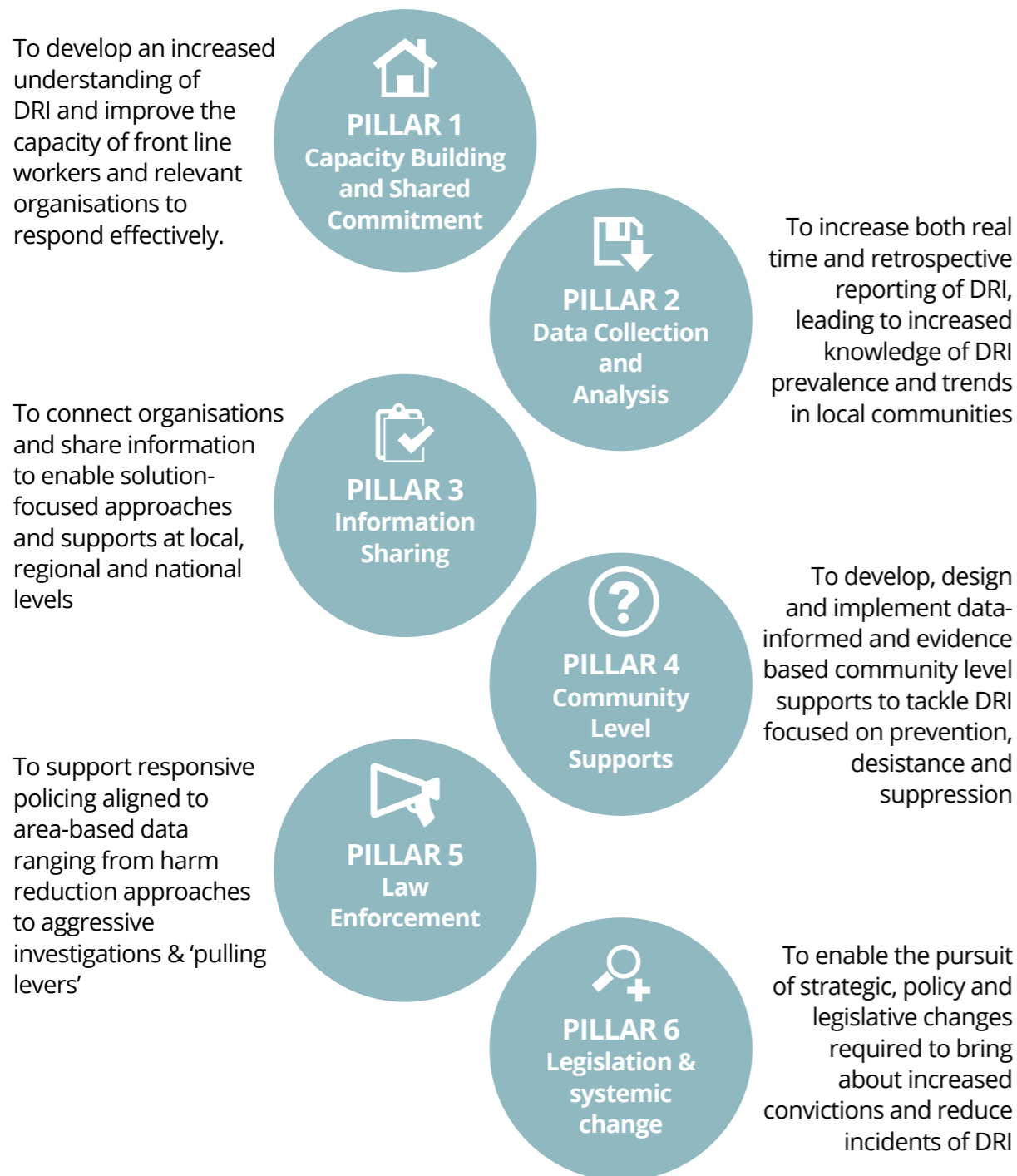
## 5.1. DRIVE Intervention Model

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 and should in turn enable a data-informed and collaborative approach to community level supports and law enforcement.

Improved data and understanding of the problem also creates 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.



## 5.2. 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.

## 5.3. 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.

## 5.4. 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.

## 5.5. 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 fund<sup>19</sup>, derived from CAB monies. These represent potential sources of funding. It is recommended that joint action is considered in resourcing the model.

## 5.6. 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.

## 5.7. 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.

<sup>19</sup><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><b>1.</b> 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><b>2.</b> 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><b>3.</b> 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><b>4.</b> 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><b>5.</b> 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><b>6.</b> 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><b>7.</b> The NDTRS<sup>20</sup> 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"> <li>○ 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"> <li>• Nature of the DRI (will require list of drop down options, informed by National DRIVE Coordinator/this report)</li> <li>• Level of Debt (if appropriate)</li> <li>• Date/Time of Incident(s)</li> <li>• Approximate Location (ED or SA)</li> <li>• Outcome</li> <li>• Approximate age profile/gender of perpetrators and whether it was an individual or group</li> </ul> </li> </ul> <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><b>8.</b> 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><b>9.</b> 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 &amp; evaluation efforts. The information gathered should reflect that in pillar 2 action 1 above.</p>

<sup>20</sup> 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><b>10.</b> 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"> <li>a) Community level supports and responses to DRI and</li> <li>b) To provide information and intelligence to An Garda Síochána to inform a policing approach to DRI</li> </ul> <p><b>11.</b> 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><b>12.</b> 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><b>13.</b> 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	<b>14.</b> 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.

