DRUG STRATEGY for NORTHERN IRELAND
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Foreword

Drugs are a problem in Northern Ireland and have affected many lives. However, the problems here are not as acute as other parts of the United Kingdom, or the Republic of Ireland. But we cannot be complacent. More young people are experimenting with drugs and we are especially concerned about the growth and spread in the use of drugs such as heroin. It is going to take all our efforts to stop the problem getting worse and to start to reduce the extent of the problem. That is what this strategy is about. It sets out the strategic direction for, and the outcomes we want to achieve over, the next 5 years.

The strategy also recognises that drugs cannot be tackled by any one organisation. It promotes the concept of partnership by different strands of Government, the voluntary and community sector and local business working together to deal with a problem that does not recognise traditional boundaries. Everyone has their part to play - this is Modern Government in action.

This strategy is complementary to that in other regions of the UK. It focuses on the 4 areas of young people, treatment, communities and availability. We have ensured that the strategy deals with local issues and addresses the particular concerns of Northern Ireland.

This strategy outlines the framework for future action and much work is now required to develop plans which focus on the activities now needed to deliver the results we strive for.

Significant resources are already spent on tackling drug problems. We need to ensure that these are used to best effect to achieve our outcomes. But, in addition, new resources have been identified to underpin the strategy and provide additional services to address the problems.

My colleagues in Government are also determined that this strategy will succeed. They have added their signatures below to this document as proof of their commitment to this end.

Together we all can make a difference and create a better society for everyone by dealing with the problem of drugs misuse.

Marjorie Marnham
Secretary of State for Northern Ireland

Adrian Ogilvie
Minister of State and Chairman Central Co-ordination Group for Action against Drugs

George Smugg
Minister for Health

Jim Mcaurthur
Minister for Education
INTRODUCTION

This document sets out the new Strategy for addressing drug misuse problems in Northern Ireland. It establishes a vision for all those who are concerned with addressing drug misuse, whether they work in the statutory, voluntary, community or commercial sectors. The Strategy recognises that the problems of drug misuse are changing and evolving all the time and that a medium to long-term commitment will be required. The Strategy therefore has a minimum lifespan of 5 years with a first major review after 3 years.

In support of the vision, the Strategy has adopted 4 overarching aims. A set of outcomes have been identified for each aim that should be achieved by the end of the period, together with interim objectives. It will be necessary to update these objectives during the lifetime of the Strategy.

This Strategy has been developed following a comprehensive review of the Government’s response to drug misuse over the last 3 years. The Review involved extensive consultation throughout Northern Ireland. All agencies who have been involved in addressing drug misuse were invited to comment and to contribute their ideas to the new Strategy. As a result of this exhaustive process many people will recognise their own ideas and comments in the Strategy.

Full account has also been taken of the Government’s 10-year strategy for drug misuse in the UK - “Tackling Drugs to Build a Better Britain” published in May 1998. The 4 overarching aims from that strategy have been adopted, but the detailed response within each of these aims has been adapted to fit the particular circumstances of Northern Ireland.

To support the implementation of this Strategy, £5.5m has been made available by HM Treasury, over a three-year period, beginning in April 1999. This significant additional funding re-inforces the Government’s commitment to deal effectively with the drug problem in Northern Ireland.

About this document

This document is organised into 11 chapters. The first chapter sets the situation in Northern Ireland into context and attempts, from the research available, to identify the extent of the drug misuse problem. The second and third chapters set out the Government’s response to drugs misuse over the last 3 years and provide an overview of the outcome of the Review.

Chapter 4 identifies the broad aim and the four over-arching aims of the Strategy. The Strategy is underpinned by a number of principles and these are explained.
Northern Ireland Drug Strategy

Chapters 5 - 8 address, separately, each of the 4 overarching aims of the Strategy. Each chapter sets out the background to the problem to be addressed, sets objectives to be achieved and the outcomes to be delivered.

Chapter 9 discusses the structures that have been established/maintained to drive forward the implementation of the Strategy. Again these are based on the evaluation of the existing structures and the information gathered during the review process.

Chapter 10 provides an overview of the extensive resources already committed each year by statutory agencies to addressing the problem of drug misuse. The final chapter identifies the importance of improving the evidence base, to support the monitoring of progress.

