



# “SINGING FROM THE SAME HYMN SHEET”:



An evidence base for the development of an interagency Drug Related Intimidation (DRI) specific training programme in the SICDATF area

A RESEARCH REPORT | AUGUST 2022

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Chapter 1:

# Background and Context

# Chapter 1:

## Background and Context

### 1.1. Introduction

The organised drug trade has been both evident and expanding in Dublin since the 1980s (Bradshaw, 1983; Connolly and Buckley, 2016). While initially centred on heroin use, sale and supply, the Irish drug landscape has become increasingly unpredictable over time. The emergence of new psychoactive substances (NPS), the online drug marketplaces and an escalating number of unsafe drug use practices e.g., polydrug use (the combining of multiple substances in one drug use episode) (Department of Health, 2017; Kelleher, Christie, Lalor, Fox and Bowden, 2011) have resulted in a complicated drug use environment. Moreover, drug associated crime has also become more complex. The 2020 Central Statistics Office recorded a 45% increase (n=15,325 to 22,166) in drug related offences. Drug related intimidation (DRI), to which this report refers, is characterised by territorial feuds, drug debts, violent disputes and fragmented communities, where residents are housed within a culture of fear. This fear fosters a collective silence in terms of the identification of DRI perpetrators or reporting of DRI incidents (Connolly and Buckley, 2016; Murphy,

Farragher, Keane, Galvin and Long, 2017; Connolly and Donovan, 2014. p.42; Murphy *et al.*, 2017. p.17). The devastating impact of DRI on communities in Dublin has been highlighted previously by Local Drug and Alcohol Task Forces (LDATFs) (Connolly, 2002).

This report focuses on the South Inner City Dublin Drug and Alcohol Task Force (SICDATF) area. The purpose of this research project is to inform a training programme for practitioners and professionals across the network of SICDATF services, which is DRI specific. It aims to educate, equip, support and protect professionals in all types of services who are dealing with DRI related incidents. Over time, this programme will also be adapted to provide training and support for families and community members. Section 1.1 of this report has introduced the purpose of this research and its intended outcome. Section 1.2 provides a narrative review of the national and international literature on DRI responses and interventions for improving and sustaining communities. Chapter 2 outlines the methodology for the research undertaken to inform the training programme. Chapter 3 presents the findings of the

research thematically. Chapter 4 provides a discussion of the research findings and an outline of the proposed training programme and concludes the report. The proposed training programme which is the primary output of this research is best positioned as a pilot programme, with further iterations over time after a comprehensive evaluation of each delivery. The pilot DRI training programme is envisaged as an interagency, collaborative series of seminars, each with a focus on the key training needs of practitioners and the community which emerged from the dataset. This training programme is intended to bring together services for shared learning and embed a multidisciplinary, holistic approach to DRI in the SICDATF area, in addition to creating and supporting a new community of practice for professionals who are impacted by DRI in their work. The scope of the tender was to work in partnership with and consultation with stakeholders in the SICDATF area to develop such a training programme and also to produce an information leaflet or summary booklet for community services responding to DRI and anti-social behaviour, to raise awareness and disseminate referral information.

## 1.2. Literature Review

### Drug Related Intimidation in the Irish context

DRI tends to occur primarily in areas where there are high levels of crime and drug sales

and is typically carried out by those involved in the sale and supply of drugs (Murphy *et al.*, 2017). People who use drugs are typically the victims of DRI, usually through the accrual of drug debts (Connolly and Buckley, 2016; Murphy *et al.*, 2017). However, this is a complex dynamic, as people who are victims of DRI can sometimes be perpetrators in their efforts to collect money to pay their debts and avoid repercussions from those they are in fear of (Connolly and Buckley, 2016). DRI can include threats, violence, destruction of property, sexual abuse and coercion of individuals or families (Healy, 1995). It can also include a general atmosphere of fear and threat within communities, also less overt than the former – e.g., groups of individuals involved in drug sales congregating in particular areas (Anderson, 2007) – which causes a sense of unsafety and stress in communities (Finn and Healy, 1996). In addition to acts, threats or implications of violence, another aspect of DRI is where community members (often those particularly vulnerable) are given tasks to perform such as holding drugs in their homes (Connolly and Buckley, 2016; Murphy *et al.*, 2017; Bowden, 2019). Overarching all forms of DRI is the strongly held belief that reporting incidents to the Gardaí will have significant repercussions. This belief is promoted through public beatings, and destruction of property – often with graffiti spelling the word “rat”, a term that acts as a marker to target individuals or families for further intimidation – and supports the culture of silence within which DRI thrives.



Relationships with the Gardaí as a result are further eroded (Healy, 1995), particularly in areas where disadvantage is rife and the perception of criminal justice is flimsy. Threats of violence or witnessing acts of violence on others (Fyfe and McKay, 2000) have been reported in the literature to be as effective as actual physical violence in preventing people from making reports to the police (Finn and Healy, 1996; Elliot, 1998; Dedel, 2006). Inner city areas experiencing adversity, poverty, and exclusion and with low levels of social capital are more likely to experience DRI and for DRI to go unreported (Burgess *et al.*, 2003; Dedel, 2006).

There is a hierarchy to the drug economy which creates three distinct levels: global production and trafficking (cartels); a middle market responsible for the importation of drugs into Ireland and distribution of them nationally; and local markets which distribute drugs at the community level (Connolly and Donovan, 2014 p.29). The groups of individuals involved in the drug economy tend to be the largest at local level ('foot soldiers') but individuals can transition between levels throughout their careers within this economy. There are levels of DRI also, as described in a 2015 study based in Dublin as an 'iceberg' of low, middle and higher order violence (Jennings, 2015). The illegality of the drug market means that violence is used as a tool to settle disputes, protect territories and retain customers (Connolly and Donovan, 2014) and again, to create and foster a culture of silence

and fear around these activities within communities to secure the continuation of a profitable business (Jacques and Allen, 2015). The perception of violence may be more useful than actual acts of violence (Pearson and Hobbs, 2001) in building or maintaining a loyal customer base. Implicit intimidation was described by Loughran and McCann (2006) through accounts of visible drug dealing and congregation of 'street gangs' resulting in a sense of fear amongst many people residing in the area. A three-year ethnographic study based in Limerick provided insight into the structure of Limerick's drug gangs, the 'grooming' and socialisation of young people into the drug economy and the systems of intimidation orchestrated and implemented to create fear in the local community (Hourigan, 2011).

### **Drug Related Intimidation in international contexts**

In the U.K. drug users and street, sellers are underscored as being the most likely victims of DRI (National Crime Agency (NCA), 2018). DRI is described here as 'debt bondage' where vulnerable drug users are coerced into holding drugs to pay debts accrued, often through staged seizures of drugs designed to corner individuals into a cycle of indebtedness where they are placed under the control of violent perpetrators. Vulnerable people can also be defined as older individuals, people in poverty or unemployment with little means of making money or people with mental

health issues. Fraser *et al.* (2018) highlighted that these vulnerable cohorts were often targeted by coercion into engaging in drug related crime or by taking over their homes to use as a base for drug related activity. In disenfranchised communities, the drug economy may appear to be the only realistic means of employment for young people who are enticed by this seemingly easy and accessible way to make money, often driven by status comparison, which is exacerbated by social media and depictions of success as consumerism of expensive clothing and belongings.

In the U.S. there is a body of literature that concentrates on witness intimidation which can be related to the subject of DRI in the Irish context. The range of actors involved in the drug economy, from cartels to street sellers, to people who use drugs and their families and neighbours, make for a complex ecosystem of victimisation and perpetration of violence or intimidation (Finn and Healy, 1996; Seymour *et al.*, 2000). Intimidation of victims can extend to reports of illegal immigration status (Chen, 2009), threats against family members including children (Finn and Healy, 1996) and the targeting of vulnerable populations who already have a poor relationship with police and are less likely to make reports (Anderson, 2007). Again, the unstable dynamic between perpetrator and victim where roles can be cyclically reversed ensures that violence is deeply embedded in these vulnerable communities.



DRI responses and interventions nationally and internationally.

### **Criminal Justice Response**

As already stated, there exists a fear of reprisal which often prevents victims of DRI from making reports to the police. This is a significant factor in responding and intervening in these incidents and breaking down the subculture in which they occur. Mistrust in policing is commonplace in areas with high rates of crime and high rates of drug related activity (Connolly and Mulcahy, 2019). A drug related intimidation reporting programme (DRIRP) was piloted in Dublin in 2010 in partnership with the National Family Support Network and subsequently expanded nationally, resulting in a nominated Garda Inspector overseeing DRI reports across each division (Garda National Drugs and Organised Crime Bureau (GNDOCB) & NFSN, 2019). Our current National Drugs Strategy (NDS) 2017-2025 initiated a pilot Community Crime Impact Assessment in three separate areas across Dublin (Department of Health, 2017). This pilot programme focuses on the combination of various data sources (e.g., qualitative interviews with residents; evaluation of new community based interventions) but also on relationships: An Garda Síochána are encouraged to engage with the community in terms of information around safety, crime prevention and support (Connolly and Mulcahy, 2019). The two main objectives of the current NDS which relate



to DRI are “1. To strengthen and maintain the relationship with An Garda Síochána and the local communities in relation to responding to the drug trade, and 2. to strengthen the effectiveness of the NDRIRP through raising public awareness and evaluating the programme’s efficacy” (McCreery, Keane and Bowden, 2021). This includes providing support to people who use drugs, their families and others who are experiencing DRI. This may be in the form of practical advice or to deal with official complaints as confidentially as possible. Hourigan (2011), in a study on Limerick drug gangs and feuds, noted that increased policing was the most effective response to DRI, to include visibility of members of the Gardaí on foot or on bicycles rather than in cars which was evidenced by this study to encourage engagement.

In the U.S. the criminal justice response is particularly relied upon to respond to DRI (Decker, 2008). A zero tolerance approach, while commonly utilised, has been evidenced to be less effective than a combination of criminal justice responses and community level interventions. Police in the U.S. experience much of the same mistrust from vulnerable communities and have had difficulties in engaging with victims and retaining perpetrators in custody as a result of non-compliance with reporting (Finn and Healy, 1996). Efforts to bridge this gap have centred on increased visibility and engagement from the police at the community level (Chen, 2009) and

trust building through consistent case management of victims by the same staff members. The introduction of School Resource Officers (SROs) in Massachusetts had a positive effect where young people experienced of gang related violence and fear of reporting (Whitman and Davis, 2007). These SROs provided a friendly and trustworthy face to associate with police and young people reported feeling safer around them as a result. This is in contrast to evidence from young people who participated in this study which depicted being treated disrespectfully and unfairly by their local police officers, hindering any inclination to engage in or report unlawful activity of any kind. Whitman and Davis (2007) also provided valuable insight into the perspective of police officers, who described the difficulty of relationship building with young people while also carrying out their duties of law enforcement and surveillance. Staff shortages and a lack of resources also contribute to the provision of protection for victims, in addition to a lack of cooperation. The findings of this study can be applied to the stressors experienced by An Garda Síochána in the Irish context, where a dual role of protecting life and property as civil servants, and also engaging with civilians in a supportive manner where mistrust exists and information is not forthcoming can be a barrier to positive relationships.

### Prevention

Before criminal justice responses ever

need to be enacted, looking at cohorts of people and communities suffering adversity and disadvantage and what preventative measures can be put in place holds an important place in responding to DRI. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) categorise drug prevention initiatives as universal, selective and indicated (EMCDDA, 2011). Universal drug prevention targets the whole population and aims to reduce the risk for all, this can be seen through national awareness campaigns. Life Skills Training (LST) is a universal schools-based programme which is centred on fostering resilience, emotional regulation and self-esteem (O'Connor and Waddell, 2015). Our National Drugs Strategy supports universal drug prevention programmes as being successful, particularly in the school setting, however, these school based programmes typically do not include information related to DRI such as drug debts or drug related crime (Department of Health, 2017) which has been highlighted as a need by Bowden (2019). Selective prevention targets at risk cohorts such as early school leavers and young people engaged with the juvenile justice system, young people with high levels of vulnerability or people from socio-economically disadvantaged areas (EMCDDA, 2012). One example is the Strengthening Families Programme, introduced to Ireland in 2008 by Dr Robert O'Driscoll, which has demonstrated significant outcomes for families at risk in terms of cohesion, relationship building and

a reduction in risk behaviours (O'Connor and Waddell, 2015; Redmond, Shin and Azavedo, 2004; Spoth, Redmond and Chin, 2000). Well executed mentoring initiatives for young people at risk have also proven to be effective (Murphy *et al.*, 2017). Indicated prevention models are designed for people who are engaged in very high risk behaviours and include specialised interventions and programmes which are tailored to their individual needs, which can be complex and varied. There is a paucity of research which focuses on responding to DRI specifically internationally and in the Irish context. However, there have been some notable studies published over the past two decades which contribute valuable knowledge. Connolly (2003) investigated the impact of drug related crime and antisocial behaviour on social problems in an already compromised area of North Inner City Dublin. He found that a small number of "repeat offenders" were impacting the quality of life of many members of the local community and recommended an interagency approach to prevention and intervention to improve the situation.

### Intervention

Indicated prevention models can also fall under the category of intervention (Murphy *et al.*, 2017). Intervention for a young person already engaging in gang related behaviour or drug related crime may involve supporting them to exit their peer group and exposing them to alternative



lifestyles. This is likely to involve exploring and challenging core beliefs that the young person may have around the normalcy of violence and crime. Life skills development would need to be at the core of such an intervention, as to take away a huge piece of someone's life without replacing it with something of equal or more value is likely to be ineffective and short lived. Such indicated youth programmes focus on non-violent resistance skills, conflict resolution, counselling for young people and their families, and holistic case management (David-Fernon and Simon, 2014) with the knowledge that this body of work is intense, committed and long term. Evidence for the success of these interventions is limited (Murphy *et al.*, 2017).

### **Comprehensive – criminal justice response, prevention and intervention combined**

The combination of the three aforementioned approaches to responding to DRI has clear merits: there is evidence

to support that policing has an impact on areas which may otherwise be “taken over” by gangs in the absence of a visible police presence. There is also a large body of evidence to support preventative work with young people, particularly universal and selective approaches. Although indicated intervention is less successful, perhaps a combined approach would strengthen its efficacy over time. One international example of a combined approach is the Spergel model in the U.S. (Office of Juvenile Justice and Delinquency Prevention (OJJDP), 1995) which includes five interrelated strategies: community groups; youth outreach; alternative opportunity provision; policing and informed policy change. Although the Spergel model has been criticised as being unrealistic in relying upon the cooperation of communities to engage in community development and businesses to support the provision of employment opportunities (Klein and Maxson, 2006), there is evidence to suggest it has been successful in some of the twenty-five locations in which it operates in the U.S.

(Spergel, 2007). In the European context, Communities That Care (CTC) offers a similar combined approach, however, to date there is a scarcity of evidence as to its efficacy.