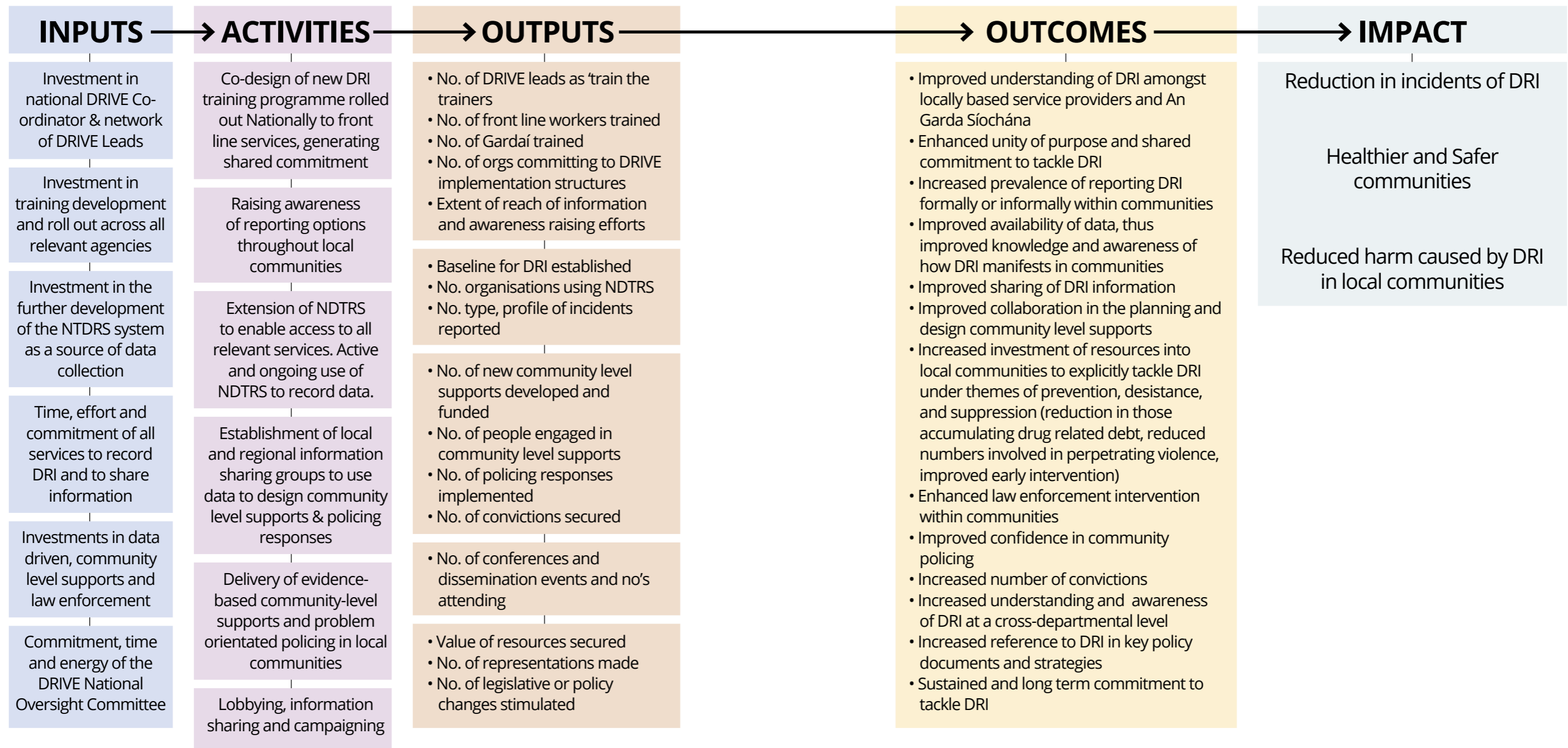
Pillar	Purpose	Key Actions
Law Enforcement	Responsive policing aligned to area-based data ranging from harm reduction approaches to aggressive investigations & 'pulling levers'	<b>15.</b> A priority for An Garda Síochána is to have access to information about incidents, trends and suspects in relation 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 reinvigorated 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
		<b>16.</b> 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><b>17.</b> 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><b>18.</b> Formal reporting structures should be developed between the DRIVE Oversight Committee and the National Oversight for the National Drugs Strategy.</p>