What should happen now?

The next step is for each organisation which is engaged in addressing drug misuse to adopt the objectives and outcomes that are set out in this Strategy document. Action plans will be required to demonstrate how they will contribute to the achievement of the final outcomes.

Further work will be required, under the direction of the Central Co-ordination Group for Action Against Drugs, to identify intermediate targets and key performance measures. These will need to be updated on an annual basis.

The Review Team would like to thank all those people and organisations who contributed to the Review, the analysis of the findings and conclusions, together with those who contributed to the development and printing of the new Drug Strategy for Northern Ireland.
Chapter 1 – Analysis of the Drug Problem in Northern Ireland

CHAPTER 1

ANALYSIS OF THE DRUG PROBLEM IN NORTHERN IRELAND

1.1 Northern Ireland has a drugs problem. It may not be on the same scale as found in some other parts of the United Kingdom or the Republic of Ireland, but it exists all the same. It is centred primarily, but not exclusively, on the use of so-called “recreational drugs”. The extent of drugs misuse has increased significantly since 1992, up until which time it was considered that the problem in Northern Ireland was relatively limited. There are now more young people experimenting with drugs. Many young people see using drugs as part of youth culture and as “normative behaviour”.

1.2 Research and surveys have also demonstrated how the drug situation has changed. The information available suggests that young people have greater access to a wide range of drugs. With this greater access, the age of experimentation with drugs has fallen, and the number of young people who have ever used drugs has increased. While the percentage of those using heroin and cocaine has not statistically increased, other evidence suggests that Northern Ireland has a growing problem with these drugs in some communities. A number of surveys have been undertaken to identify the trends in drug use. In particular the 1992, 1994 and 1998 Health Behaviour of School Children (HBSC) surveys clearly demonstrate these changes. The table below sets out findings from these and other relevant surveys.


<table>
<thead>
<tr>
<th>Survey</th>
<th>Year</th>
<th>Sample</th>
<th>% offered</th>
<th>% ever used</th>
<th>% current use</th>
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<tr>
<td>HBSC 1</td>
<td>1992</td>
<td>5th formers (1)</td>
<td>25.5</td>
<td>15.8</td>
<td>5.6</td>
</tr>
<tr>
<td>HBSC 2</td>
<td>1994</td>
<td>5th formers (1)</td>
<td>41.9</td>
<td>25.9</td>
<td>18.0</td>
</tr>
<tr>
<td>Almost Adult</td>
<td>1995</td>
<td>16-17 year olds (1)</td>
<td>36.1</td>
<td>42</td>
<td>28</td>
</tr>
<tr>
<td>HBSC 3</td>
<td>1998</td>
<td>5th formers (2)</td>
<td>52.0</td>
<td>27.7</td>
<td>18.1</td>
</tr>
<tr>
<td>NI Omnibus</td>
<td>1997</td>
<td>18-30 year olds</td>
<td>-</td>
<td>46</td>
<td>13</td>
</tr>
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Note 1: figures refer to “drugs and solvents”
Note 2: figures refer to “drugs only”
1.3 The 1992 and 1994 HSBC Surveys indicated that the percentage of 5th formers who had been offered drugs rose steadily from 25.5% to 41.9%. By 1998 the figure had risen to 52%. Those 5th formers who had ever used drugs rose between 1992 and 1994 from 15.8% to 25.9%. The 1998 figure indicates a marginal increase to 27.7%. The current “use” figure rose from 5.6% to 18.0% during the same period. By 1998 this had levelled to 18.1%. When comparing the figures it should be noted that the 1998 figures represent drug use only. The previous years’ figures included drugs and solvents.

The 1994 HBSC Survey for 1st, 3rd and 5th formers indicated that only 1.5% of 1st formers were currently using drugs, compared to 18% of 5th formers.

The findings in the surveys conducted during 1995-98 indicated that the most popular drugs used were cannabis, LSD and Ecstasy. Solvents tended to be used by more young people than heroin and cocaine.