### Restoring fragmented communities

At the heart of the DRI issue is the impact that it has on communities where it occurs. As stated in McCreery, Keane and Bowden (2021) "Any regeneration of the community must start at the core which means tackling crime, intimidation and drugs and helping the community feel safe again." (Mulvey, 2017. p.29). DRI perpetrators represent a small proportion of the residents of such communities. Nevertheless, an unjustifiable stigma is then attached to these areas by surrounding regions, nationally, in the media and otherwise (Connolly and Mulcahy, 2019). Nolan (2019), in a report on key areas of antisocial behaviour and crime in South Dublin, highlighted concerns about a lack of community safety and policing; the lack of green spaces and overall appearance of some areas, longstanding social problems and a lack of regeneration and investment in infrastructure. Both reports (Connolly and Mulcahy, 2019; Nolan, 2019) emphasised that policing and punitive measures would not suffice in isolation to restore safety and cohesion to communities. A human rights approach which demonstrates empathy towards both victims and perpetrators, with the knowledge that both interconnects in the drug economy

is warranted, alongside trauma informed approaches to interacting with people who have been the subject of adversity, poverty, exclusion, and adverse childhood experiences (ACES) (Douglas *et al.*, 2010). The creation of communities where family relationships, friendships and neighbourly relationships are fostered and restored where fractured is a priority (Connolly and Mulcahy, 2019). Nolan (2019) suggests that this can be done by generating more employment opportunities, promoting social inclusivity and strengthening family support and early intervention. Establishing a strong community leadership body is key, using an interagency approach. Enhancing community safety through practical actions: increased visibility of policing; more CCTV systems and youth support are also initiatives much needed. Access to education should be underscored as a pathway out of poverty, evidenced by the work of An Cosán in Jobstown, Tallaght. The "trickledown effect" where members of a family at risk engage in higher education and achieve qualifications which allow them to acquire secure employment can mean that other family members, friends and neighbours follow this role modelling example. Creativity in communities can be fostered through recognition of and investment in the unique historical story, art, craft or local trade that each community has, creating "a positive and inclusive environment where people feel welcome and involved" (Nolan, 2019).

### 1.3. Conclusion

The purpose of this research project is to inform a DRI specific training programme, for practitioners and professionals across the network of the SICDATF. Chapter 1 has provided background and context to this work through presenting a review of the national and international literature on DRI and DRI responses and interventions. The literature tells us that DRI tends to occur primarily in areas where there are high levels of crime and drug sales and is typically carried out by those involved in the sale and supply of drugs. People who use drugs are typically the victims of DRI, usually through the accrument of drug debts. However, this is a complex dynamic, as people who are victims of DRI can sometimes be perpetrators in their efforts to collect money to pay their debts and avoid repercussions from those they are in fear of. There is a hierarchy to the drug economy which creates three distinct levels: global production and trafficking (cartels); a middle market responsible for the importation of drugs into Ireland and distribution of them nationally, and local markets which distribute drugs at a community level. In disenfranchised communities, the drug economy may appear to be the only realistic means of employment for young people who are enticed by this seemingly easy and

accessible way to make money. There exists a fear of reprisal which often prevents victims of DRI from making reports to the police. This is a significant factor in responding and intervening in these incidents and breaking down the subculture in which they occur. Mistrust in policing is commonplace in areas with high rates of crime and high rates of drug related activity. Police officers describe the difficulty of relationship building with young people while also carrying out their duties of law enforcement and surveillance. Staff shortages and a lack of resources also contributes to the provision of protection for victims, in addition to a lack of cooperation. While there is evidence to support that policing has an impact on areas which may otherwise be “taken over” by gangs in the absence of a visible police presence, there is also a large body of evidence to support preventative work with young people, particularly universal and selective approaches. At the heart of the DRI issue is the impact that it has on communities where it occurs. A human rights approach which demonstrates empathy towards both victims and perpetrators, with the knowledge that both interconnect in the drug economy is warranted, alongside trauma informed approaches to interacting with people who have been the subject of adversity, poverty, exclusion and adverse childhood experiences (ACES).



The creation of communities where family relationships, friendships and neighbourly relationships are fostered and restored where fractured is a priority. This may be possible through generating more employment opportunities, promoting social inclusivity and strengthening family support and early intervention. Establishing a strong community leadership body is key, using an interagency approach. This interagency approach is at the heart of the training programme which was developed from the research conducted for this project. Chapter 2 will now describe the methodology for this research.

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Chapter 2:

# Methodology

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## Methodology

### 2.1. Overview

This research project utilised a mixed methods approach, comprising both desk and field research. Firstly, a documentation analysis and literature review were conducted (see Chapter 1). This included literature and reports from the Irish and international context in order to map the various approaches that are utilised across various jurisdictions to either prevent, deter or intervene in drug related intimidation or violence. Secondly, field research was conducted in the South Inner City Drug and Alcohol Task Force (SICDATF) region. There were three strands to the field research: two online

surveys; focus groups and interviews with people working in the SICDATF and whose roles gave them a particular insight into DRI; and interviews/focus groups with a small cohort of people who had DRIect personal experience of DRI. Participants in all strands of field research were recruited through gatekeepers within the service network and through advertisement on social media platforms, in addition to flyers with QR codes where surveys could be accessed through a smartphone quickly and easily. Participation in all strands of the field research was voluntary and no participants received payment for their participation.

### 2.2. Surveys

Once the documentation and literature review had been completed, the second phase of research was to conduct a survey enquiry, which had two target groups: professionals and members of the community who had or have experience of DRI. A survey was created specifically

for professionals using Google Forms and the link to this survey circulated within the South Inner City network of drug and drug related services. This recruitment was conducted through multiple emails and telephone communications between March and July 2022. Twenty-five responses were received. A second survey for service users, also created on Google Forms

was disseminated to this target group through service gatekeepers, and also through the use of flyers with QR codes so that the survey would be accessible to people through their smartphones. This recruitment process occurred through the same five month period. Eighteen responses were received.

### 2.3 Focus groups and in depth interviews

Five focus groups were also conducted – four with professionals, and one with people who had experienced DRI. A further eight in depth interviews were conducted, seven of those with practitioners and one with a victim of DRI. Focus groups and interviews were conducted online through the Zoom platform with the researcher. Themes included: what is currently working in service provision; challenges and training needs. Interviews were semi structured in nature to allow interviewees to reflect on the various themes.

### 2.4 Data analysis

The surveys generated quantitative data derived using the tools available within Google Forms although clean data sets suitable for analysis were also generated in MS Excel. Four hundred and ninety minutes or over eight hours of interview data in total was collected. These were transcribed verbatim, uploaded to NVivo software and coded according to a priori themes which

were based on the research objectives:

- to gather information on the types and frequency of DRI experienced.
- to map what is currently working.
- to identify the challenges.
- to identify the training needs of practitioners who deal with DRI and work in that space either on the frontline, in schools, as Gardaí or otherwise.

Once the data had been coded according to those overarching themes, new themes which had emerged from the data were organised into subthemes. Within this analysis, the researcher identified frequently recurring 'codes' which were then organised into clusters. The themes and subthemes most prominent within the transcription data served to inform the proposed training programme.

### 2.5 Ethics

DRI is a topic of a particularly sensitive nature. Dr Brennan ensured that the research was undertaken in strict compliance with the code of ethics for social researchers established by the Sociological Association of Ireland; the British Educational Research Guidelines (BERA), the British Sociological Association and other such bodies. The research was carried out in an ethically robust manner that was mindful of those participating and of the fact that

many participants had experienced intimidation or in other ways may have had contact with the illicit drug market. Research methodologies were used which are consistent with best academic practice and with the intent to produce data to inform a community level training programme for the SICDATF region, in order to support, inform, educate, protect and equip individuals impacted by this DRI. Special attention was paid to confidentiality and compliance with Data Protection Acts throughout the entire research process. No IP addresses were collected during survey data collection. For the interview and focus group strands, participants were provided with the information sheet and consent form ahead of the session and the researcher also talked the participants through the information sheet and consent form on the day of the focus group or interview. Signed consent forms and the visual recordings of the focus groups and interviews were saved into a secure folder only accessible to the researcher. All participants provided informed verbal and written consent to partake in the research. Participants were informed of their right to withdraw if they so wished. The researcher and SICDATF coordinator also took steps to ensure that supports to participants were available. All data was retained securely and in confidence until the issue of



the report, whereupon all visual and audio records of interviews and focus groups were destroyed. During the transcription process, the data was anonymised to ensure that no participant could be identified from the content of their focus group or interview. With respect to all who contributed to this research, contributions were attributed only to the indicator “practitioner” or “participant”, to further ensure the protection of their anonymity. Anonymised transcripts will be kept in a password protected folder on Dr Brennan’s computer for a period of five years. Feedback on the draft report was also sought from the SICDATF Management Liaison Group.

## 2.6 Limitations

As with all research, this work has a number of methodological limitations which should be acknowledged. At first glance, the surveys received relatively low response rates. Nevertheless, data traverses a wide range of services across the network broadly. For the community member survey, a low response rate is to be expected, due to the

culture of silence and fear of anonymity being compromised associated with DRI and the potential repercussions of providing any information to outside parties. The survey was both promoted and accessible in the online environment, and internet access or literacy may also have acted as a barrier. Both surveys combined yielded 43 responses to a comprehensive quantitative and qualitative instrument which resulted in rich data overall. Participants self-selected to take part and hence the sample cannot be deemed representative of the SICDATF service user and provider population as a whole. However, this is the first project to examine and explore the training needs of this cohort in the SICDATF area. In conducting this research, the development of a comprehensive, flagship training programme for professionals working with DRI related issues was made possible. Chapter 3 will present the findings of this research through the voices of those who participated.

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## Chapter 3:

# Findings

# Chapter 3:

## Findings

### Practitioners

In this section, research findings are presented as they relate to practitioners and professionals working in the areas which expose them to drug related intimidation. To ease interpretation and avoid duplication, data from each method of enquiry (survey/interviews/focus groups) will be presented together thematically.

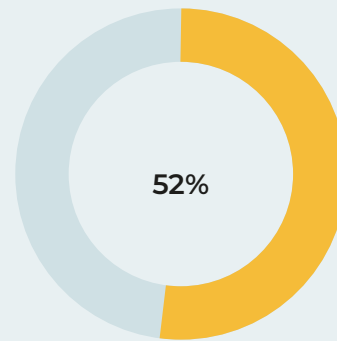
### 3.1. Demographics

As depicted in Fig. 1 below, 52% of respondents to the practitioner survey identified as male, and 48% identified as female.

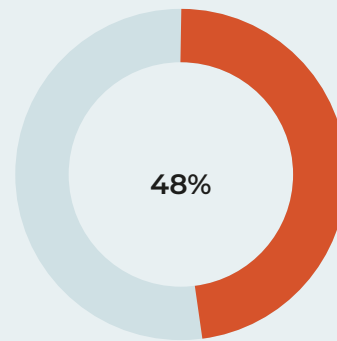
Figure 1: Gender of respondents

Q2: Which gender do you identify with?

25 responses



Female

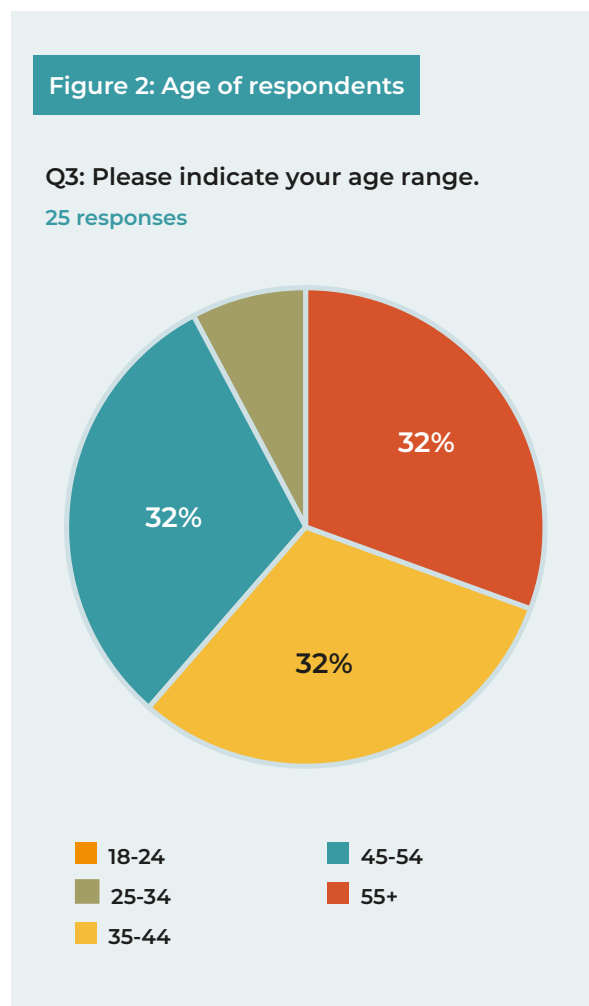


Male

- Male
- Female
- Transgender
- Non Binary
- Gender Fluid
- Other



There were a variety of age ranges indicated in the survey data for practitioners, with a large majority (68%) reporting being over the age of thirty-five years old. 32% reported being over fifty-five years old (see Fig 2.).



Survey respondents reported occupying a range of roles across the network, including management roles (CEO; cathedral manager; chair of the management committee; service manager; centre

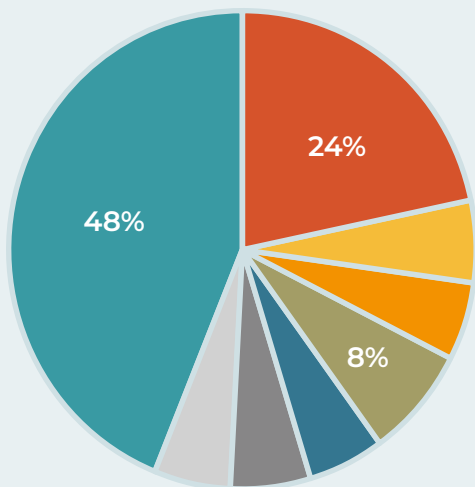
manager; middle management), leadership roles (deputy school principal; team leader; preschool team leader; project leader), policing roles (DRI Detective Inspector; community policing sergeant; detective sergeant; superintendent; members of the Gardaí), administration roles, support worker roles (including mental health support and family support), youth workers, employment mediation roles, members of residents associations and coordinators of services. This highlights the broad range of services in the SICDATF area which is impacted by DRI and the diversity of duties upheld which include: managing residential services; supervision of staff; design and implementation of interventions, drug awareness education; working with disadvantaged young people; engaging with people to support them in gaining employment; supporting families of secondary school students; operating preschools; crime investigation; securing funding for development of initiatives; key working and group facilitation; offering support to service users around their mental health needs; referrals to other services for vulnerable individuals; and needs assessments and organising staff training. The number of years that individuals had performed these roles ranged from eighteen months to over thirty years, both in survey data and from interviews and focus groups.

### 3.2. Frequency and type of DRI incidents

Figure 3: Reports of DRI

Q7: How many reports are you aware of from service users relating to DRI in the last twelve months?

25 responses



- I am not aware of any reports
- Under 10
- 10-20
- 20-30
- Over 30
- I do not have figures at this time
- Data recording is an issue that I will correct in this area. An approximation..
- Not a number. I represent a Local Policing Forum which does not receive..