## 5.8. 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.



## 5.9. Short Term Actions

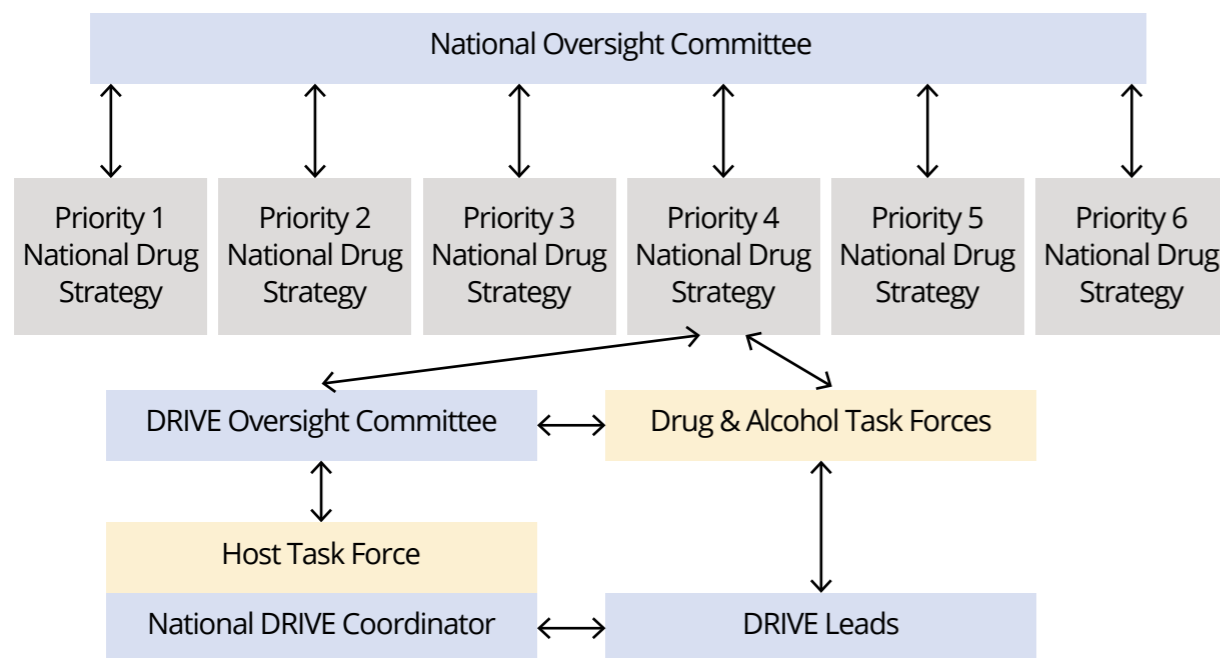
To bring the intervention model to life, the following sequential, short term actions are required with allocated responsibility and suggested timeframes.

Action	Responsibility	Indicative Timeframe
Commencement of the recruitment process for the National DRIVE Coordinator	DRIVE Oversight Committee	Q4 2021 – Q1 2022
Development of a costed proposal to the Department of Health focused on: <ul style="list-style-type: none"> <li>3. Costs associated with the design of new training programme and train the trainer module including CPD accreditation and development of an online module, toolkits, materials and workbooks</li> <li>4. Costs associated with the further development of the NDTRS system to facilitate extended use and data capture aligned to recommended actions herein</li> </ul>	DRIVE Oversight Committee (HRB to provide costs associated with development NDTRS)	Q4 2021
Launch of the Data Driven Intervention Model and re-engagement of those that participated in the consultation process to begin to generate commitment, momentum and buy in and to stimulate some initial work on mining existing case notes to create a baseline position. This should be in the form of a webinar/series of webinars	DRIVE Oversight Committee/National DRIVE Coordinator	Q4 2021
Development of a costed proposal to the Department of Justice Community Safety Grant and the DPU for investment in the network of DRIVE leads. In order to reach this point, a series of facilitated discussions within the Regional and Local DATFs will need to take place to: <ul style="list-style-type: none"> <li>• Agree a host employer for the DRIVE lead per area (ideally a DATF)</li> </ul>	National DRIVE Coordinator and network of DATFs	Q3-Q4 2022

<ul style="list-style-type: none"> <li>• Map Existing community safety staff/other staff in each area to be identified as the key point of contact for each area</li> <li>• Map perceived hotspots and areas of focus within each DATF area</li> <li>• Develop MOU with An Garda Síochána around collaborative working between Garda Inspectors and DRIVE leads</li> <li>• List of services to receive training on DRI and to have access to NDTRS to record data in each area</li> </ul>		
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## 5.10. Proposed Governance and Structures

The following diagram sets out the governance and structure underpinning the model.



Following the midterm review of the national drugs strategy, Reducing Harm, Supporting Recovery 2017-2020<sup>[1]</sup>, six strategic priorities are identified to strengthen the implementation of strategy for the period 2021-2025. The strategic priorities reflect the lessons learned and the stakeholder feedback from the mid-term review and capture the commitments in the Programme for Government.