1.4 The 1994/95 Northern Ireland Crime Survey, 16-59 year olds, indicated that 17% had ever taken drugs. In 1996 the British Crime Survey indicated that the figure for other parts of the UK for the same age group was 28%. Further data published in the Northern Ireland Omnibus Surveys of September 1996 and February 1997 show that the figure for those who had ever taken drugs was around 28%. In respect of 18-30 year olds specifically, 46% reported ever using drugs, 13% using drugs in the last month and 20% using drugs in the last year. The most commonly used drugs were cannabis, amphetamines and magic mushrooms. In relation to the most addictive drugs (cocaine, crack, methadone and heroin), less than 2% admitted to ever having taken them. Evidence from the addiction treatment services has indicated that the use of heroin and cocaine is growing, particularly in certain parts of Northern Ireland.

1.5 In March 1998 the Health Promotion Agency for Northern Ireland (HPANI) published “What Young People Know”, a report on the knowledge and awareness among 10-17 year olds. When asked to choose from a list of 39 drugs, 14-17 year olds were more aware of all drugs than the 10-13 year olds. Both groups were more aware of cannabis than any other drug. When asked to select which drug they had used, 10-13 year olds indicated that 93% had never used any drug. For 14-17 year olds the figure was 62%. The two most commonly used drugs were poppers and cannabis. The use of solvents also featured prominently.

1.6 In 1999 a report on adult’s knowledge and awareness of illicit drugs was published, using information from the Northern Ireland Omnibus Survey carried out in February 1997. The main findings indicated that approximately 25% of all those aged 16-59 reported that they had ever taken an illicit drug. The most popular drug used was cannabis (18%). 34% of adults thought that drugs were a normal part of life for many or most 14-17 year olds and 48% for 18-25 year olds. Only 10% thought that they were a normal part of life for many or most 10-13 year olds. Evidence from the HBSC survey in 1994 tends to substantiate this finding. Overall, 74% of adults said that they knew little or nothing about drugs. Only 24% of those aged over 45 years knew “quite a bit” or “a lot” about drugs. This survey supported
Chapter 1 – Analysis of the Drug Problem in Northern Ireland

the Health Promotion Agency for Northern Ireland view that young people knew “quite a lot” or “more than enough” about drugs. Almost 4 out of 10 adults would like to know more about drugs, including how to recognise the effects of drug misuse and where to get advice and help.

1.7 One of the most recent pieces of research, published in 1999, was a qualitative study of Ecstasy use in Northern Ireland. The key findings included:

• average age of first use was 21 years
• pattern of use showed great fluctuations during period of use
• 50% of sample had used Ecstasy less than once per month (in the 6 months period prior to the interview)
• 44% of sample had used Ecstasy on at least 100 occasions
• alcohol consumption among Ecstasy users was high
• cannabis was used by one-third of the sample on a daily basis
• main reasons for using cited were subtle peer pressure, curiosity and the opportunity of use
• overall respondents were distrustful of Government and media messages.

1.8 While research would indicate that despite increasing seizures and the fact that the number of young people being offered drugs has increased during the period 1994 to 1998, the number of current users has not increased. The number of young people who have experimented with drugs has increased, but not at the same rate as availability would suggest.

1.9 Drugs do not recognise geographical boundaries or borders, and figures about drug consumption in other jurisdictions provide an interesting comparison. In 1995 a survey of 15-16 year olds was carried out in the Republic of Ireland. Among the findings, it was noted that 37% had used illicit drugs, 37% had used cannabis, 9% had used Ecstasy and 2% had used cocaine and heroin.

1.10 Other statistics from the referrals to the Community Addiction Teams would suggest that the number of people who have “problem” drug use is increasing. For example, in 1992 there were 60 registered drug addicts, which increased to 96 in 1995, 120 in 1996, 163 in 1997 and 260 in 1998. The number of new notifications per annum has risen during the period 1995-98 from 25 to 126. During the period 1995-97, 4 out of 18 Health Trusts saw particularly significant increases in the number of new addicts.

1.11 Drug arrests in 1991 rose from 453 to a peak in 1995 of 1558. After a large fall in arrests during 1996 and 1997, the figure for 1998 rose again to 1280. The number of offenders found guilty of supplying, possession and possession with intent to supply fell from 630 in 1996 to 498 in 1997. Approximately
Northern Ireland Drug Strategy

66% of those found guilty of supplying drugs or in possession with intent to supply in 1997 were given a prison sentence. Out of a total of 525 persons found guilty of any drug offence, in 1997, 42% were fined.