Of interest is that in the survey data, the majority of respondents were not aware of any reports of DRI incidents (see Fig. 3 above), despite contradictory details given around the same in the interview and focus group data:



*It is basically rampant – rife – probably all over Dublin. I can only speak for the Dublin 8 area. It is that rampant that it is nearly part of every family now. Kids know absolutely nothing else in life – they never will know anything else. If it carries on the way it is, it is probably going to get worse rather than better, you know.”*

[Practitioners, Focus Group 3]



*I have been robbed at gunpoint. I have had knives, syringes, batons, guns – the whole shebang – I have dealt with the full gamut of things; so, since year dot I have dealt with this. Our house was burned to the ground and that was somebody robbing the house – a drug related activity –left stranded...all my life has been peppered with this kind of experience and it is normal sadly.”*

[Practitioners, Focus Group 3]

It was noted both in survey data and focus group data that the recording of such incidents is an issue that requires attention:



*Data recording is an issue that I will correct in this area. An approximation would be up to 20 incidents, but this will rise sharply when proper recording is in place.”*

[Practitioner survey respondents]



*Not a number. I represent a Local Policing Forum which does not receive case details, but the Forum is aware from research (Building Community Resilience), public meetings and problem-solving groups that DRI is a significant and widespread problem in the community”*

[Practitioner survey respondents]



*It is not something that is reported every day to us. As I said, it is something that people are ashamed of and afraid, there is a lack of trust maybe between themselves and ourselves, because, obviously, it is either themselves as a drug user who have put themselves in that*

*position or it is a family member. Like that, it is something that we don't see every day, but we know it is happening every day.”*

[Practitioners, Focus Group 2]

A small percentage (8%) of survey respondents reported over thirty reports of DRI in the previous twelve months. There is also evidence in the literature to support high incidences of DRI despite the lack of reporting. A household survey conducted by McCulloch, Beasley and Rourke (2010) found that over half of households surveyed in one area of Dublin reported experiencing harassment and intimidation, with 82% of respondents to that survey having witnessed such incidents. According to a member of the Gardaí, it is usually family members who report on behalf of their loved ones, as illustrated by the quote below:



*Just in terms of my experience with the reporting of it: From my experience of it, it seems to be more so the family members that would report it – that it could be parents, or it could be grandparents, brothers and sisters who are being intimidated over a sibling's or son's or daughter's debt – and it is generally from calling up to the house, banging on the door, demanding money.”*

[Practitioners, Focus Group 2]

There were a number of accounts of the different types of DRI witnessed or dealt with in the dataset from interviews and focus groups with practitioners:



*There is a lady who has been living there and she is living 300 yards from the person who put the hit out on her son. He lost €7000 worth of stash – this is a number of years ago. AN INDIVIDUAL did the deed, butchered him, left him in lumps of meat ... was caught for it, did time but then the person who put the hit out on that person called to that lady for about three years afterwards for 300 quid every week. Imagine €300 every week - and that woman was...taking three jobs – to try and pay that back.”*

[Practitioners, Focus Group 3]



*So probably the most common one which is one that I suppose people are quite powerless about – to a degree – would be the use of stairwells and balconies and areas around people’s homes for buying and selling - buying and selling normally. People trying to get to their homes, into doorways and people are really, really afraid to say anything because “I don’t want to bring trouble to my doorstep”,*

*“don’t want to bring any drama to my door”, “I just want to get my kids in now to school” and that is really common early in the morning and then late in the evening.”*

[Practitioners Interview 3]



*Yeah, like anybody that would be working in the community that would be trying to rid the community of drugs and anti-social behaviour would be targeted, they would be called names...I have had my flat spray painted and all... while I was in bed with my children...calling me a rat – everything...to think that somebody was outside your home spray painting it while you were asleep was frightening. The name-calling – that is par for the course when you are on committees like that you know.”*

[Practitioners Interview 6]

### 3.3. Extant supports

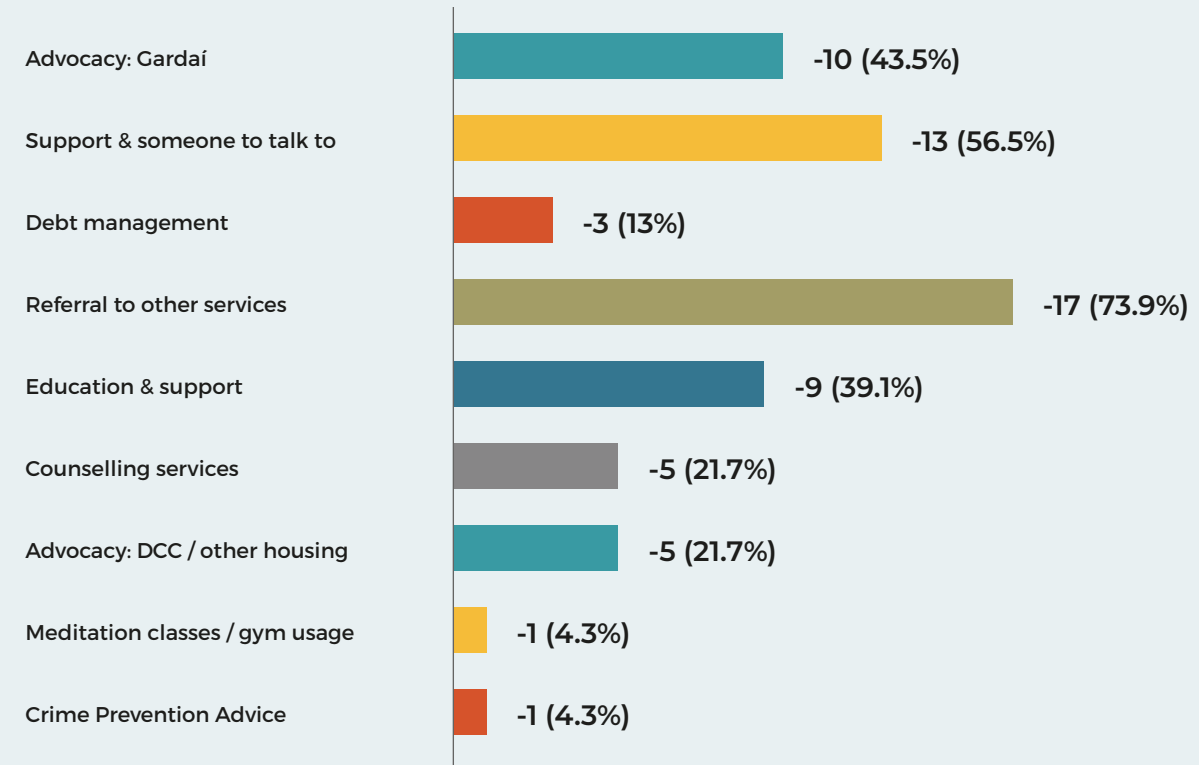
Practitioners completing the survey were asked to select all supports that applied to their role or service (see Fig. 4 below). Referral to other services was the support that was reported most frequently in the survey data (73.9% of respondents indicated that this was a support that they provided). Support and somebody to talk to was also very important (56.5% of respondents agreed),

with advocacy provision when engaging with or reporting to the Gardaí being the third most frequently provided support (56.5%). Education and support around drug use and drug addiction also featured significantly (39.1%) with counselling services, advocacy when engaging with housing services, debt management, crime prevention advice and stress relief (meditation; gym etc) receiving less responses.

**Figure 4: Extant supports**

**Q9: Please tick what supports your service provides for service users who are experiencing DRI. (Tick all that apply.)**

25 responses



Further information on extant supports was provided through focus groups and interviews with practitioners:



*“We have weekly team meetings... it is a constant topic of conversation and only last week we had the local sergeant from NAME OF STREET and a guy who is running a program ...a new program called Drug Related Intimidation reporting program. So, it is an initiative of the Gardaí and the Family Support Network. They were in last week I suppose trying to sell this new program to us. Difficult to get your head around it because really, at the end of the day, they are looking for somebody else to do their work kind of thing. They are looking for somebody in NAME OF PLACE that would be there at the end of the phone that if somebody in NAME OF PLACE has an issue, they ring you and you are able to advise them.”*

[Practitioners Focus Group 1]



*You know we deal with the community Gardaí – we don’t have a great relationship with the whole Gardaí – but with the community Gardaí we do – but their hands are tied. We start at the age*

*of ten. We used to do voluntary work with the younger ones so it is really early and then we have a couple of volunteers that do work with the younger ones, but they haven’t been around in quite a while due to covid, family issues and that. Then they come into our group say from ten plus, so it is early intervention. We have had a lot of success cases as well – they are not just all “bogeys” you know.”*

[Practitioners Focus Group 1]



*So, from my own perspective – and I am very firm about this – unless we are helping the victim on the ground, we are wasting our time... what we do is we make referrals. It is specifically the Community Gardaí who make referrals of people who are living chaotic lifestyles whether they are in a homeless situation or if they have their own residence but ... are entrenched in alcohol and drug use and are spiralling out of control and are coming to our attention. We will refer these people on to the likes of the Ana Liffey Drug Project. There are key workers that go out there and they will actively engage with them and provide services to them.”*

[Practitioners, Focus Group 2]



*I suppose I just want touch on in terms of building a trusting relationship with let's say drug users. We are setting up a Garda clinic within Merchants Quay and it will be run by the Community Garda for that area. It is the Garda who will be up there every day and so the service users will know that Garda so, whether it be every two weeks that he holds a clinic, he will be within there and they can come up and visit them and ask them questions about whatever but like that it will be another avenue for us to get that drug related intimidation information out there and for people to report it; so we are actively trying, within the south inner city, to engage and get the information out there and identify persons that are going through the drug related intimidation."*

[Practitioners, Focus Group 2]

Other supports that practitioners identified in interviews and focus groups as being available to them currently were family support workers to whom referrals could be made; personal connections to the families of perpetrators of DRI who they could approach and appeal to "their better nature" or "old school" members of gangs who would deter younger members from carrying out acts of DRI; counselling services and security contractors who might be asked to "move people on" who are congregating. In

terms of the support they themselves could offer to clients outside of referrals, emotional support was a primary finding. Practitioners working in schools felt that being lenient around punctuality, tiredness or distraction in children from disadvantaged families was helpful in supporting that young person to continue to come to school despite any chaos they might be dealing with outside the school setting. Some practitioners reported good relationships with the Gardaí, although some restricted those to specific members of the Guards that they had built up trust over time. Some practitioners described trying to handle situations themselves where they felt overwhelmed:



*Ok basically what we do is we try to cooperate with the local services who are – their resources are very limited. They have literally a few – two or three – volunteers who are walking around in the area checking but their actions or practices are very limited to help us. So, what we do we just ask them to check the area but they are not always around so, when we go, we kind of... every time we are facing the presence of people or the groups of people who are either smoking crack or injecting. We are trying to be very polite because we never know what kind of response, we are going to get from them. They could be aggressive - they could be agitated. Like*

*any kind of behaviour can come out of the experience; so, it is trying to be polite but to protect the children, you know, that is our first obligation. It is really hard and there is no training..."*

[Practitioner Interview 4]

Positive role modelling for young people engaging in at risk behaviour was also mentioned by one interviewee:



*Like the people in the community that have what they want are drug dealers – they have a Golf GTI, they have Balenciaga’s – they have like the best of everything – so where are the role models coming from, you know. What we try and do is be that role model – like this is what we have done – we have been through similar circumstances when we were younger – we stopped – we naturally kind of stopped. We got educated and we have come back to help our community and it is probably one in every 12 that catches that world and wants to become a youth worker, you know."*

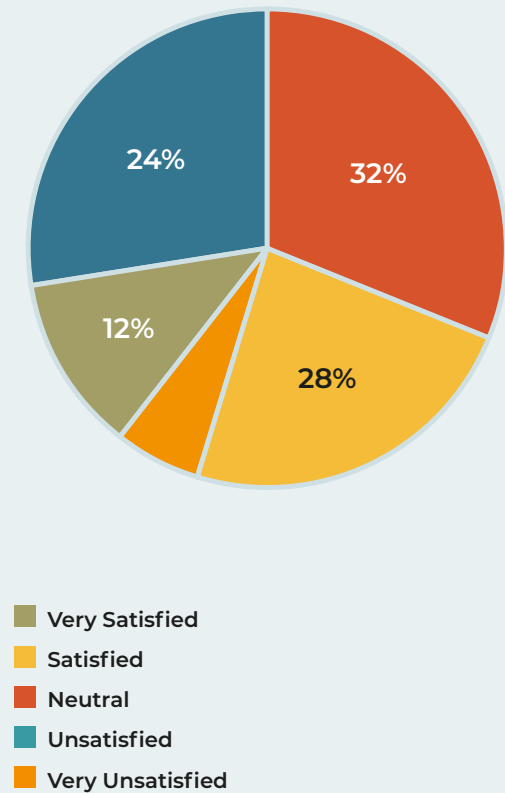
[Participant Interview 7]

### 3.4. Level of Satisfaction re: supports

Figure 5: Level of satisfaction with extant supports

Q11: Please rate your level of satisfaction with the current response within your service to DRI.

25 responses





Survey respondents were then asked to indicate their level of satisfaction with extant supports. Results are depicted in Fig. 5 above. While 40% of respondents indicated that they were satisfied with the support their service offered to people experiencing DRI, 60% indicated either an unsatisfied, very unsatisfied or a neutral response. These responses were elaborated on where respondents were given the option in the survey to provide further details:



*Family support used to state that families do not pay outstanding drug debts due to enabling the clients. We cannot give that advice anymore due to very real threats made towards families...families are too afraid to ring guards and usually pay the debts. I feel we cannot give any advice on this subject due to the unknown and if their houses or person will be attacked."*

*"My team are youth workers who are not trained in the area of DRI. Our response to DRI is purely based on their experience of engaging with other services who responded to DRI, our knowledge of services in the community and relationships with young people and their families."*

*"There is always lots of talk around the drugs issues but very little on the ground for the actual people involved."*

*"I'm not trained or equipped to deal with it"*

*"Increased awareness and education would help"*

*"Reports of DRI through the Forum are received by Garda representatives, most often by providing information on Garda Confidential support. Public perception is that people are afraid to talk to agencies about this. My sense is that the supports available are not capturing a high percentage of cases."*

*"There needs to be an urgent delivery of how to deal with DRI in communities from the relevant organisations."*

[Practitioner Survey respondents]

Levels of satisfaction amongst participants in focus groups and interviews were also relatively low, as illustrated by the following quotes:



*I have dealings with Dublin City Council (DCC), and we go report ... but we don't feel that they are doing enough. Like the (DRI) reporting program: They had a nice launch, and they have a leaflet but, at the end of the day, what is that going to do? ...I don't really see that having a huge impact, to be honest and I think*

*what you are talking about (the training programme) would be far more practical in terms of at least equipping people..., Dublin City Council – I mean it is like the fire service. There is a fire, they come in and put it out and they are gone again. They need people on the ground in there. It is no good sitting in your office and trying to deal with all these issues. They need somebody that is in meeting the community regularly. It is not our job to go in and challenge “the big guys” – it would be too dangerous. It is not our job and that is where you are expecting that the Gardaí will intervene. It is not like they don’t know who the players are, and I think that is poor.”*

[Practitioners Focus Group 1]