The six priorities are:

- 1 Strengthen the prevention of drug and alcohol use and the associated harms among children and young people;
- 2 Enhance access to and delivery of drug and alcohol services in the community;
- 3 Develop integrated care pathways for high-risk drug users to achieve better health outcomes;
- 4 Address the social determinants and consequences of drug use in disadvantaged communities;
- 5 Promote alternatives to coercive sanctions for drug-related offences

[1] <https://www.gov.ie/en/publication/e2ac4-mid-term-review-of-the-national-drug-strategy-reducing-harm-supporting-recovery/>

- 6 Strengthen evidence-informed and outcomes-focused practice, services, policies and strategy implementation

Each of the six priorities will be reinforced with specific actions. It is expected that each priority will have between 4 and 6 actions. DRIVE has been referenced as an action under the fourth priority, recognising the additional challenges arising from drug use in disadvantaged communities including a commitment to tackle the criminality and anti-social behaviour associated with the drug trade.

## 5.11. DRIVE Committees Draft Terms of Reference & Agenda

The establishment of local DRIVE Committees will be an important action within the overall model. The purpose and function of the DRIVE committees will be:

- a) To share high level/strategic information about the nature, type, prevalence of DRI in a local area in order to inform:
  - 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
- b) Where appropriate, to share individual information to enable a case management approach to support victims of DRI (this could be the opening of a Meitheal). This process needs to align with GDPR protocols and requirements.

The role of the local DRIVE committee will be to retain motivation and commitment to data collection on DRI, ensuring a unity of purpose and shared commitment to tackle the problem in each area. Membership of the committee will be reflective of the local areas, should include but is not limited to:

- DRIVE Lead for the area
- Family support services
- HSE Addiction services and section 39 Addiction Services
- Local authority (housing representatives)
- Local councillors
- An Garda Síochána
- Tusla
- MABs
- UBU Funded Youth Services
- Credit Union Representatives
- School/Education Providers
- Service User/DRI Victims
- Garda diversion projects
- JIGSAW or com mental health
- Family Resource Centres
- The Probation Service



It is anticipated that the local DRIVE Committees will meet bimonthly and no less than 6 times per annum. The suggested agenda for DRIVE committee meetings includes:

- 1 DRIVE Leads Report on DRI from NDTRS
- 2 Community-Level Insights and emerging trends
- 3 Community-Level Supports (Capacity, Resources, Services) that can be aligned to emerging information
- 4 Gaps and Unmet needs
- 5 Referrals required (Meitheal/Case Management) \*this should stimulate an additional information sharing protocol\*<sup>21</sup>
- 6 Key Actions

The DRIVE Lead report on DRI should cover:

Incidents	Total No. of Incidents Reported	
	No. of incidents by area (ED/SA/Community)	
	No. of Incidents by Nature of DRI	
	No. of incidents by Level of Debt	
	No. of incidents by Victim profile (i.e. vulnerable adult, young person, drug user)	
	No. of incidents reported to An Garda Síochána	
Perpetrators	Most common age profile of perpetrator	
	Most common gender of perpetrator	
	No. of incident by individual perpetrator/group	
Outcomes	Type of responses initiated	
	Outcomes recorded	
	Status of incident	

## APPENDIX 1 – CONSULTEES

1. East Coast RDATEF
2. Western RDATEF
3. North West RDATEF
4. North East RDATEF
5. South West RDATEF
6. Southern RDATEF
7. North Dublin RDATEF
8. Mid West RDATEF
9. Midlands RDATEF
10. South East RDATEF
11. HSE
12. Blanchardstown LDATEF
13. Ballyfermot LDATEF
14. Tallaght LDATEF
15. DLR LDATEF
16. Finglas Cabra LDATEF
17. D12 DATEF
18. National Addiction Advisory Governance Group Representatives x 2
19. National Liaison Pharmacist for Addiction Services
20. CNM1 Addiction services
21. Addiction/Homeless Nurse
22. Department of Justice
23. NIC DATEF
24. Bray LDATEF
25. Ballymun LDATEF
26. An Garda Síochána x 8 Regional Inspectors
27. The Probation Service
28. South Dublin Connecting for Life
29. Department of Health
30. Health Research Board x 2
31. Citywide
32. DRIVE Oversight Committee x 3
33. Safer Blanchardstown
34. Ballyfermot Star
35. Ballyfermot Advance
36. Dr Johnny Connolly
37. Dr Sean Redmond
38. Northstar Family Support Project
39. Community Substance Misuse Team
40. Bedford Row Family Project

<sup>21</sup> Successful information sharing protocols have been developed by DATEFs i.e. DLR

## APPENDIX 2 – DRIVE OVERSIGHT COMMITTEE REPRESENTATIVES

The following are the representatives of the DRIVE Oversight Committee:

Name	Role / Representative group
Brid Walsh	Chairperson
Antoinette Kinsella	Regional DATF Coordinators Network
Fran Byrne	HSE (NAAGG) National Addiction Advisory Governance Group
Dave Kenny	The Probation Service
Detective Superintendent Sé McCormack	An Garda Síochána
Joe Slattery	Community Voluntary Sector
Siobhan Maher	Family Support
Hugh Greaves	Local DATF Coordinator Network