1.12 The quantity of drugs seized by the police has increased significantly, both in terms of tablets seized and by weight of seizure. 1997 and 1998 produced the largest ever seizures of cannabis resin in Northern Ireland valued at over £2.5 million. An analysis of drug types seized shows that cannabis and Ecstasy have been the major drugs seized during the period 1996-1998. By comparison, opiate seizures have increased from a very low base. Seizures of LSD and amphetamines fell below the 1997 peaks. The figures for seizures by Customs and Excise show marginal decreases between 1998 and 1997, although the number of actual seizures rose from 67 to 69 for the same period.

1.13 Cannabis and Ecstasy continue to be the main illicit drugs used in Northern Ireland. While research and surveys show that few people are actually using heroin or cocaine, it is accepted that in some localities the use of these drugs is becoming part of a drug taking culture. The seizure figures would also indicate that the availability of these drugs is increasing. There are however, obvious dangers in drawing fundamental conclusions from the figures on seizures and arrests.

1.14 There is therefore no room for complacency. At present injecting is not a significant part of the drug-taking culture in Northern Ireland, but there is evidence to suggest that it may represent an incipient problem. Recent operations by the RUC underline the fact that the use of heroin if unchecked will grow. The consequences of this could be immeasurable.

1.15 Government and its agencies accept responsibility to develop systems and procedures to identify changes in the drug problem, so that the combined effort produces an effective approach to tackling the drug misuse problem. In Northern Ireland our aim should be to ensure that the problems associated with drugs faced by communities in other parts of the world are not allowed to take hold.
2.1 The first policy statement dealing with the misuse of drugs in Northern Ireland was issued in 1986, by the Department of Health and Social Services. Prior to this the Northern Ireland Committee on Drug Misuse (NICDM) comprising health professionals, civil servants and the voluntary sector, had been established. Its main task was to monitor the extent of drug misuse in Northern Ireland and recommend preventative measures.

2.2 The policy statement of 1986 sought to clarify how drug misuse could be tackled in Northern Ireland. Because of the relatively small level of drug misuse in Northern Ireland at that time, it was felt that a low profile approach was appropriate. For this reason, elements of the public information material used in Great Britain were not used in Northern Ireland, particularly those which focused on heroin and injecting drug use.

2.3 In 1994, in England, the Government established a Central Drugs Co-ordination Unit to support a review of drugs policies. At the same time Northern Ireland (like Scotland and Wales), began to consider how the issue could be better addressed here. In May 1995 the Government published a GB White Paper “Tackling Drugs Together” outlining a new strategy against drugs misuse for the following 3 years. In December 1995 Northern Ireland published a new document entitled “Drug Misuse in Northern Ireland - a Policy Statement”, prepared by NICDM.

2.4 In this document, for the first time, a clear Statement of Purpose was set out, priorities and objectives were outlined and the roles and responsibilities of the various organisations were clarified. The Statement of Purpose attempted to provide overall objectives and a broad framework which individual organisations working in the field of drug misuse could work towards. A number of organisations subsequently drafted their own strategies or policies in relation to drug misuse including the Education and Library Boards, the Health and Social Services Boards, the Prison Service, the Probation Board and the RUC.

2.5 The publication of the 1995 Policy Statement and the establishment, in that same year, of the Central Co-ordinating Group for Action Against Drugs (CCGAAD), chaired by the Minister of State for the Northern Ireland Office, led to increased Government efforts to address the problem of drug misuse by developing a co-ordinated, inter-agency approach. This encouraged many statutory organisations to work together in a co-ordinated manner.
2.6 CCGAAD was set up under the chairmanship of the Minister of State for Northern Ireland and comprised senior representatives from Northern Ireland Government Departments and associated agencies. The RUC, Customs and Excise and others provide professional advice as required. The Group had four main objectives:

- to secure a co-ordinated approach to tackling drugs;
- to raise the profile of the central Government machinery and to improve information and research on drugs;
- to build on the NICDM’s Policy Statement; and
- to consider the need for resources for the purpose of tackling drugs misuse.

2.7 In 1996 the Departments and agencies working together in CCGAAD developed a programme of activities to address the drug problem. Additional funding of £1.5m over three years was secured and a range of proposed activities was launched in October 1996 as the Northern Ireland Drugs Campaign.