*You actually asked the question of what we can do. What needs to be done is more support for kids. I have lived around this area now for (unclear) - that is 37 years – and basically very little support groups or clubs -Organised programs for kids to keep them off the streets. Give them something else to do rather than get involved in drug threats you know. The Gardaí - They are reactive, not proactive but, in all the Gardaí’s defences, I have seen over the years. They come in, they know the lay of the land, they are very good with the criminals, they know who*

*they are dealing with, they know how to take them on in the street, they know how to conduct themselves, they know how to stop them escalating but they come in, they do their job – they are seen to be doing it right – and are moved elsewhere to tackle something else instead of leaving them to carry on, build somebody else elsewhere rather than moving the chap who is doing the good job here on elsewhere. They should be left to deal with... if they are making a big impact, leave it there.”*

[Practitioners Focus Group 3]



*Yeah, it is because the Gardaí are not very efficient, they don’t even come and monitor the area – it is very rare – very random if they come. So, the only services we call is just the Merchant’s Quay and there are only two or three people there and they are not... I think they are not even authorised to take any action. They can ask them to move or call the Gardaí, but the Gardaí are not really coming – sometimes they do.”*

[Practitioner Interview 4]



*The local authority houses. It is giving out the wrong message. How many times do you need to be caught with drugs in your home before you even get convicted of drug dealing – there is no consequence for it. So, the young teenagers – young fellows – are looking at this and saying, “I am going into that business – look at the money he is making”. You have to see a consequence.”*

[Practitioner Interview 6]

### 3.5. What is working well?

When asked what is currently working well in order to get a sense of models of good practice in responding to DRI, further qualitative responses in the survey were gathered. Although many responses indicated that some elements were working well, some respondents took the opportunity here to highlight what was not working well also:



*“Family Support groups”*

*“The Gardaí are very open and honest about what they can or can’t do.”*

*“Engaging with the young people and providing opportunities in relation to training, education and employment. Bridging the gaps to drug services for the ones with poly drug use and mental health issues.”*

*“There is nothing that is working WELL !!!!!!!!!”*

*“The structures that have been formally established as part of this initiative such as the nominated DRI inspectors within each Garda Division are having a real impact. These Inspectors have been selected for their knowledge and expertise in the field and offer those seeking assistance the most appropriate advice and support.”*

*“a formal, organised, structured approach to responding to the needs of those affected is being set-up in our division which help significantly in this regard”*

*“Trauma Informed Care”*

*“We are an advocacy grouping with respect to DRI. Drug dealing is one of three major problems highlighted by the forum, based on the frequency with which issues are raised at public meetings. DRI is not on that list, nor has it been recorded as an issue at any of the 4 meetings we have been able to hold in 2020-2022. It is fair to say therefore that the Local Policing Forum is not effective as a means to quantify or address DRI, other than (inDRIectly) through inter-*

*agency problem-solving groups working in specific locations.”*

*“The Local Drugs Task Force developing workshops and talking to community groups directly affected by DRI within their community.”*

[Practitioner Survey respondents]

Qualitative interviews and focus groups also yielded rich data around what is currently working well:

”

*“Well, clubs and groups. We deal with about 200 kids a week – 200 young people a week. We have lots of recreational youth clubs. We are after getting our space back over the last couple of weeks which has been a huge improvement with the young people. The ones that we keep in are really not our target group, but it is going to stop them going into the target group that we are told to. It is just working with them and showing them that they are worth it, you know, from an early age. We perform miracles I think with what we have because we have very dedicated, enthusiastic and skilled workers and there is huge creativity in terms of the funding we have. Like miracles are performed literally.”*

[Practitioner Focus Group 1]

*We feel it is working and like that it is seeking out people that might have that drug related intimidation in their lives as well. I suppose we are trying to turn it from a waiting for somebody to come in and report something to us actively, as Community Gardaí, going out within the community and trying to get the message out there with regard to information in terms of it and maybe to seek out people or families that are experiencing that intimidation...I suppose I am talking in terms of community policing from my office and our role is that – is to build those relationships up from grass root level so you will see us in the schools, in the primary schools, even in the crèches. We visit the local crèches, we visit the primary schools, we visit the secondary schools; so, we are kind of known faces. We are kind of, I suppose, a little bit more trusted within the community.”*

[Practitioners, Focus Group 2]

”

*“I suppose in terms of how we conduct ourselves, it is unconditional positive regard for everybody. It is also standing your ground... if we give them an inch, they will take a mile...You have to square up or back off altogether for the rest of your days. That is literally the only way to handle yourself in this kind of a space, but it is also the unconditional*

*positive regard. If you put up a brick wall - don't even, try that - you are literally just building a wall up. So, if somebody new comes to an estate, there is an induction, you are walking around, you are getting to know them. It is softly, softly - a measured approach - but still, it is that unconditional positive regard no matter who they are or where they are from - ultimate respect - laying down the ground rules and keeping consistent with your communication with people. Don't treat anybody differently to the next person. They are the kind of things that speak to our values and, if it is not helpful - if it is only helpful to one person but not the whole community - well then is there equity in that - that kind of a balancing act, investigating that. We love our jobs. You wouldn't be doing this if you didn't love it!"*

[Practitioners Focus Group 3]



*"Well, I think the ideal reaction is "look, we are here to listen - we are not making any judgement call on this. The point about it is we want you to stay at school first of all - that is the most important thing - and the most important thing is to try and get some help before this gets completely out of control and you decide no, I can't be bothered going anymore" ... I think it needs to be made very clear to staff that,*

*you now, while yes, we are here for the general good, we have a duty of care to all our students and that we have to look at every possibility and every eventuality before we would say "no we can't cope with this" or "we are not able for this".*

[Practitioner Interview 3]



*"What works well is trying to stay neutral, trying to inform the young person that I am here to serve the community not only "you". I am here to work with young people regardless of their actions or the relationship with you. I am just going to continue to work with that person - being DRlect and honest with them. All of the workers come from kind of a young offender background, so it is what is called a peer-led model; so, it is roughly based on recovery. I kind of refer to it as recovery coaching in the community. We arranged a football tournament, and it was really... they did well. Like NAME OF AREA played NAME OF AREA. I was really surprised how well it went because there was no violence, no shouting at each other - it went really well - but to try and balance that can be a job."*

[Practitioner Interview 7]

### 3.6. Challenges

Survey respondents were also asked to provide their perspectives on the challenges of working with DRI. Below are some indicative responses given:



*“No real alternative to ring the guards which most if any families will do.”*

*“Workers can feel intimidated by the young people. Getting the right people to engage on the streets, preferably someone with similar backgrounds. Collaboration and problem solving between agencies, have everyone at the table for discussions.”*

*“Lack of funding”*

*“It is just pushed aside.”*

*“I feel that there may be a lack of awareness by persons affected by DRI of the supports that are available to them.”*

*“There are not enough rehabilitation programs and supervision by the Gardaí.”*

*“Lack of expertise on my part”*

*“Lack of support services, we are responsible for crime prevention, detection and enforcement, we need to be able with confidence to refer victims of DRI to supports”*

*“The issue is not highlighted enough to the wider community or statutory agencies. If you are not working in it, you may be very unaware of the trauma of it.”*

*“We currently don’t have an independent response to DRI, the main response is via Gardaí and most people from the community will not engage with Gardaí to discuss their situation.”*

*“In my experience - limited to the above role - a very high percentage of cases are unreported and there is relatively little open discussion of a largely hidden issue. It is a very big step for someone to bring the experience of DRI to Gardaí and a much higher profile and far greater resources need to be given to community-based strategies to bring victims into contact with relevant services and support them in seeking solutions - which may include seeking Garda intervention.”*

*“Delivering and Implementing DRI workshops to communities, other agencies such as DCC and the Guards, need to jump on board with the task force to assure communities that there is help and that they will be protected.”*

[Practitioner Survey Respondents]

Research participants who took part in interviews and focus group also gave their account of the challenges that face them in their daily work:



*“I actually live and work in the same area which can be very difficult at times.”*

[Practitioners Focus Group 1]

The Gardaí, who face a lot of criticism from some practitioners and community members on the issue of DRI, explained some of their challenges:



*...I think we can all work on as a collaborative approach where we maybe get to know the victims, get them to understand that there are supports out there for them.”*

*“Then in relation to... We have to be realistic too. These debts don’t go away and as much as we might give them all the support services, we need proper procedures in place to deal with the debts because we can give them all the support services including treatment and addiction treatment and all this, but the debts don’t go away. We have to be realistic about it as well. I sometimes find it is hard at times for us to give the reassurance piece.”*

*“There is no issue – we can take anonymous reports – the only question*

*I would ask is when a victim does come forward what exactly do we do to get rid of this debt? What am I saying to you is what exactly do we do for somebody who comes in with a drugs debt? Really if we are not making progress there or have some kind of a mediation between them and the debtor or the creditor as the case may be, if we are not eroding that or having some way of getting rid of it, the debt isn’t going to go away.”*

[Practitioners, Focus Group 2]

Fear is a major barrier to tackling the problem of DRI as described by participants:



*“Like that is working with multi agency approach and everybody knows – every stakeholder knows – their own part in it and they know their own business – but there are no conversations taking place only on a one to one level because people can’t talk about it because you are literally putting your life on the line. (you) just have to make one comment and someone else could get it because of something (you) inadvertently expose.”*

[Practitioners Focus Group 3]

**IV How do you know that the Gardaí were afraid to go in?**

**P2** Because they were standing outside the flats saying to the neighbours “I am not fucking going in there – I will be killed”

**P1** The Gardaí held back.

**P2** They were literally standing outside NAME OF PLACE – I know people who live there – saying “I am not going in there – I would be taking my life in my own hands to go in there”

[Practitioner Focus Group 4]



*“There is absolutely the fear of... And it will happen – it does happen. I mean they are not empty threats a lot of the time – we have seen that – but also it is like “close your door, mind your business and don’t be a rat” and that is what you are up against. That culture is so entrenched in communities like ours – in marginalised areas – just “don’t talk, don’t be a rat” and even on very small scale situations and levels in school that is a common theme “don’t tell, don’t tell, don’t tell – don’t be a rat” you know.”*

[Practitioner Interview 1]

**IV The reason you are not putting yourself out there?**

**P6** Because we have families, and we have homes.

**IV** It is fear, is it?

**P6** Bloody sure it is fear. They would burn you out now or they would shoot you.

**IV** Yeah.

**P6** They would shoot you or they would target your children. My children were targeted for a long time to get to me.

**IV** In what way?

**P6** Bullied and being called rats and your mother is a rat and your mother is a vigilante, and I only realised the effect I had on my children when they got older. I sort of blame myself for the children getting bullied.

[Practitioner Interview 6]

Other challenges described in interviews included lack of funding and resources; the feeling of “firefighting” when working with DRI related issues rather than implementing any lasting change; trying to shield children from the violence that is occurring around them; the changing landscape of drug debt



collecting where debts are now accruing “tax” and growing despite payments being made; maintaining healthy professional boundaries where relationships had been built up with clients in danger and poor relationships with the Gardaí, as illustrated by the following quote:



*“I suppose the challenges are people fearful of going to the Gardaí, people seeing them go to the Gardaí. I suppose people around – this area I am working in would have poor relationships with the Gardaí. They would have lots of previous experience with Gardaí – good and bad – mainly bad I think so there is bad experience there, poor relationships and you are saying “go to the Gardaí, you can trust them, they will help you with this” so there is a lack of trust there and a lack of belief that they can do anything different. Then I think there is an element of if they go to the Gardaí, they are a bit of a snitch or, you know, no one wants the Gardaí coming around to their house so that is a huge challenge. I suppose the main area of support is the Gardaí which a lot of people around here wouldn’t have the biggest trust in.”*

[Practitioners Interview 8 ]

### 3.7. Opportunities for development

Survey respondents were then asked to identify any opportunities for development in the area of responding to DRI. Many of these suggestions pointed to a need for training for staff working in various services:



*“More creative responses to dealing with debt. Guards are able to offer advice without families fearing they need to follow through or been fearful that they have got guards involved. I’m aware of some families that are living in mobile homes due to having to sell their houses to pay off drug debts for their loved ones - an idea for these extreme forms of DRI could be similar to a witness protection programme where families could seek refuge or swap houses.”*

*“Collaboration between all services, stakeholders and statutory agencies.”*

*“More training for youth workers so they can help individuals.”*

*“Appropriate training in the area of DRI is required by service providers within the community.”*

*“We either need training as a team to respond to young people and DRI or we need a centralised, independent service for people to contact that is not necessarily linked to Gardaí.”*

*“Society needs early intervention with our youth otherwise we will continue on this path”*

*“Specific training for teachers who may have to deal with parents or children affected by DRI”*

*“More restorative approaches for smaller incidents”*

*“Openness and transparency from organisations when dealing with community residents, who are already terrified in their community from DRI”*

[Practitioner Survey Respondents]

Further opportunities for development in service provision were detailed in interviews and focus groups. Some centred on additional funding being a requirement:

”

*“I think this year... about looking at our funding and maybe looking at the possibility of getting more staff hours in order to provide more drug education work because it definitely does have an impact. You are working in primary schools and secondary schools and again it's limited. If you have somebody doing 20 plus hours a week, it is very difficult for them to get all the target audience.”*

*“it is about building up relationship and they trust the youth workers and it is*

*working with them week in and week out doing fun activities, recreational, outdoor education; so, the kids go rock climbing, biking, canoeing, indoor climbing walls. They get to go on residential so there is a gang going to Cavan centre; so, there is a huge and wide variety of programs and all of that would be... We could have more of all of that but we are limited by what cards have been dealt to us.”*

[Practitioner Focus Group 1]

A collaborative approach and additional support from the Drugs Court were indicated as opportunities for growth by the Gardaí who participated:

”

*“It is a massive hurdle that I think we can all work on as a collaborative approach where we maybe get to know the victims, get them to understand that there are supports out there for them.”*

*“We all need to sing off the same hymn sheet – all the services - so there is no ambiguity between them.”*

*“Basically, we probably should have more referrals coming in from the support services. Like when we deal with somebody, we tell them about the support services but maybe the support services might be slower to refer them on to ourselves. Look it they mightn't just come*

*to us for various reasons in any event.”*

*“If part of their drugs treatment was that they had to buy in to we’ll say – I am sure you are aware – the new Drive Project – which was launched in November by Minister Feighan. So, if there was an obligation on them to take part in some of these projects, I think if there was more support at the grassroots level, then they might feel that they should come to us to actually report the crime.”*

[Practitioners, Focus Group 2]

Restoration of communities was also brought up as an important opportunity for change:



*“These people were abandoned in the ’80s, ’90s and into the noughties. They were literally abandoned to their space and, of course, what flourishes is now the... It is the only way to describe it and it will continue to perpetuate and, if you just let it settle again, the mould will keep creeping in and we just have to keep at it, keep air in it, keep positive activity in there to displace all this other stuff that is going on.”*

[Practitioners Focus Group 3]

**While some participants felt harsher punitive action was required:**

- P2** Zero tolerance indeed.
- P1** Absolutely zero tolerance. When they were eventually released back into the community, they were monitored. That is how this – what do you call them things?
- P2** The ankle chains – the security... Tagging chains on the ankles.
- P1** That is how the (unclear) and maybe something similar to that is needed in this country.