***\*This report also acknowledges ex members Jennifer Clancy who chaired the DRIVE committee in 2019 before moving role and Shane Brennan who helped with the original proposal. Chief Superintendent Brian Woods was also a key and very active member prior to changing role in An Garda Síochána\****

The following are the representatives of the Research Advisory Group, a subcommittee of the DRIVE Oversight Committee:

- 1 Brid Walsh (DRIVE Oversight Committee Chair)
- 2 Dave Kenny (Probation Service)
- 3 Hugh Greaves (Local DATF Coordinators Network)
- 4 Sé McCormack (An Garda Síochána)
- 5 Antoinette Kinsella (Regional DATF Coordinators Network)

## APPENDIX 3 – RESOURCES TO TACKLE DRI

### Prevention

#### ABC Programme (TUSLA)

The Area Based Childhood (ABC) Programme<sup>22</sup> is a Prevention and Early Intervention (PEI) programme which seeks to improve outcomes for children and families living in areas of disadvantage. The rationale for the PEI approach lays on the premise that if we identify potential problems before they happen, we put in place support to prevent difficulties escalating.

ABC programmes operate on three levels. The first is frontline delivery to children and families to support early childhood development. The second involves other service providers and the programme aims to implement evidence-based ways of working through capacity building, facilitation, and support. The final involves systems change efforts with decision-makers at local, regional, and national platforms. The main themes of the ABC Programme are:

- 0-3 years support including home visits and group-based support for parents/carers and families.
- Programmes aimed at developing positive parenting practices and improved child and family wellbeing.
- Promotion of social and emotional wellbeing, improved behaviour, youth mental health and positive relationships.
- Increased knowledge and skill on early childhood development.
- Supporting quality and capacity in early childhood care and education.
- Interventions for language, literacy, and numeracy development in preschools, schools, and within families.

The ABC Programme is currently funded by the Department of Children, Equality, Disability Integration and Youth (DCDEI) and delivered through the Prevention Partnership and Family Support Programme (PPFS) within TUSLA. Between 2007 and 2013, the Atlantic Philanthropies (AP) and Department of Children and Youth Affairs (DCYA) jointly resourced the Prevention and Early Intervention Programme (PEIP) and in 2013 this became the ABC programme. DCYA and AP funded the ABC programme between 2013 and 2018 with a €34 million investment.

<sup>22</sup> ABC Programme – Vision, Mission, and Principles (2020) <https://www.cdi.ie/wp-content/uploads/2021/03/ABC-2021-02-23-Vision-Mission-Principles.pdf>

The ABC programme is delivered across 12 locations in Ireland including Cork, Limerick, Louth, Wicklow, with the primary area of the project being in Dublin which has 8 locations within its bounds.

### Meitheal Process (TUSLA)

The Meitheal Process<sup>23</sup> is a TUSLA-funded evidence-based early intervention tool that identifies the needs of a child and their family and brings a team together around the child to deliver preventative support. It covers all aspects of a child's development and ensures families who don't require social work intervention receive prevention support and early intervention to prevent problems escalating. Where more than one agency is required to deliver supports to the child, the process is standardised for coordinating the delivery of these supports utilising a Lead Practitioner, a 'team around the child' approach, and support from a Children and Family Support Networks (CSFN) Coordinator. The principles underpinning the Meitheal model:

- Parents are made aware immediately that child protection concerns will be referred to the Children and Families Social Work service.
- It is a voluntary process led by the parents/caregivers and the child.
- At least one parent must be involved in each Meitheal meeting.
- The model looks at children in a holistic manner in the context of the family environment.
- Privileging the voices of the parent/carer and child and assisting them in identifying their needs and how to meet them.
- Outcome-focused and implemented through the Lead Practitioner.

### Supports available in carrying out the Meitheal Process

- Training programme for prospective lead practitioners and participant partners provided by TUSLA trainers.
- Other agencies involved in the team around the child can identify how best to support the process and ensure the best outcomes for the child and family.
- The Child and Family Support Network Coordinators can provide guidance to all agency partners in the Meitheal process.

23 Tusla - The Prevention, Partnership and Family Support Programme  
[https://www.tusla.ie/uploads/content/PPFS\\_Low\\_Prevention\\_Services\\_Brochure.pdf](https://www.tusla.ie/uploads/content/PPFS_Low_Prevention_Services_Brochure.pdf)

### Family Resource Centre Networks (TUSLA)

The TUSLA-funded Family Resource Centre Network<sup>24</sup> is Ireland's largest family support programme delivering universal services to families in disadvantaged areas in Ireland. The FRC is comprised of 121 centres and 2 further outreach centres nationwide in:

- Carlow
- Cavan
- Clare
- Cork
- Donegal
- Dublin
- Galway
- Kerry
- Kildare
- Kilkenny
- Laois
- Leitrim
- Limerick
- Longford
- Louth
- Mayo
- Meath
- Monaghan
- Offaly
- Roscommon
- Sligo
- Tipperary
- Waterford
- Westmeath
- Wexford
- Wicklow

The FRC programme aims to combat disadvantage and improve the functioning of the family unit. The centres work independently with individuals, families, communities, and statutory and non-statutory agencies. Rooted in the community, the FRC holds the involvement of local people as a central tenet of the programme. The programme is intended to be participative and empowering for those involved and build capacity and leadership in local communities. The services provided by the Family Resource Centres include:

- Provision of information, advice, and support concerning the services and development opportunities available locally.
- Delivering education courses and training.
- The establishment and maintenance of new community groups to meet local needs and the delivery of services at local level.
- The provision of counselling and support to individuals/groups.
- Developing capacity and leadership within communities.
- Supporting personal and group development.