2.8 The key features of the Northern Ireland Drugs Campaign have been:

- a public information campaign;
- drug education training for teachers and other professionals;
- drug education material;
- specialist information for drug professionals;
- a research and information strategy; and
- the creation of four Drugs Co-ordination Teams.

2.9 In relation to the final point, four Drug Co-ordination Teams, based on the Area Health and Social Services Boards boundaries, were established. The Teams sought to ensure that the efforts of all agencies were co-ordinated and targeted towards addressing the drug problems in that locality. This involved the development of action plans, and consultation with, and mobilisation of local community groups.

2.10 In 1996 the Northern Ireland Statistics and Research Agency (NISRA) prepared a research and information strategy to support the Northern Ireland Drugs Campaign. The Drugs Information and Research Strategy Implementation Team (DIRSIT), was established as a sub-group of CCGAAD to oversee the implementation of the strategy. The Team comprised representatives from NISRA, DHSS, DENI, HPANI, RUC, NIO and the four Drug Co-ordination Teams.
2.11 In 1996/97 the Northern Ireland Affairs Committee examined the basic facts about drug use in Northern Ireland and the on-going efforts of many of the organisations associated with the Northern Ireland Drugs Campaign. It concluded that the use of heroin and injecting drugs remained at a lower level than in many other parts of the UK and Republic of Ireland and that the Government’s response (the Northern Ireland Drugs Campaign as identified in para 2.8) represented a growing, impressive array of action to combat illicit drug use.
CHAPTER 3

WHY DO WE NEED A NEW STRATEGY?

3.1 By 1998, it was recognised that the drugs problem had further developed in Northern Ireland and that the current policy statement was 3 years old. In addition, new initiatives had been taken forward in Great Britain including the appointment of Keith Hillawell as the UK Anti-Drugs Co-Ordinator and the launch of a new UK strategy entitled “Tackling Drugs to Build a Better Britain”. In 1998 the opportunity was taken to launch a Review of the 1995 Policy Statement and Northern Ireland Drugs Campaign with the aim of updating the strategy for Northern Ireland and reporting on the current drug situation to the UK Anti-Drugs Co-ordinator.

3.2 The Review Team comprised representatives from CCGAAD Secretariat, the Northern Ireland Statistics and Research Agency, the Health Promotion Agency for Northern Ireland and the private sector.

3.3 The Review Team was tasked with examining the 1995 Policy Statement, reviewing the success of the Northern Ireland Drugs Campaign and developing a new Strategy for Northern Ireland. In developing this Strategy the Review Team took particular cognisance of “Tackling Drugs to Build a Better Britain”.

3.4 The Team carried out a wide-ranging consultative exercise, including sending questionnaires to statutory and voluntary organisations, politicians, trade unions and church leaders. Other questionnaires were issued to schools. A number of focus groups were established including parents and, separately, young people; advertisements were placed in newspapers and key persons working on drug issues interviewed. Independent consultants were asked to assist with the process and to gather information on the resources spent on reducing drug-related harm in Northern Ireland.

Findings of the Review

3.5 The consultation process raised a number of key issues and focused on some broad themes. There had been many successes with the previous policy statement. It was generally felt to be the right approach with its emphasis on co-ordination and the development of constructive partnerships. The structures formed to lead and support the strategy were regarded as beneficial. The high profile at Ministerial level was considered a very positive feature. The Northern Ireland Drugs Campaign was believed by many to be effective and that, in particular, significant progress had been made in respect of information for parents and young people.
3.6 There were however some areas of concern. In the field of education and training it was felt there was room for improvement in the school setting. Parents were still concerned that they did not have support to handle family discussions on drug issues. In terms of treatment and rehabilitation, concern was expressed about the variation and availability of treatments available across Northern Ireland and that the particular needs of young drug users were not being taken into account. There was a widely held view that more resources needed to be put into this area. There were a number of comments expressed about enforcement issues. For example, parents wanted the police to be seen to be more pro-active, while drug workers had concerns regarding the practical application, by the police, of Section 5 of the Criminal Law Act 1967 - although little evidence was presented of problems encountered in practice.