[Participant Focus Group 4]

### 3.8. Practice support needs and integration of services

The need for DRI specific training and collaboration with the SICDATF network was echoed where survey respondents were asked what supports they felt they needed in order to carry out their work in this area:



*“Training around what to look for, what services can be accessed/referred to, information that can be disseminated.”*

*“ Shared information with other support agencies.”*

*“Access to people with knowledge who can be accessed for support/information if your response is getting nowhere.”*

*“Factual information. Alternatives to ring the guards”*

*“Legislative supports and use of hearsay evidence”*

*“Any kind of supervision and training.”*

*“Staff training on just how common it is and on how to support people who are victims of it especially young people.”*

*“A greater level of training and understanding throughout the organisation.”*

*“Training and to have someone to bounce ideas off.”*

*“Proactive community engagement by both Gardaí and community interest groups. Community policing fora.”*

*“We need funding and training supports, proper follow up and evaluations on how to improve approaches in dealing with DRI for communities and families.”*

[Practitioner Survey Respondents]

When asked what supports practitioners/ professionals had accessed to date to assist them in their work with DRI, some indicative responses are presented below:



*“Contacted youth services for advice”*

*“Gardaí mainly for advice”*

*“Family support”*

*“Information through SICDATF”*

*“Community Supports”*

*“None!”*

*“I have sought advice and support from experienced members of management with a knowledge and understanding of DRI.”*

*“In talks with NAME and NAME on the importance of running DRI Workshops*

*of training to communities, hopefully they will be developed and delivered as a matter of urgency.*

[Practitioner Survey Respondents]

The importance of interagency collaboration was clear in the data set from interviews and focus groups also:



*“We have a great team. We do have a great team. Our board is Ok – a very good Director who is absolutely brilliant – and we have loads of respect for each other. We can come in and we can say what we have to say and get everything off our chest – be it good or bad – and we can sort it out. We are a great team together, you know.”*

[Practitioners, Focus Group 1]

*“Where I find it a little bit frustrating is that, you know, that Family Network that we have lost - basically that one point of contact - is an issue for us really because I suppose we can't co-ordinate the services ... and we are possibly one of the first agencies that actually interact with the person when they are in trouble in the first place and that is what maybe brings it to a head. So, it is hugely frustrating for us that we can't say “well, look, go down to ADDRESS there – they will be able to provide you with a one stop shop”. We*

*will do our prosecutions, a prevention piece if we can – as best we can – we will give them crime prevention advice and stuff like that but we are not the people that can give them the hug afterwards and say “look, this is the way forward” or stuff like that.”*

[Practitioners, Focus Group 2]

*“I suppose it is one of those kinds of topics which is a huge issue but is not really spoken about much between practitioners, so I don't know. If there was some sort of - not a space that you want to talk about it (sic) - but I don't know. There doesn't seem to be... Everyone is aware of it happening but there doesn't seem to be any training around for it or no-one really talks about it. It is kind of probably hidden in the community a little bit but also hidden among practitioners because we are not really... Like we would have looked for training a few times but there hasn't been any so we managed to move on and got on with it, you know. I think that is kind of interesting. I think – I don't know – maybe a forum or a place that you could go to get resources or information or ask questions. Does that make sense? A kind of a support room or something.”*

[Practitioner Interview 8]

### 3.9. Training Needs

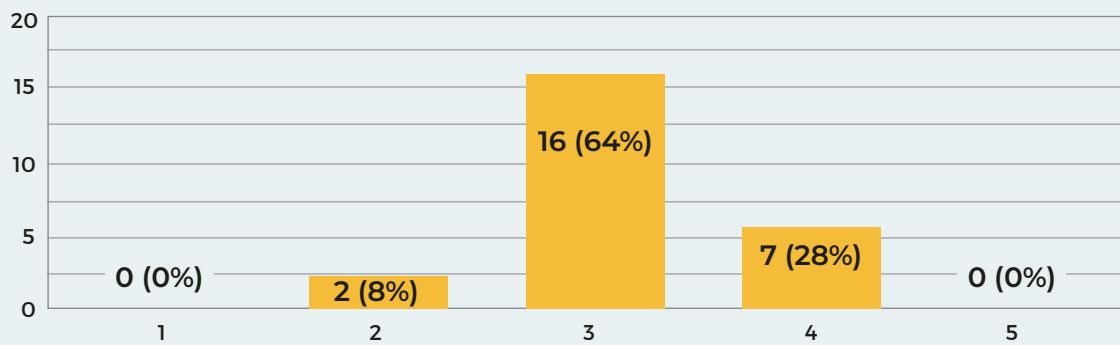
To assess the training needs of professionals working in with DRI incidents and issues, survey respondents were asked firstly to

rate their own level of professional skills in responding to clients on a scale of 1-5 (1 = poor and 5= excellent):

Figure 6: Level of professional skills

Q17: Please rate your level of professional skills re: responding to clients experiences of DRI.

25 responses



Most respondents rated their level of skill in this area to be a 3/5 (64%) and a further 28% rated their level of skills as a 4/5. This indicates a level of confidence in the ability and capacity to carry out this work. When asked what could be provided to improve their skillsets, some suggestions were given:



*“My knowledge and skills are minimal and based on experience. They are not necessarily correct.”*

*“Greater collaboration between all service providers.”*

*“We need training.”*

*“A greater understanding of how other service providers respond to DRI issues.”*

*“CPD of DRI is essential and to keep it at the forefront of our organisations response obligations”*

*“More training and workshops delivered within the communities to better equip communities when dealing with DRI”*

*“Fill the knowledge gap! ...what I would need is a better understanding of DRI and greater awareness of what services are available.”*

[Practitioner Survey Respondents]

Training needs were also discussed in interviews and focus groups. The desire for DRI specific training was evident amongst participants:



*“It is the first time in a long, long time that anybody has contacted us and said look we want to do something practical here so we are definitely embracing this big time.”*

*“Maybe it is something – and maybe it is kind of a buzzword – but none of us really have done any*

*training on it – that whole area of Trauma Informed care. Resilience is another one. Communication is a big one I think.”*

*“But also, to have communication with the Gardaí and get the community Gardaí back on board and get the young people to meet them so they know these are not just Garda, they can trust these people as well, you know.”*

*So, I think practical resources and maybe where people can go for counselling and like who is the family support person. I do*

*think sometimes those practical details are not available – we don’t have a leaflet where all those pieces of information are written on.”*

[Practitioners Focus Group 1]

*“We were never trained - we were never even told how to approach. Even from the services, we never know. They say “oh call us” but sometimes it is too late to call them. Sometimes we need to know how to act upon the situation we are facing so there is no such a training. I was never offered - I was never even informed about any training in situations like this. We are literally experiencing that on a daily basis.”*

[Practitioner Interview 4]

*“I think inter-agency skills, like for them to know about the other agencies, even if it would be a case where ourselves as community Gardaí came in and spoke a bit about – even a Q & A session – and sit down with them just about our role and that. We can’t assume that people know what we do and what services we can provide and that. So, I think that would be a beneficial thing as well to have maybe within the program – within the services – a communication piece between the various agencies – not just ourselves.”*

*“One thing we do need is a day with all of the support services so that we actually know what everybody else is doing.”*

*“I think we all – as I said – have to sing off the one hymn sheet. I would encourage training the whole way. It wouldn’t be wasted on us. I think it would be very important that we all seek out to better ourselves, better our understanding and to work with all the other agencies and build trust with the other agencies as well.”*

[Practitioners, Focus Group 2]

Practitioners also indicated that they would like to understand the role of the Gardaí more:

”

*“I would like to know what the legislation is around drug dealing if they are caught and what is the Gardaí’s role and how long does it take? Like people are up in arms as well saying “Why are they not being dealt with, why is he still there? He is still there next year – your man that is dealing – and I am still getting knocks at my door now saying my son is owing money while he is still allowed to destroy a life, a community”. What is the response, how long does it take – people need to know the answers to these questions.”*

[Practitioner Interview 6]

Other indications of training needs included dynamic risk assessment, de-escalation and

conflict resolution, as well as management of stress and secondary traumatisation:

”

*“It is dynamic risk assessing. You are always working on your instincts. That thing of de-escalation – while you are standing your ground, you are balancing that with keeping things calm, reassuring somebody...Like we had another incident recently where there were literally fisticuffs between two women –Knowing who you are dealing with is key.”*

*“It is literally assertiveness, unconditional positive regard, supported measured approach, dynamic risk assessing, persistence, it is a balancing act, de-escalation and non-violent crisis intervention. It covers child protection, adult safeguarding, intrusion (sic) – literally the full gamut of things is involved in this. You are drawing on all your knowledge, all your experience. My concern really is for someone “green” coming into this environment because we are a growing organisation – it is a risk”*

*“The Lone working policy is something that I think needs to be looked at on a community wide basis. I know there are Outreach workers who have been employed for the local area here. They haven’t a bog’s notion of what they are stepping into. They are going to be stepping on “landmines” and they have*



*no idea. There is a phrase – I don't know if you have heard it before – but loose lips costs lives."*

*"Vicarious trauma and wellbeing management and all of that...We don't get the support that way. It is there – we have numbers we can call and that sort of thing – but you don't feel you need to call them. It is only when you are sitting down here now this morning talking about it and you remember things that have happened to you over the years – it brings it back to you, you know. You only realise when you start talking about it now the life you are living. You are going in to work – you are supposed to be working an eight-hour day – you are not. You are working all your life because every time..."*

[Practitioners Focus Group 3]

*"Yeah you try and leave it at the door. You try not to let it filter into your emotions when you are dealing with other members of your family and all of that, you know. I know it is difficult at times and sometimes you won't be in the best of form – you are upset – people can sense it. Like your family members can sense that."*

[Practitioners Focus Group 4]

- P2 It erodes your trust
- P1 It does.
- P2 in humanity as a whole, doesn't?
- P2 I wouldn't say I feel in danger - I would say I know I am in danger.
- P1 You are so wary – you are wary of everything around you – you have to be aware.
- P2 Yeah.
- P1 If something doesn't look right and you have a feeling, you know it is not right.
- P2 You feel your instinct turning on.
- P1 Your instinct kicks in – survival instinct.
- IV Yeah.
- P2 It is a very unhealthy mindset to have to live in unfortunately with that bleeding constant wariness and looking around you.
- P1 You are worried about your nephews and nieces and you are looking at Jesus, what sort of life are they going to have? What is their future?

[Practitioners Focus Group 4]

Education around the drugs and drug prevention strategies with young people were also mentioned as training needs:



*“Parents would know with their kid getting into debt would have an idea but most of the parents wouldn’t know so that would be a good idea. It turns out that education, despite how uncomfortable it might be, does equal prevention.”*

*“Anyone who thinks kids are too young to learn about anything including drugs is kidding themselves and it is usually their kid that is falling pregnant and afraid to tell them or they are left in a field overdosing because everyone is afraid to ring their ma. I do think education and uncomfortable conversations have to happen really young.”*

[Practitioners Focus Group 4]

*“I would say knowledge around what is actually happening. I mean I would be very familiar with what is happening – so would my deputy principal – and I am not actually sure that anybody else really, really understands what is happening which is again not a criticism but that is just the way it is, you know, and sometimes just to nearly protect some people in this organisation I wouldn’t even tell them all the information because it is just too distressing – do you know what*

*I mean? I do think there are a number of people who would need to know exactly what is happening like I think the level of aggression and social behaviour around drug intimidation, debt and that kind of stuff, I mean a lot of my peers and colleagues would have no idea what goes on – like none – and then the people don’t want to know.”*

*“The awareness of other people working in other sectors – that opportunity to meet with them is few and far between for most teachers.”*

[Practitioner Interview 2]

An increased understanding of the drug economy and the hierarchy of power that it operates within was noted as important, alongside a need to be knowledgeable on new emergent drug trends:



*“Oh yeah it is essential – it is essential knowing current drug trends - even knowing historical drug trends because you are going to be dealing with parents. Typically, a lot of our parents would have had different drug trends when they were teenagers and they are still living with the consequences of it. So, if you know the drug trends and you know I suppose the players in our approach. We know the hierarchy of the drug economy in Dublin, we know roughly where all this is coming*

*from, what gangs are involved, what gangs are loosely affiliated to different cohorts and different flat complexes you know. So, I think if you are informed in that way, it is definitely a plus.”*

[Practitioner Interview 7]

*“It would be good to be rolled out because I think... I have done drug training and that kind of stuff but the last drug training I did was like four years ago and there is new terminology out now that I am like totally lost with – you know that kind of way?”*

[Practitioner Interview 8]

An element of lived experience within the training programme was indicated as desirable:



*“It is always what catches people. If you think about any training I always remember the personal experience because it is emotional – there is usually emotion in it – and something like that that makes you feel you are going to remember but if it is just academic spiel about bloody motivation and the other community reinforcement approach, it just turns into a little bit ... But, if it is one person speaking about their own experience but then using that as a conduit to highlight part of the training, I*

*think it can be very good.”*

[Practitioner Interview 7]

A trauma informed approach was mentioned several times in interviews and focus groups with participants as a training need:



*“Yeah inter-generational trauma I think is huge around here as well. People are kind of getting the fall out of generations before them of being involved in those kinds of situations and they can’t kind of break out of the cycle.” [Practitioner Interview 8]*

*“Maybe it is something – and maybe it is kind of a buzzword – but none of us really have done any training on it – that whole area of Trauma Informed care.” [Practitioner Focus Group 1]*

*“So, the fall-out from that is dealing with the trauma. Children would have some trauma from it as well.”*

[Practitioner Focus Group 3]

**“I absolutely love (trauma informed training) and I think everybody should do it.**

**IV** Ok so do you think that should be part of the training then for practitioners?

**P2** Definitely, yeah, because you are dealing with Irish people and you are not always just dealing with the problem of today. You are dealing with them plus their baggage. Unfortunately, yeah, we tend to carry baggage around. Every Irish person has been traumatised in their childhood in one way or another.