24 Family Resource Centres - <https://www.tusla.ie/services/family-community-support/family-resource-centres/>

- Practical assistance to individuals and community groups such as access to information technology and office facilities.
- Practical assistance to existing community groups such as help with organisational structures, assistance with accessing funding or advice on how to address specific social issues.
- Supporting networking within the community.

### Children and Young Peoples Services Committee (CYPSC)

Children and Young People's Services Committees (CYPSC) are a key structure identified by Government to plan and co-ordinate services for children and young people in every county in Ireland. The overall purpose is to improve outcomes for children and young people, aged between 0 – 24 years, through local and national interagency working. They provide a forum for joint planning to ensure that children, young people and their families receive improved and accessible services.

### Community Crime Impact Assessment Initiative (CCIA)

The Community Crime Impact Assessment (CCIA) initiative enables front line community workers to collate data on crime based on what they have heard and witnessed through their community work and present the Gardaí, no individuals need to be identified in the dossier of information which must be accepted as evidence by the Gardaí and may lead to further investigation. An integral part of the CCIA is the designation of a local forum where CCIA's are discussed and the representative agencies explore what they can and need to do to address the issues identified in the CCIA's.

The CCIA's have emerged from the Building Community Resilience Strategy<sup>25</sup> of which the core elements are:

- 1 Operating **Community Crime Impact Assessments and Problem-Solving** in response to anti-social behaviour hotspots and hot-issues through the Local Policing Forums. The BCR project will launch and promote the use of the Community Crime Impact Assessment tool to benchmark and monitor progress. It will assist LPFs in identifying hotspots and/or hot issues in their area and assist in the organisation of impact assessment and problem-solving.
- 2 Developing and implementing an **Outreach and Bridging** response (or equivalent) to those persistently engaging in anti-social behaviour, particularly connected to the drug-trade.

- 3 Developing and implementing targeted responses to children being drawn into the anti-social behaviour networks identified in the Building Community Resilience research, and their families
- 4 Developing a focused, interagency, law enforcement response to those organisers at the centre of the networks described in the Building Community Resilience research.
- 5 Developing **Restorative Practice** as a core community safety activity in conjunction with existing restorative practice projects.
- 6 Developing and implementing a programme of support training and networking for the four LPFs

## Desistance

### Garda Youth Diversion Project and Juvenile Liaison Officer Scheme

The Garda youth diversion project<sup>26</sup> is in place to avoid the formal process of charging and prosecuting young people who commit criminal offences or engage in anti-social behaviour through means of cautioning the individual involved. Following caution, the young person or child can be placed under the supervision of the Juvenile Liaison Officer if this is deemed necessary.

The diversion project has a key feature of a conference which firstly discusses the welfare of a child admitted to the programme and also may mediate between the child and victim if appropriate. Following this engagement, an action plan is formulated for the child and they must consent to uphold the concern of the victim. The action plan may cover an apology to the victim/financial or other reparation to the victim, attendance at school or a workplace, the child's participation in training or education courses, a curfew, and any other matter that would be in the child's best interests and highlight the consequences of the child's behaviour.

The further purpose of the conference is to establish why the child engaged in this behaviour, discuss with family what help could be provided to help prevent the child engaging in similar behaviours in future and if necessary, review the child's behaviour since admittance to the project.

The diversion project is delivered across the state with approximately 100 projects currently operating. Primary responsibility for these programmes belongs to the Garda Youth Diversion Office as part of the Garda Youth Diversion Bureau. The project is government funded with co-funding provided by the European Social Fund as part of the

25 Connolly, Johnny and Mulcahy, Jane (2019) Building community resilience. Responding to criminal and anti-social behaviour networks across Dublin South Central: a research study. Dublin: Four Forum Network and Dublin City Council

26 Garda Youth Diversion Project – <https://www.garda.ie/en/crime-prevention/community-engagement/community-engagement-offices/garda-youth-diversion-bureau/>

Employability, Inclusion, and Learning Programme from 2014-2020, and additional funding supplied by the Dormant Accounts Fund.

### **UBU Youth Service Projects**

UBU<sup>27</sup> Your Place Your Space is a recently rebranded youth funding scheme from the Department of Children, Equality, Disability Integration and Youth (DCDEI). The scheme is in place to provide out-of-school support to disadvantage or marginalised young people and enable them to overcome adverse challenges. Funding is provided in via three strands:

- 1 To organisations that deliver youth services directly to target groups.
- 2 To provide access to existing facilities.
- 3 To efforts that build and strengthen the capacity of frontline organisations working with targeted young people.