3.7 Many of those consulted emphasised the need to ensure that a holistic approach was taken to the drugs issue, taking into account such issues as housing problems, the lack of life skills and employment opportunities. In addition there was a concern about the link between alcohol and drugs; some felt it should be emphasised, others considered that the two should be kept separate. There was also a clear view that much more information about changes in the patterns of drug use was required, with the need for a centralised database on drug misuse receiving strong support.

Expenditure on Drugs in Northern Ireland

3.8 The Review found that approximately £8m is spent each year on combating drugs misuse in Northern Ireland. Of this 69% is spent on enforcement, 14% on education and prevention and a similar amount on treatment and rehabilitation. These figures are similar to the percentages spent on these areas in Scotland, England and Wales. However, Table B in Chapter 10, indicates a lower per capita spend in Northern Ireland than elsewhere within the UK.

Conclusion

3.9 It was therefore concluded that there was a need for a new Strategy, building on the successes of the previous policy statement, taking into account the changes in the drug situation in Northern Ireland and some of the perceived weaknesses brought out in the Review. It was also clear that the new Strategy should complement the UK-wide strategy “Tackling Drugs to Build a Better Britain”. At a conference on 8 September 1998 this view was endorsed and it was agreed that the four broad aims set out in the UK strategy should be used in the Northern Ireland Strategy, but set in a Northern Ireland context. More detailed information is included in Chapters 5 to 8.
CHAPTER 4

FORMAT AND PRINCIPLES BEHIND THE NEW POLICY STATEMENT

4.1 The purpose of this Drug Strategy is to build on the strengths of the 1995 “Drug Misuse in Northern Ireland - a Policy Statement”. The new Strategy adopts a similar framework to that identified in the document entitled “Tackling Drugs to Build a Better Britain” and includes the four aims relating to young people, communities, treatment and availability, taking into account the drug situation in Northern Ireland.

4.2 The Government has set the following broad aim for the Northern Ireland Drug Strategy:

To reduce the level of drug-related harm in Northern Ireland

A number of overarching aims have been set:

- to protect young people from the harm resulting from illicit drug use
- to protect communities from drug related anti-social and criminal behaviour
- to enable people with drug problems to overcome them and have healthy and crime-free lives
- to reduce the availability of drugs in communities.

One of the significant outcomes of the Review was the acceptance of the need for an emphasis to be placed on the development of performance indicators and outcomes. These outcomes are highlighted in Chapter 5 to 8 which follow.

4.3 To underpin the Strategy a number of key principles have been identified:

**Partnership** - the Government has developed its work to address drug misuse using an inter-agency, multi-disciplinary approach. The aim is to ensure a consistent message and co-ordination of activity, providing value for money and reducing the possibility of the duplication of scarce resources. The statutory, voluntary and community sectors should work together to develop Action Plans.

**Co-ordination** - it is important that all participants in the Government’s efforts to tackle drug misuse are aware of the plans and activities of the other organisations. Regular information exchange should ensure that this takes place.
Information Sharing - Organisations need information upon which to base decisions. They should collect and share information (e.g. statistics, research etc) in a timely manner. The collection and sharing of information will identify changes in the current drug situation. Information sharing also includes details of media events or launches and organisations are encouraged to publish statistics on a more regular basis, because the “drugs culture” changes rapidly. Protocols should exist to ensure the early sharing of information.

Monitoring - the development of performance measures and outcomes is an important element in the strategy. It is important to monitor progress and developments on a regular basis, at all levels within each organisation, within each sector (i.e., health, education), and within each Drug Co-ordination Team, reporting progress to the Central Co-ordination Group for Action Against Drugs.

Evaluation - an important element of the new strategy is the identification of ‘what works’. Evaluation should be an integral element of the drug programmes and activities. The cost of undertaking evaluation should be included in any project. The identification of ‘what works’ should not be confined to Northern Ireland, but information about ‘best practice’ identified in other countries should be circulated to all interested organisations.

Research - a separate research and information strategy will be developed and published. The collection, analysis and interpretation of data, from a wide range of organisations and sources is necessary to support our commitment to develop activities which deliver this Strategy on the basis of evidence of the problems and what works.

Accountability - through the development, monitoring and reporting on Action Plans, which will be produced after this Strategy is published, it will be possible to assess the progress achieved in addressing the illicit drug problem in Northern Ireland.