[Practitioner Focus Group 4]

### 3.10. Training programme format

In terms of the actual training programme itself, survey respondents indicated that training should be collaborative; include lived experience; be practical and build on previous training:



*“I was involved in the initial training around DRI with The NFSN and know the*

*supports that can be offered to people. I did not think the supports in place were enough to encourage people to report DRI back then. However, I do think that has changed and more people are reporting DRI but I still don't think people feel safe and supported enough to make a statement and have the intimidators charged unless they have exhausted every other avenue and feel they have no other choice. For me this is not good enough.”*

*“Meeting with various local communities”*

*“I would like practical training, what to do, where to go, who to contact, responses we should expect.”*

*“Role play real issues”*

*“Hearing from victims who have been through the process”*

*“Collaborative training between the various agencies and groups.”*

*“Blended from many different backgrounds (Gardaí, social services, addiction etc.)”*

[Practitioner Survey Respondents]

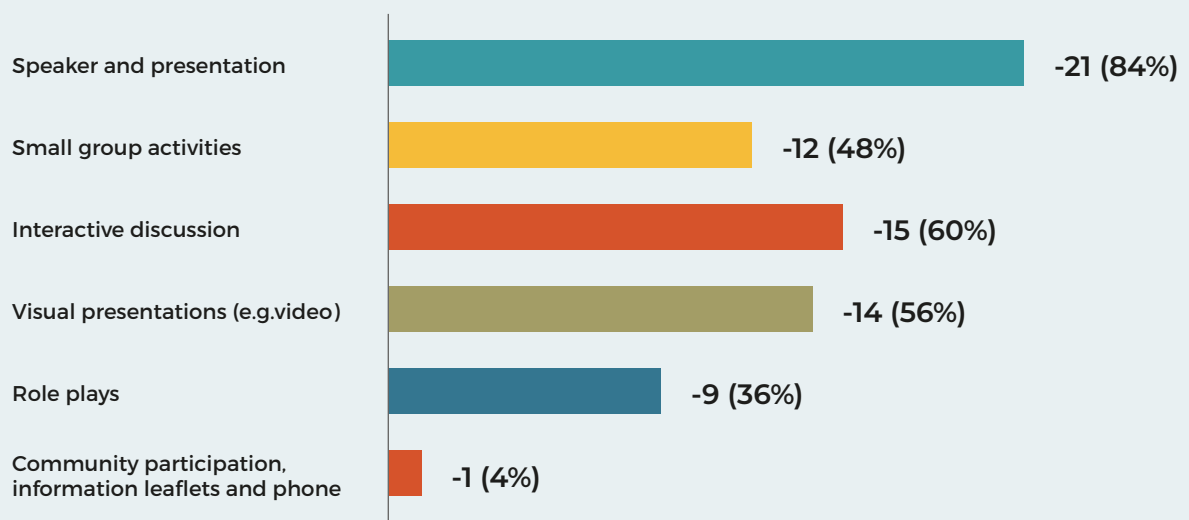
Survey respondents also indicated the practicalities of delivering the training that appealed to them as indicated in Fig 7. below. The most popular method of delivery was speakers and presentations,

with interactive discussion being the second most popular. Visual aids such as videos were also indicated as desirable as well as small group activities:

**Figure 7: Training programme format**

**Q23: Please indicate which elements of a training course you would enjoy.**  
(tick all that apply)

25 responses



Face to face delivery was the preferred method of training delivery according to survey responses (48%), with blended delivery also popular (40%). Only 12% of respondents indicated that they would prefer online delivery of the DRI training course (see Fig. 8 below)

Further helpful suggestions around the training programme from survey respondents are illustrated below:



*“Must be flexible, as shift work would prevent attendance from ALL members.”*

*“Evaluation and feedback.”*

*“We need to know the real life experiences of those suffering from DRI along with the supports and advice that each agency brings.”*

*“Knowledge of the legal framework, and definitions of DRI (should be included)”*

*“You need to have an understanding of the genuine fear that families and communities face on a daily basis when dealing with DRI, communities need reassurance that they are being heard and that there is help out there for them when dealing with this very serious issue for them as individual families and as a community.”*

*“That it is a complex, difficult, challenging and potentially dangerous issue to address.”*

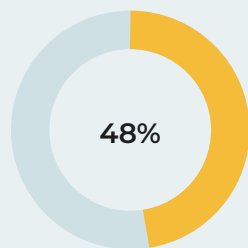
[Practitioner Survey Respondents]

In terms of the qualitative data from interviews and focus groups, face to face, interagency, collaborative training was

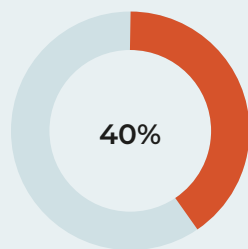
Figure 8: Training delivery platform

Q22: Through what platform would you like DRI training to be available?

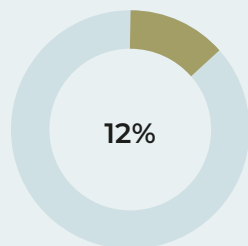
25 responses



Face to Face



Blended Delivery



Online

strongly emphasised as being the best method of delivery, and participants offered other practical suggestion as to what would work for them:



*“I think at this stage people would prefer definitely face to face. If the resources aren’t there, generally what happens I suppose is that the training would be put on in a central position and you are only allowed to bring one or two for it and that wouldn’t be hugely beneficial because, you know. So ideally if all the team – and I have no problem if there is an issue about numbers I will step back and let the six others do the training; so that would be the ideal.... You could do three or four.”*

[Practitioners Focus Group 1]

*“Online is no good – online is absolutely no good, I’ll tell you that now – straight up with you – not a chance. Face to face is the only way to do something like this. So how it is facilitated – that approach has to be very, very clear – and then something very, very practical put together at the end of it. One of the things that I would flag with you is that we are at the pin of our collar work wise so we need a good lead in time for training to be able to be available to buy in for training. We would need to have fairly good lead in times. It is just hard to fit everything in. At least - if not a month. It would be much better*

*a month out. Cut out August completely because that would be holidays.”*

[Practitioners Focus Group 3]

*“Solidarity. Like I do have... For example, in dealing with the Gardaí, I have a few mates that are Garda and are dead sound. I do think an inter-agency approach would work because then you don’t just get to see the Garda training Garda, they are training with community people and teachers or key workers and you get to know the individual human Garda with a name.”*

[Practitioners Focus Group 4]

*“For us I suppose look we are open 365 days of the year so most of our training is either done out of hours or else it is done on a staggered basis so half the team will do it or a third of the team and then we might have to run... Like if we are doing training days, we might have to do two or three sets of it if we want everyone to do it. Yeah and I think people – again I speak for myself – I would like to hear other people’s experiences and meet people and I think sometimes if you are with people you are probably more open to talking about it.”*

[Practitioner Interview 1]

*“...if there was an option of doing something yearly either a refresher – which would be a shorter version – and then maybe something for... If there was*

*a kind of community offering for new members of staff who might need to have that information – do you know what I mean? That is kind of what we do. So, we nearly try and do a refresher for any new staff or staff that come back from a career break every year.”*

[Practitioner Interview 2]

*“I would like, if there is a chance, if someone can come and train us – face to face. I prefer face to face. Like even I know it is zoom now but I “see” you. I can kind of, you know – we can interact. I think people are craving face to face interaction and it is easier also to ask questions and, if there are any issues, kind of resolve them. If you have a person that you can go ok I can call you if I have any other questions or, if the issues are coming, then I can discuss them with you. You have that person ok that is my support system so I can call that person, I can call that tutor or the trainer who is providing the training. Ok, there is someone except for the services I am calling the same person or I am calling the Gardaí who never come. There is nowhere I can go with this problem – there is no-one I can deal... Even if I am going through something like “oh I was assaulted” or if there was interaction that affected me personally, there is nowhere I can go. Ok I can go to counselling but that is what people don’t really do, you know. So, I think face to face.”*

[Practitioner Interview 4]

*“I prefer... In terms of learning, in terms of engaging in the topic, I think face to face – you can’t duplicate that through a screen. No, it doesn’t because I think people have to be looking at each other in the eye and maybe have a cup of tea beforehand and a bit of conversation – sit down. Without doubt, I would say face to face – if it is possible at the time – hopefully.”*

[Practitioner Interview 7]

*“I think after covid I think face to face is definitely the favourite. I think it is the most engaging and I think a mixture of information but also breaking up into groups to allow people to process it and talk through things would be helpful...I think those follow up sessions in six months – or three months – are really useful as well because people can do the training and then not talk about it again. I think if you are dealing with a mixture of organisations, small group work is great because it gives you a chance to talk to other people in the area and share your experiences. I think for group training it is always best to have a combination of things so you can get the best out of everyone because everyone learns differently. I do think when you get a certain amount of information, it is nice to break away into small groups to actually give yourself a chance to process things.”*

[Practitioner Interview 8]



### Service Users/Community Members

This section refers to the findings in relation to service users/community members who completed the online survey and also took part in interviews or focus groups on their experiences of DRI, and their opinions and perspectives on what changes need to be made in service provision.

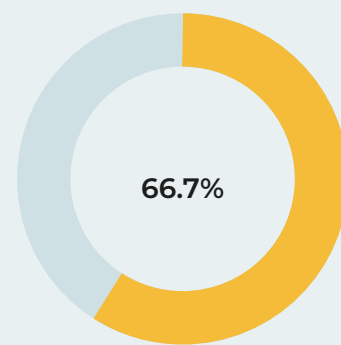
### 3.11. Demographics

Survey responses indicated that 66.7% of respondents identified as female with 33.3% identifying as male (see Fig. 9 below). This finding is not surprising, as previous international studies have found that women are likely to be made targets of intimidation (Healy, 1995; Finn and Healy, 1996; Elliot, 1998). In the Irish context, O’Leary (2009) and Connolly and Buckley (2016) have also highlighted that mothers are likely targets.

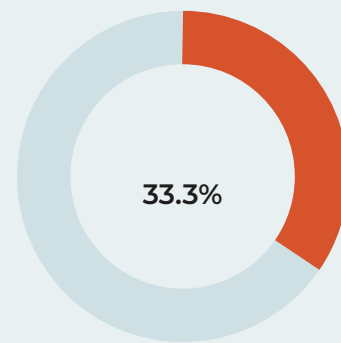
Figure 9: Gender - community members

Q2: What gender do you identify as?

18 responses



Female



Male

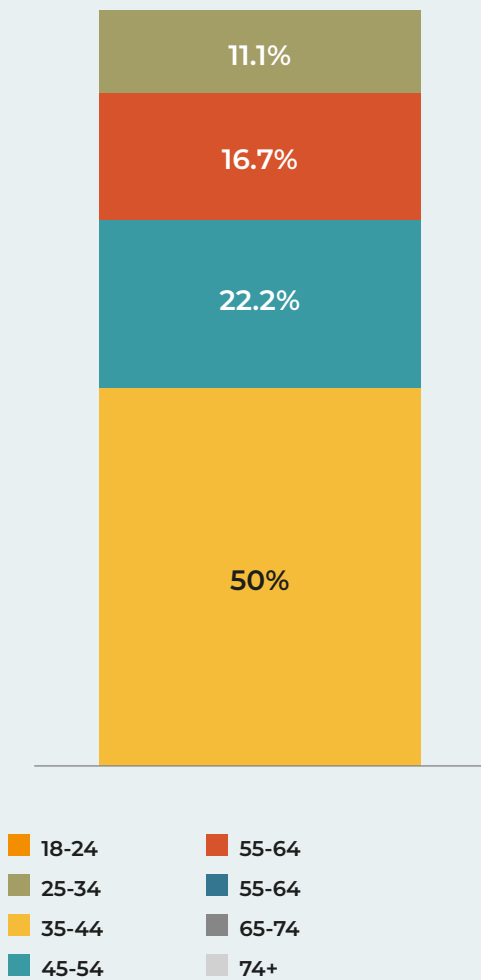
- Male
- Female
- Transgender
- Non Binary
- Gender Fluid
- Other

Half of the respondents indicated that they fell between the 35-44 age range, with 22.2% indicating they were aged between 45 and 54. 16.7% were aged between 55 and 64 and the remainder (11.1%) were aged between 25 and 34 (see Fig. 10 below).

The majority of respondents had no dependents. 33.3% reported having one dependent, with the remainder ranging between two and three dependents including a dependent parent whom the respondent was caring for (see Fig. 11 below):

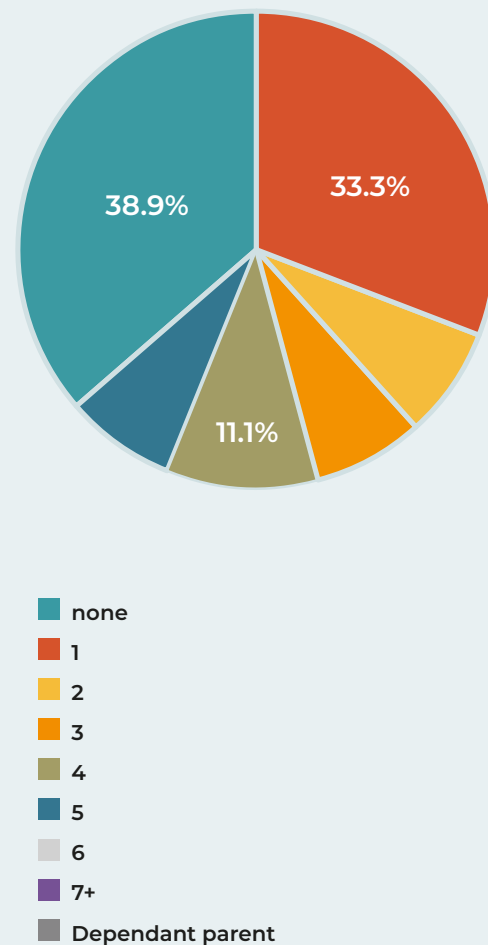
**Figure 10: Age range – community members**

**Q3: Please indicate your age range.**  
18 responses



**Figure 11: Number of dependents**

**Q4: Please indicate how many dependants (children or grown up children) you have living at home.**  
18 responses

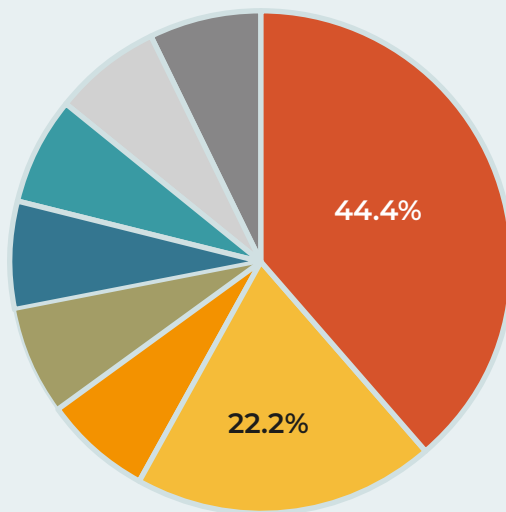


### 3.12. Experiences of DRI

Figure 12: Who experienced DRI?