Those seeking funding under strand 3 must be existing youth services and formerly funded under Special Projects for Youth, the Young People's Facilities and Services Fund, or the Local Drugs and Task Force Scheme. In line with this funding requirement the implementation of UBU Your Place Your Space will directly support the delivery and action of projects and strategies such as the Government policy on drug and alcohol use until 2025<sup>27</sup>. The strategy includes an action specifically related to youth service provision to improve services for young people at risk of substance misuse in socially/economically disadvantaged communities.

UBU has funded projects in 26 counties. The following are 6 funded projects that directly target drug use in young people:

- Dun Laoghaire Community Training Centre, Dublin – Drug Prevention and Education Programme. Providing educational and prevention inputs that educate young people to choose life strategies that will enable them, to live fulfilled and healthy lives whilst addressing their relationship with substance misuse.
- Dun Laoghaire Rathdown, Dublin - Drug Task Force - Using a variety of strategies to reach out to young people at high risk of substance misuse and engagement with preventive relations and activities in conjunction with the maintenance of contact and with more formal services.
- Limerick City Drugs Education and Prevention Strategy - Community-based drug education and prevention project supporting young people with additional needs in relation to substance misuse between the ages of 10-24.

<sup>27</sup> UBU Your Place Your Space - <https://ubu.gov.ie/userfiles/pdf/UBU%20Policy%20and%20Operating%20Rules.pdf>

- Foróige Ferrybank, Waterford – Drug Prevention Project and Outreach Service - Developing and implementation youth work interventions via safe-space activities that progress personal development and enhance decision making and social skills to reduce the likelihood of participation in substance misuse.
- Waterford and South Tipperary Community Youth Service (WSTCYS) - Frontline Drugs Project - Offering support to young people engaged in high-risk substance abuse using youth work practices and methodologies to engage them in a range of developmental processes to support better outcomes.
- Waterford and South Tipperary Community Youth Service (WSTCYS) - SHY Project - Outreach Drugs project - Equipping young people with the information, skills, and self-awareness to manage life's challenges in a safe space where personal and social skills are developed. The project identifies young people's needs and has a wide range of programmes, including education support, developmental core groups, and recreational or social opportunities.
- Some projects are funded by DATFS but are housed in UBU projects. For instance, in North Dublin, almost a third of a million euros is invested into 2 Youth Drug Substance use inclusion teams (one in Swords and one in Balbriggan). They operate within the Crosscare Youth services so that there is a natural referral pathway in and out of the mainstream youth services. There are other examples of this across DATFs.

### **Joint Agency Response to Crime Initiative (JARC)**

JARC<sup>28</sup> is a strategic offender management initiative led by An Garda Síochána, the Probation Service and the Irish Prison Service, with the support of the Department of Justice. The initiative aims to develop the multi-agency approach to prolific offender management, prioritise offenders for targeted interventions and support, and reduce crime and victimisation in local communities.

The initiative was first piloted in Dublin via three separate projects.

- STRIVE: Aimed at adults with a history of cause high levels of harm/disruption.
- Bridge (Change Works): Aimed at male adults with a history of violent crime.
- ACER3: Aimed at adults with repeated and prolific histories of burglary.

<sup>28</sup> Joint Agency Response to Crime - [http://www.justice.ie/en/JELR/Pages/Joint\\_Agency\\_Response\\_to\\_Crime](http://www.justice.ie/en/JELR/Pages/Joint_Agency_Response_to_Crime)

All JARC projects identify those causing most harm in the community and place them under one of the offender management programmes which are delivered on the ground by frontline Gardaí, probation officers and prison officers working closely with each client to address the factors behind their offending and to direct them away from criminality. The projects are enacted using partnership with community organisations and support of Government Departments and State agencies. Following the pilot programmes, the ACER3 programme has now be introduced in further locations (Dundalk, Waterford, and Limerick), and a Youth-JARC programme aimed at those aged 16-21 is being piloted in Dublin and Cork in partnership with the funding body TUSLA and the National Education Welfare Board.

## Suppression

### Community Safety Partnerships

Announced in November 2020, Community Safety Partnerships<sup>29</sup> will enter a two year long pilot period in Dublin's North Inner City, Longford, and Waterford and with success, the possibility of project roll out in every local authority area. The Partnership was developed in recognition that there is a role for agencies of Government other than An Garda Síochána in community safety and funding will be drawn from the Department of Justice. The Partnership will include input from representatives of the community, local business, education, public services, local councillors, and residents, with an independent chairperson.

The overall goal being safer communities for residents and businesses, the Partnership will develop a Local Community Safety Plan to determine how the community wants to reflect crime, reflecting community priorities and local concerns. All those involved will be provided with training including residents, with training aimed at developing understanding of the role and confidence building as a representative of the community. The Community Safety Partnerships will provide a forum for State agencies and local community representatives to work together to act on community concerns. They will have a broader remit and broader membership than the joint policing committees they will replace.