Q5: Was your experience related to:

18 responses



- Myself
- A dependant (child or grown up child living at home)
- a family member
- a partner
- I have done
- students in the school I work in.
- People in my community where this service operates
- Presumes I've experienced it

44.4% of the survey respondents reported that the DRI incident/s was/were related to themselves (with the next most popular response being that the incident/s was/were related to their dependent/s (see Fig. 12 above). Other responses included family members; partners; students at a school where the respondent worked; and people in their community. When asked what the DRI experience entailed, responses included arguments or feuds between individuals and families; antisocial behaviour where the respondent lives; intimidating behaviour in their community; abuse in the home; racism and homophobia towards a dependent; assaults and threats; property destruction and threats over money owed. Survey respondents were asked to elaborate on these experiences and accounts are presented below:

”

*“We experience ongoing issues related to drug mis-use and anti-social issues as a result of drugs amongst parents that impact on the lives of the young people in our school.”*

*“Kids intimidating other kids using weapons”*

*“Front window of home was broken late at night”*

*“Son owed money. Threatened home and him”*

*“Was passing on drugs and was being overcharged by supplier who had a gambling addiction”*

*“Drugs and paraphernalia been left outside on stairs while they sell and take drugs, I just close my windows and door when there outside my kids have seen all sorts and can’t say anything cause these have ran people out of their homes before”*

*“My son was playing (outside)...gang looking for trouble ..called him RACIAL AND HOMOPHOBIC SLUR, came to my house that night wearing balaclavas carrying weapons. I hid upstairs and called police. Then another assault on my son days later by same gang. He ran home and I protected him from attacker, who insulted, kicked and hit me.... Gang just on the street every day harassing businesses and ppl in south inner city. My son and none of my family take drugs. This is just their learned behaviour over any disagreement, no matter how minor. They don’t know how to behave in a normal way”*

*“As a member of a residents association I have been subjected to name calling such as rat and informant”*

*“Cars been smashed up”*

*“They targeted my home by spraying graffiti all over the outside while me and my young children were in bed with words such as rat, vigilante etc, this*

*was all because of my involvement as a community activist and being part of the residents association”*

[Community Member Survey Respondents]

Experiences of DRI were also detailed in the focus groups and interviews:



*“The level of intimidation I went through – maybe 10 or 15 years ago – (unclear) 5 or 6 years of intimidation whereas they are actually following me up and down the road and letting me know that they were following me. They would actually slow down the car beside me and look out of the window – that sort of thing. How you go about solving the problem or what have you I can’t tell you I have gone through it that long.”*

[Participant]

*“Some were having parties in their garden – there were drugs involved – there was hash and stuff like that – maybe cocaine - I don’t know – but there was an awful lot of bad feeling in our area. I live around (NAME OF PLACE) and they bring out the big speaker and there are a hell of a lot of old people and sick people in our estate who just weren’t getting to sleep at night. These things were going on until half two or three in the morning. It was terrible. People were frightened to say anything*

*in case. They were frightened that there could be a come-back on them. People are afraid of saying anything.”*

[Participant]

*“But for the elderly neighbours it is just bleeding hell – it is hell. It must be shocking for an elderly person who is not well – say try to watch a bit of TV or listen to a radio or something. They are just sitting there - they are on their own - they have nobody – just imagine what it is like and all this is going on 24/7 around you and there is nothing you can do about it. Jesus – that is worse than torture you know. It is just hell with no sleep whatsoever. A living hell.”*

[Participant]

*“this gang drove into these flats and smashed a car up in broad daylight and didn’t give a fuck. I don’t know whether... Again, I have kids, so tik tok – there are children - relatives of certain people - who are doing nothing. They are just going to school – they are not involved in anything – their pictures are being put up saying “your little brother is next...watch your little brother – you are going to be burying your little 13-year-old brother”*

[Participant]

Despite the finding that there were little reports of DRI in the previous twelve months, in the service user/community members survey, the majority of responses

indicated that they had been experiencing DRI “for years”. Only one respondent indicated that they had only recently experienced DRI.

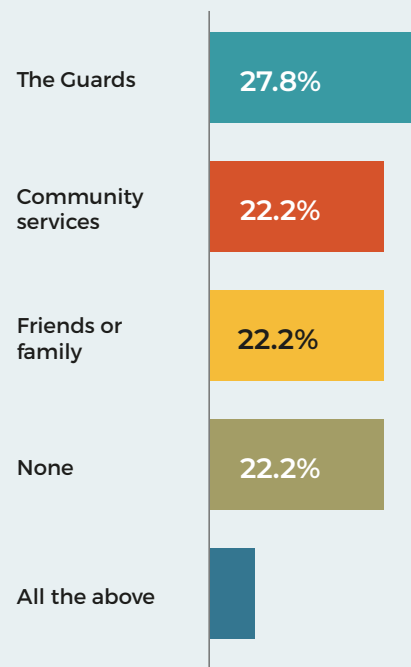
### 3.13. Supports accessed

Survey respondents were then asked what supports they accessed when those DRI events occurred. Results can be seen in Fig. 13 below:

Figure 13: Supports accessed by community members

Q9: What supports did you access?

18 responses



While 27.8% of survey respondents accessed the Gardaí and 22.2% accessed community services, 22.2% accessed no supports and 22.2% relied upon family and friends for supports. The percentage of people who engaged with community services is in line with an online survey which was undertaken in the North Inner City, where considerable engagement (28%) was estimated to be drug related (North Inner City Drug and Alcohol Task Force (2013). Survey respondents who accessed no supports were asked why that was the case. Qualitative responses were collected and are presented below:



*“Fear”*

*“Can’t contact authority as was debt incurred through selling and worried about criminal repercussions”*

*“Because afraid my home will be targeted or my kids”*

*“I have been part of the Community’s efforts to combat drug issues in the Community”*

*“I did not want people knowing my business, I did not have trust that anything would be done for me, I find it very hard to talk about, I was scared that I would get into trouble, I sorted the problem out myself.”*

*“I was afraid of more violence as a result”*

*“Son was threatened again by gang leader a few weeks later. If your ma ever reports me to the Garda again you are getting it. It made me scared for my sons safety if I rang the Gardaí again”.*

*“I do not have a good relationship with the guards, I find it very hard to talk about”*

*“Person involved is part of a group and I am worried about repercussions”*

*“Because anyone that I know sought help eventually their homes and families where targets”*

*“Fear of consequences from youth to attack my son or smash up my car or throw a brick through my windows if I ring garda again”*

[Community Member Survey Respondents]

Qualitative data from interviews and focus groups sheds more light on this issue:



*“It depends on what you are dealing with. Are you dealing with the person – again it is levels. So usually, it is one of the minions first – you know their granny or whatever – and you can usually talk to them but if they don’t come back with the money then the next level is somebody a*

*little bit more intimidating. Then usually two or three levels in, it gets to a complete stranger who has never met you and doesn't give a fuck. When you have got that far, you are in fucking trouble and you are facing damage to you, your body, your gaff, your family – that is probably going to be more than the bill actually costs in the first place.”*

[Participant]

*“A follow up – there had to be a constant follow up – but all that stopped about maybe 14 years ago with the escalation of the issues that are happening now. People are terrified and it is nearly impossible now to get a Garda at a meeting with the council. You would be lucky even now – even on the Task Force we are actually having difficulty with attendance from the Gardaí.”*

[Participant]

*“The same problem is that ok you get a guy – you have known him for six months - and then all of a sudden, he will just vanish and then someone new would come on board and it would be like starting all over again. It is frustrating and Dublin city council are exactly the same.”*

[Participant]

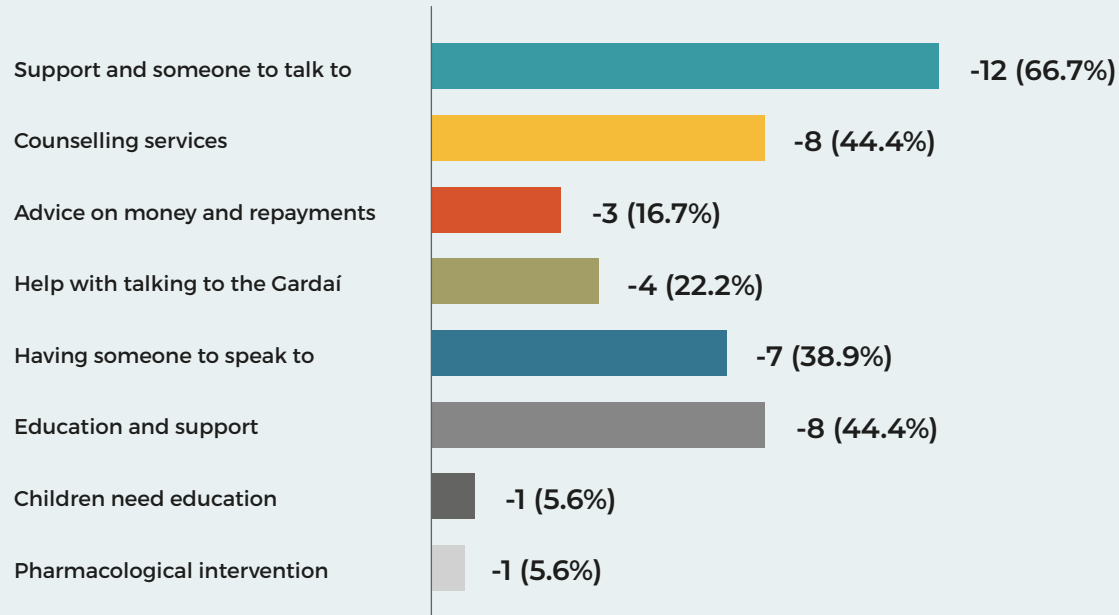
A follow up question asked survey respondents what they found helpful in the past from services they may have accessed. These included (in order of popularity)

support and someone to talk to; counselling services; education and support around drugs and drug addiction; having someone to speak on your behalf (advocacy); help with talking to the Gardaí; advice on money and repayments. Other helpful interventions that were listed in qualitative responses included: parents sharing information with each other; sports clubs for children as diversion “keeping them out of trouble”; Christian church; having a good estate manager; and someone in the Gardaí “who act and work along with residents’ groups and who genuinely take community concerns on board and act on them”.

Figure 14: Helpful supports for community members

Q11: What have you found helpful in the past from services?

18 responses



### 3.14. What is working well?

When asked what went well when survey respondents did access services for help with DRI, responses given included:



*“The collaboration between the school the youth services, the Gardaí, Y.O.D.A and counselling services have all enabled us to provide a holistic approach to issues around drugs that give the students a safe and accessible space to discuss issues. Many parents also feel very comfortable in seeking advice and help.”*

*“Anonymity, confidentiality, feeling safe”*

*“Casadh helped me a lot in remaining drug free as well as getting drug free”*

*“Family support worker”*

*“They spoke to Dublin City Council for me”*

*“Having someone speak on my behalf”*

*“Had a follow up call to check I was ok and no more intimidation. I got advice on CCTV for my home. Also got told to ring them if anything happens.”*

*“Recovery”*

[Community Member Survey Respondents]



Victims trying to deal with the problem themselves came up in interviews and focus groups:



*“Usually, you try and talk to somebody who knows them or a friend of the family or someone who gets on well with them and say, “can you say the kids are up for school in the morning” or “my nanny is dying”. It usually only lasts a couple of seconds and then stops...Normally you would talk to someone who knows them and appeal to their human side and say, “will you let them know my nanny is dying” or “the kids are up for school” and hope that they might have a bit of influence with them. Sometimes it works.”*

[Participant]

### 3.15. Challenges and opportunities for development

Survey respondents were also asked what did not go so well if and when they accessed services around DRI:



*“Certain services within own community where you worry if your confidentiality will be honoured”*

*“I wasn’t ready to change”*

*“I got no reply”*

*“Not enough follow up”*

*“Unfortunately, the people that did graffiti my home could not be charged or made accountable for it as there was no CCTV at the time to capture them even though it was common knowledge who did it, so without CCTV evidence they got away with it, it was very traumatising for me and my young children at the time.”*

[Community Member Survey Respondents]

When asked what could be changed around how services deal with DRI, community member survey respondents indicated the following:



*“Services need to have more funding and require quicker response time. Also, if students and their family do not access help while a young person is at school it is very difficult to get help into the future.”*

*“Cross service collaboration”*

*“Some form of specialist advice on how to tackle this issue, maybe via confidential freephone, preferably not guards”*

*“Listen more to younger kids”*

*“Decriminalisation (of possession of drugs)”*

*“It is very hard for services to deal with; there is very little they can do if money is owed, and the intimidation is ongoing in a flat complex where they are not based.”*

*“Help victims install CCTV at home. If a few cases are on one road, then get CCTV high up on a pole so it can’t be sprayed or vandalised and will pick up any anti-social behaviour (ASB). Ppl who do ASB should be forced to do community service as 12-year-olds to learn the consequences of ASB.”*

*“They need to be able to go into communities to reassure them that they are not alone”*

*“More acceptance of people with dependency issues”*

*“Dublin City Council and the Guards need to take a more pro-active approach in dealing with drug dealers, the intimidation and anti-social behaviour that are scourging communities that comes with it, they need to take complaints from residents seriously and not wait until they build up a case against these people which in turn festers towards the intimidation towards individuals and residents of communities who are trying to keep elements like this out of their area.”*

[Community Member Survey Respondents]

The suggestion from research participants around more CCTV systems was also highlighted as a practical response by Nolan (2019). Survey respondents were then asked to suggest some changes that they would like to see within their own community. Responses are presented below:



*“More policing”*

*“I would like to see more counselling services for parents to help them deal with their own issues and to assist them in their parenting role when their children experience difficulties.”*

*“Bigger Garda presence, and Garda having more supports. Youths are being used because, the Garda have very few powers concerning under 18’s. If there’s no repercussions, the youths know they’re untouchable and the over 18’s will continue to use them to their advantage.”*

*“More emphasis on drug intervention at youth level”*

*“More education on drugs teenagers use”*

*“More support from local authorities”*

*“More visible support from Gardaí for people in my position”*

*“Gangs and selling of drugs in groups/ taking over stairwells etc is a massive*



*issue and needs to be addressed. Flat complexes are being destroyed and the sense of community is completely diminished.”*

*“More sports clubs with camps organised for Easter holiday and school holidays. In France every village has a summer camp of diversion activities organised for the local kids by the local council. These have just faded away in the south inner city. Just keep the children busy and away from loitering where they could get groomed. Also, good to take them on hikes and sports trips away from the inner city to open up their horizons. Work experience could be part of summer camps to get ppl into the idea of work, especially in families with intergenerational unemployment. To build a culture and discussion about work and*

*their future. To give them something to aim for beyond standing at street corners selling drugs.”*

*“Consumption rooms (injecting and smoking)”*


*“More Garda presence in estates and on foot patrol, more Garda engagement with community reps and youth groups, more action from Dublin City Council to rid residential estates of drug dealers and people engaged in anti-social behaviour, more training for community activists, more supports from agencies that are expert in the field of helping communities deal with the problems of intimidation in their area.”*

[Community Member Survey Respondents]

### 3.16. Conclusion

Chapter 3 has presented the research findings as they relate to practitioners and community members working and living in the SICDATF area. To ease interpretation and avoid duplication, data from each method of enquiry (survey/interviews/focus groups) were presented together thematically. Practitioners reported occupying a wide range of roles across the network, and so a broad gathering of perspectives was made possible. Issues around the reporting of DRI incidents were highlighted, where personal accounts of the number of DRI experiences and documented records contradicted one another. Referral to other services was the support that was reported as being utilised most frequently. Providing support and somebody to talk to for victims was also very important, alongside advocacy provision for clients engaging with or reporting to the Gardaí. Other actions that practitioners identified as being available to them included personal connections to the families of perpetrators of DRI who they could approach and appeal to “their better nature”, however, this left practitioners feeling overwhelmed. Some practitioners reported good relationships with the Gardaí, although some restricted those

to specific members of the Gardaí that they had built up trust over time. Levels of satisfaction with current available actions and supports around DRI were generally low. Although many responses indicated that some elements were working well – such as working within strong teams; youthwork; providing emotional support; and the ability to make referrals e.g., to family support, practitioners highlighted many challenges. These included lack of funding and resources; the feeling of “firefighting” when working with DRI related issues rather than implementing any lasting change; trying to shield children from the violence that is occurring around them; the changing landscape of drug debt collecting where debts are now accruing “tax” and growing despite payments being made; maintaining healthy professional boundaries where relationships had been built up with clients in danger and poor relationships with the Gardaí. Gardaí who took part in the research also explained some of their challenges – a lack of reporting and referrals to their service; not having the power to “make debts go away”; needing practitioners and victims to “meet them in the middle” in terms of working with them to prosecute perpetrators; being unable to fully protect people from reprisal or

An aerial photograph of a city, likely Dublin, showing a river with several bridges. The foreground shows the rooftops of buildings, including a large flat roof with a red surface and some equipment. The middle ground shows a mix of brick and stone buildings along the riverbank. The background shows a dense urban area under a clear blue sky.

repercussions of reporting. Fear is a major barrier to tackling the problem of DRI. Many practitioners pointed to a need for training for staff working in various services, including the Gardaí who strongly welcomed a collaborative approach to DRI training. The importance of interagency collaboration was one of the primary findings of this research. Restoration of communities was also brought up as an important opportunity for change. Other indications of training needs included dynamic risk assessment, de-escalation and conflict resolution, as well as management of stress and secondary traumatisation. Education around the drugs and drug prevention strategies with young people were also mentioned as training needs. An increased understanding of the drug economy and the hierarchy of power that it operates within was noted as important, alongside a need to be knowledgeable on new emergent drug trends. An element of lived experience within the training programme was indicated as desirable. A trauma informed approach was mentioned several times in interviews and focus groups with participants as a training need. In terms of the actual training programme itself, practitioners indicated that training should be collaborative; include lived experience; be practical and build on

previous training. The most popular method of delivery was speakers and presentations, with interactive discussion being the second most popular. Visual aids such as videos were also indicated as desirable as well as small group activities. Face to face delivery was the preferred method of training delivery. Most community members who took part in the research were female. This finding is supported by the extant literature. When asked what the DRI experience entailed, responses included arguments or feuds between individuals and families; antisocial behaviour where the respondent lives; intimidating behaviour in their community; abuse in the home; racism and homophobia towards a dependent; assaults and threats; property destruction and threats over money owed. Despite the early finding that there were little documented reports of DRI in the previous twelve months, the majority of responses indicated that they had been experiencing DRI “for years”. Approximately half of the community members accessed supports within services or the Gardaí, with the remaining half relying upon friends or family or accessing no support at all. Actions that community members who sought support found helpful included: support and someone to talk to; counselling services; education and support

around drugs and drug addiction; having someone to speak on your behalf (advocacy); help with talking to the Gardaí; advice on money and repayments. Other helpful interventions included: parents sharing information with each other; sports clubs for children as diversion “keeping them out of trouble”; Christian church; having a good estate manager; and someone in the Gardaí “who act and work along with residents groups and who genuinely take community concerns on board and act on them”. Victims trying to deal with the problem themselves DRIectly through appealing to perpetrators also came up in interviews and focus groups. Challenges with accessing supports included not enough follow up, fears around confidentiality and lack of adequate surveillance. When asked what could be changed around how services deal with DRI, community member survey respondents indicated the following: more funding for services; cross service collaboration; increased surveillance of high risk areas; more policing; preventative measures with young people and more counselling. Chapter 4 will discuss the research findings and present the proposed DRI specific training programme based on this body of work.

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Chapter 4:

# Discussion

# Chapter 4:

## Discussion

### 4.1. Overview

This section of the report will present a discussion of research findings alongside the existing literature and outline the proposed DRI specific training programme which arose from this work.

### 4.2. Lack of reporting

Of interest is that in the survey data, the majority of respondents were not aware of any reports of DRI incidents despite contradictory details given around the same in the interview and focus group data. It was noted both in survey data and focus group data that the recording of such incidents is an issue that requires attention. A strategic strengthening of reporting processes to resolve this issue and provide an accurate picture of the levels of DRI occurring in the SICDATF area and other areas is warranted.

A national phone line initiative was piloted in Blanchardstown in 2008 and rolled out in three phases nationally between October 2008 and July 2009, with some

success in increasing reports, particularly in the North Inner City of Dublin (Public Communications Centre, 2009). Another initiative that was undertaken previously was an audit of DRI reports in thirteen Drugs Task Force Areas (Connolly and Buckley, 2016) which allowed for profiles to be built up of victims and perpetrators, details of DRI incidents, actions and responses and the impact of the DRI incidents in order to inform policy and practice. Actions such as these should be considered as continuing efforts to enhance the reporting process which has been documented in this research as lacking.

### 4.3. Extant supports and opportunities for development

Practitioners completing the survey were asked to select all supports that applied to their role or service. Referral to other services was the support that was reported most frequently in the survey data (73.9% of respondents indicated that this was a support that they provided). Support and somebody to talk to was also very important (56.5% of respondents agreed), with advocacy provision when engaging



with or reporting to the Gardaí being the third most frequently provided support (56.5%). As already stated, there exists a fear of reprisal which often prevents victims of DRI from making reports to the police. This is a significant factor in responding and intervening in these incidents and breaking down the subculture in which they occur. Mistrust in policing is commonplace in areas with high rates of crime and high rates of drug related activity (Connolly and Mulcahy, 2019). As already stated, the two main objectives of the current NDS which relate to DRI are “1. To strengthen and maintain the relationship with An Garda Síochána and the local communities in relation to responding to the drug trade, and 2. to strengthen the effectiveness of the NDRIRP through raising public awareness and evaluating the programme’s efficacy” (McCreery, Keane and Bowden, 2021). This includes providing support to people who use drugs, their families and others who are experiencing DRI. This may be in the form of practical advice or to deal with official complaints as confidentially as possible. Hourigan (2011), in a study on Limerick drug gangs and feuds, noted that increased policing was the most effective response to DRI, to include visibility of members of the Gardaí on foot or on bicycles rather than in cars which was evidenced by this study to encourage engagement.

Education and support around drug use and drug addiction, particularly around early intervention with at risk youth also

featured significantly. Universal drug prevention targets the whole population and aims to reduce the risk for all, this can be seen through national awareness campaigns. Life Skills Training (LST) is a universal schools-based programme which is centred on fostering resilience, emotional regulation and self-esteem (O’Connor and Waddell, 2015). Selective prevention targets at risk cohorts such as early school leavers and young people engaged with the juvenile justice system, young people with high levels of vulnerability or people from socio-economically disadvantaged areas (EMCDDA, 2012).

One example is the Strengthening Families Programme, which has demonstrated significant outcomes for families at risk in terms of cohesion, relationship building and a reduction in risk behaviours (O’Connor and Waddell, 2015; Redmond, Shin and Azavedo, 2004; Spoth, Redmond and Chin, 2000). Well executed mentoring initiatives for young people at risk have also proven to be effective (Murphy *et al.*, 2017). In terms of supports practitioners themselves could offer to clients outside of referrals, emotional support was a primary finding. Practitioners working in schools felt that being lenient around punctuality, tiredness or distraction in children from disadvantaged families was helpful in supporting that young person to continue to come to school despite any chaos they might be dealing with outside the school setting. Some practitioners reported good relationships with the Gardaí,

although some restricted those to specific members of the Gardaí that they had built up trust with over time. Some practitioners described trying to handle situations themselves where they felt overwhelmed. It is clear from this research that interagency collaboration is key to the optimum provision of supports and lessening of pressure and stress on practitioners who are working with DRI in the SICDATF area. Challenges described in interviews included lack of funding and resources; the feeling of “firefighting” when working with DRI related issues rather than implementing any lasting change; trying to shield children from the violence that is occurring around them; the changing landscape of drug debt collecting where debts are now accruing “tax” and growing despite payments being made and maintaining healthy professional boundaries where relationships had been built up with clients in danger and poor relationships with the Gardaí.

The potential for vicarious traumatisation is significant for practitioners working in this area. Embedded self-care initiatives are vital going forward in order to protect the mental, emotional and physical health of individuals working in this environment. Restoration of communities was also brought up as an important opportunity for change. At the heart of the DRI issue is the impact that it has on communities where it occurs. As stated in McCreery, Keane and Bowden (2021) “Any regeneration of the community must start at the core which

means tackling crime, intimidation and drugs and helping the community feel safe again.” (Mulvey, 2017. p.29). As seen in the literature, a human rights approach which demonstrates empathy towards both victims and perpetrators, with the knowledge that both interconnect in the drug economy is warranted, alongside trauma informed approaches to interacting with people who have been the subject of adversity, poverty, exclusion, and adverse childhood experiences (ACES) (Douglas *et al.*, 2010). The creation of communities where family relationships, friendships and neighbourly relationships are fostered and restored where fractured is a priority (Connolly and Mulcahy, 2019). Nolan (2019) suggests that this can be done by generating more employment opportunities, promoting social inclusivity and strengthening family support and early intervention. Establishing a strong community leadership body is key, again using an interagency approach.

#### **4.4. Proposed DRI Specific training programme**

The need for DRI specific training and collaboration with the SICDATF network was evident in all data gathered for this report. The Gardaí that participated in the research were keen to be involved in any interagency training programme also. In this regard, this report recommends that the proposed training programme be inclusive of all and any services across the

SICDATF network and provide a distinct and meaningful opportunity for collaboration, shared learning, reciprocal support and the creation of a strongly embedded community of practice for DRI practitioners. It is further recommended, based on the findings of this research, that the training be divided into topic specific seminars, where the focus can be given to the areas highlighted. Research participants indicated that training should also include lived experience; be practical and build on previous training that may have been delivered – reconceptualising these topics under the umbrella of DRI service provision specifically. The most popular method of delivery was speakers and presentations, with interactive discussion being the second most popular. Visual aids such as videos were also indicated as desirable as well as small group activities. Face to face delivery was the preferred method of training delivery. Six individual seminars are proposed which will centre on the following topics:

#### **PREVENTION, EDUCATION & AWARENESS:**

This seminar is recommended to include awareness around DRI broadly which includes elements such as the logistics and workings of the drug economy. There is a hierarchy to the drug economy which creates three distinct levels: global production and trafficking (cartels); a middle market responsible for the importation of drugs into Ireland and

distribution of them nationally; and local markets which distribute drugs at the community level (Connolly and Donovan, 2014 p.29). The groups of individuals involved in the drug economy tend to be largest at local level ('foot soldiers') but individuals can transition between levels throughout their career within this economy. There are levels to DRI also, as described in a 2015 study based in Dublin as an 'iceberg' of low, middle and higher order violence (Jennings, 2015). This seminar should also include a prevention piece focusing on young people – i.e. the importance of emotional regulation, resilience, life skills, alternative lifestyle exposure etc. in line with universal and selective drug prevention strategies (EMCDDA, 2011). A piece on policy might be helpful here around decriminalisation and legalisation and the role that the unregulated market plays in supporting this phenomenon, in order to stimulate discussion amongst practitioners on this key issue.

#### **COMMUNICATION SKILLS:**

This seminar is recommended to include interacting with service users using a trauma informed approach and an unconditional positive regard; awareness around people who have been the subject of adversity, poverty, exclusion, and adverse childhood experiences (ACES) (Douglas *et al.*, 2010). This seminar should also include de-escalation tactics when

communicating in heated scenarios and a guide to the staged relationship building process with service users and community members.

**SAFETY:**

This seminar is recommended for practitioners in order to support their safety in carrying out this work and is envisaged to be particularly salient for new employees with less experience who are beginning a career where they may be exposed to DRI. Some elements of safety training may include MAPP it (management of actual and potential aggression)<sup>1</sup>, Internal lone working policy revision; nonviolent resistance training (NVR)<sup>2</sup>; conflict resolution techniques and dynamic risk management.

**WELLBEING/SELF CARE:**

A significant finding of this research was the hypervigilance, stress and secondary traumatisation that is normalised amongst practitioners. This seminar is recommended to include meaningful

strategies of selfcare and wellbeing management. The collaborative nature of the proposed training programme and the initiation of a community of practice for DRI workers will also lend itself to the creation of a support system for practitioners who are experiencing feelings of isolation or overwhelm from operating within the culture of silence and fear associated with DRI.

**INTERAGENCY APPROACH:**

This seminar should be informative in nature in mapping out the supports and the connections available within the network for practitioners. This was highly underscored by Gardaí – “everyone needs to be singing from the same hymn sheet.” There exists an opportunity to avail of shared knowledge in the room, an opportunity to connect and support colleagues internal and external to specific services, to build professional relationships, share good models of practice, offload stressors and to feel part of a community of DRI practitioners.

**ASSETS BASED COMMUNITY DEVELOPMENT:**

The creation of communities where family relationships, friendships and neighbourly relationships are fostered and restored where fractured is a priority (Connolly and Mulcahy, 2019). This seminar should provide a space to discuss and reflect on

1 See <https://education.nsw.gov.au/content/dam/main-education/student-wellbeing/attendance-behaviour-and-engagement/media/documents/MAPA-Guidelines.pdf>

2 See [https://www.iasw.ie/events/73-non-violent-resistance-nvr-two-day-training#:~:text=The%20Non%20Violent%20Resistance%20\(NVR,behaviour%20of%20children%20and%20teenagers.](https://www.iasw.ie/events/73-non-violent-resistance-nvr-two-day-training#:~:text=The%20Non%20Violent%20Resistance%20(NVR,behaviour%20of%20children%20and%20teenagers.)

restorative practice in communities and on empowering people to own their own space. This research has shown that a number of DRI workers live in the areas where they work which adds a layer of complexity to their role. This should be positioned and understood as a long term body of work, however the ultimate goal to restore fragmented communities should be underscored. Resources such as the work of Cormac Russell<sup>3</sup> should be drawn upon to inform this element of training. Establishing a strong community leadership body is key, using this vital interagency approach. As already stated, creativity in communities can be fostered through recognition of and investment in the unique historical story, art, craft or local trade that each community has, creating “a positive and inclusive environment where people feel welcome and involved” (Nolan, 2019).

practitioners and community members, it is best positioned as a pilot programme with the intention for future iterations in the long term. Therefore, it is recommended that the pilot iteration be evaluated by surveying trainees to investigate what worked well and to identify areas for development. The findings from such an evaluation are recommended to be utilised to inform future iterations in a process of continuous improvement, centred on the voices of practitioners who are at the heart of this work. The intention is to adapt this training programme to extend its provision to community members, families and individuals who are experiencing DRI. In doing so, the aim is to transform the narrative around DRI and the culture of silence and fear under which it thrives.

The inclusion of a lived experience speaker is recommended for consideration at any point in training delivery. As this is a flagship training programme in terms of the delivery method and the evidence base, which was researched and collected locally in the SICDATF area over a period of just under six months of in-depth enquiry with

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<sup>3</sup> See <https://www.nurturedevelopment.org/who-we-are/cormac-russell/>

## 4.5. Conclusion

This report has focused on the South Inner City Dublin Drug and Alcohol Task Force (SICDATF) area. The purpose of this research project was to inform a training programme for practitioners professionals and community members across the network of SICDATF services, which is DRI specific. In doing so, it aims to educate, equip, support and protect professionals in all types of services who are dealing with DRI related incidents. Over time, this programme will also be adapted to provide training and support for families and community members. The proposed training programme which

is the primary output of this research is best positioned as a pilot programme, with further iterations over time after a comprehensive evaluation of each delivery. The pilot DRI training programme is envisaged as an interagency, collaborative series of seminars, each with a focus on the key training needs of practitioners which emerged from the dataset. This training programme is intended to bring together services for shared learning and to embed a multidisciplinary, holistic approach to DRI in the SICDATF area, in addition to creating and supporting a new community of practice for professionals who are impacted by DRI in their work.

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