### Joint Policing Committees

Joint Policing Committees are afforded for in Section 35 of the Garda Síochána Act 2005<sup>30</sup> and are ultimately the responsibility of the Department of Justice. The committees are in each local authority area and act as a forum for consultation and cooperation on policing and crime issues between the public, community officials, the community and voluntary sector, elected

29 Community Safety Partnerships - <http://www.justice.ie/en/JELR/Pages/PR20000261>

30 Section 35 Garda Síochána Act 2005 - <http://www.irishstatutebook.ie/eli/2005/act/20/enacted/en/print#sec35>

officials and An Garda Síochána. Committees are responsible for reviewing levels and patterns of crime and antisocial behaviour in the area, any underlying factors contributing to crime, and advising An Garda Síochána on how best to perform their functions.

### Community Policing Investment (Garda)

As part of An Garda Síochána's strategy for 2019-2021<sup>31</sup>, it was agreed that the organisation would resource and implement a new approach to community policing. This initiative aimed to include a visible and responsive problem-solving approach tailored to community needs and accessible by the diverse communities of the state. The Future of Policing in Ireland Report 2018<sup>32</sup> highlighted that only a small number of police in each district were designated as community police officers.

The report proposed a district policing model in response to a community policing system under strain. It highlights that front line policing should have the overarching function of problem solving for community safety and recommends that district police are trained and resourced to handle most policing demands themselves, that they not be pulled away as they currently are to work on major investigations, that the police service should adopt a new structure that holds district policing at its heart, adopt local partnerships, perform outreach to marginalised communities whose voices are important in understanding community safety concerns. It should be noted that during the COVID pandemic, community policing efforts have been suffering due to underinvestment<sup>33</sup> and redeployment.

## Comprehensive

### Greentown Programme (Limerick)

The Greentown Programme<sup>34</sup> is a partnership between the Department of Justice, the Department of Children, Equality, Disability, Integration and Youth and the School of Law at the Univeristy of Limerick which provides insights into how Irish criminal networks attract children and encourage them to become involved with serious crime.

In a review of a case study of a Garda sub-district located outside of Dublin and given the psudeynom Greentown, it was found that the criminal network in the area was hierarchical,

31 An Garda Síochána Strategy Statement - <https://www.garda.ie/en/about-us/publications/policing-plans/strategy/garda-strategy-statement-2019-2021-2-1-20.pdf>

32 Future of Policing in Ireland

[http://www.policereform.ie/en/POLREF/The%20Future%20of%20Policing%20in%20Ireland\(web\).pdf/Files/The%20Future%20of%20Policing%20in%20Ireland\(web\).pdf](http://www.policereform.ie/en/POLREF/The%20Future%20of%20Policing%20in%20Ireland(web).pdf/Files/The%20Future%20of%20Policing%20in%20Ireland(web).pdf)

33 Dail Eireann Debate (Nov 2020) - <https://www.oireachtas.ie/en/debates/debate/dail/2020-11-18/22/>

34 Department of Children and Youth Affairs (2016) Lifting the Lid on Greentown

[https://ulsites.ul.ie/law/sites/default/files/3910\\_DCYA\\_Greentown\\_%20Full%20report%20final%20version.pdf](https://ulsites.ul.ie/law/sites/default/files/3910_DCYA_Greentown_%20Full%20report%20final%20version.pdf)

governed by a family, and supported by a deeply embedded sympathetic culture. The power of the network was found to be most influenced by the the intensity of relationships between members of the network and network patrons, with their geographical proximity from one another playing a role. The key finding however was that criminal networks play a significant role in coercing and compelling those under the age of 18 to enter into criminality.

In Greentown, the children involved in criminality represented a small percentage of their age range but caused a substantial proportion of crime in the area. This study justifies an increase in resource direction to the area and similar research in future can be used to determine where best to centre resources. The research found secondly that there was a clear correlation between burglary and repeat criminal offending and that such behaviour predicts adult influence over the minor and as such should be approached from a welfare and protective stance rather than judicial or punitive.

Short-lived law enforcement campaigns were found to do little to disrupt the equilibrium of the criminal network and that successfully removing small numbers of young people from the network held little value as the network performed functions that generated a constant cycle of young people. The implication of these findings is that efforts towards reducing child involvement in criminality should concentrate on long-term intervention efforts which could continually address the problem and try to intervene before association with the criminal network begins.

## Data Gathering

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### **Crimestoppers**

A joint initiative between An Garda Síochána and the business community, Crimestoppers<sup>35</sup> allows members of the public to report a crime by anonymously calling a freephone number. is staffed by members of the Garda National Drugs and Organised Crime Bureau.

### **See Something Say Something**

In 2020, the See Something-Say Something campaign was launched in Swords, Dublin to allow residents to instantly report suspected crime or illegal activity to An Garda Síochána. A text-based service, the message is received by an on-duty sergeant and acted upon immediately. See Something-Say Something was developed by a private company and has already been rolled out in Killarney and Tralee.

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<sup>35</sup> Crimestoppers - <http://www.crimestoppers.ie/>



**[www.s3solutions.co.uk](http://www.s3solutions.co.uk)**

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