Inclusivity - to ensure, by co-ordinating the activities of all organisations, that all participants are aware of the message on illicit drugs; and that the sum of all of the parts is greater than the individual efforts of each organisation. This approach means communication within sectors and across sectors.
CHAPTER 5

AIM: YOUNG PEOPLE

To protect young people from the harm resulting from illicit drug use

Background

5.1 A key target group for drug prevention work is young people. For the purpose of this Strategy ‘young people’ are defined as being between the ages of 8 and 25. Research in Northern Ireland over the last five years, both qualitative and quantitative, has enabled us to get a picture of the development of a growing drug situation, which presents a wide range of issues and challenges for organisations working on drugs issues.

5.2 The first challenge is that the proportion of young people who have been offered drugs and who have experimented with illicit drugs and solvents has risen since 1992. However, it should be pointed out that the numbers of young people who take drugs on a regular basis, i.e. those who could be termed current or ‘recreational’ users remains at a low proportion of their cohort.

5.3 The second challenge is the view that the use of drugs by young people should be seen as simply one part of the youth culture and as “normative” behaviour. This is not to argue that all young people are taking drugs or are supportive of drug taking, but that they recognise that there is a possibility that they may come across illicit drugs.

5.4 Research carried out in Northern Ireland has demonstrated that the level of knowledge held by young people about illicit drugs, their effects and the associated risks is incomplete. There are clear gaps in their knowledge (Note 1). This is the third challenge.

5.5 From the Review it would appear that there are a number of issues which need to be addressed in respect of preventive work with young people. Apart from the needs of the young people themselves, there are also issues concerning:

a) the training needs of those adults who work with young people;

b) the efficacy and effectiveness of preventive drug work;

c) the nature of the appropriate ‘anti-drug’ messages and information young people should be receiving; and
d) the need to have a co-ordinated and consistent approach whilst at the same time empowering communities, organisations and groups to develop initiatives at a local level.

5.6 It is against this background that there is a need for co-ordinated and targeted programmes of preventive drug education for young people, supported and complemented by the provision of appropriate information and training for parents, professionals and other significant adults who work with or are responsible for young people. In respect of school and college based programmes, particular notice should also be taken of the recent DENI Inspectorate Report (Note 2) which highlighted, in particular, the need to address preventive drug education in a more consistent manner in Further and Higher Education.

5.7 There is an argument, supported by research with young people, that appropriate and accurate information about drugs and drug taking should be provided for all young people, users and non-users, which will help to reduce both the actual and potential harm arising from illicit drug use. This would include information, targeted appropriately, on issues such as “safer dancing”, first-aid and generally keeping safe. However, such information should be part of a wider preventive programme designed to promote and encourage non-involvement with illicit drugs.

5.8 The Review also indicated that more emphasis should be placed on the needs of young people identified as being ‘at risk’ and/or problem users. The concept of ‘at risk’ is a particularly sensitive one, as it can easily lead to stereotyping. However, there is a growing body of evidence that does suggest that some young people are at greater risk than others of developing drug problems as they grow older. In this respect more attention needs to be given to identifying and targeting relevant young people through preventative strategies at school and in the youth sector.

5.9 It is essential that the implementation of the Northern Ireland Drugs Strategy links carefully with other relevant policy developments. Most significant is the Children Services Planning process which is being taken forward by each of the Health and Social Services Boards. The plan aims to address the needs of the most vulnerable children and young people on a multi-agency basis. There is a clear opportunity to ensure that drugs is integrated into such plans at local level.

5.10 As a corollary, there was some concern expressed during the Review that there are not enough facilities and/or services appropriate for young problem drug users in the form of advice, counselling and treatment. It is important to ensure that young problem drug users have access to appropriate services and they have the opportunity to voice their own views on such matters.

5.11 It is also apparent from the Review that there needs to be a supportive research strategy, a clear commitment to the development of effective partnerships and the collection, collation, sharing and dissemination of information.
Northerm Ireland Drug Strategy

Preventive drug education

5.12 One of the key needs for young people is that they receive an effective preventive drug education programme. The nature of such education has been the subject of much debate for many years, but there is a growing consensus amongst educationalists about those approaches which seem to be more effective. There is a need therefore for schools and colleges to address the issue of good practice, which will involve the development of educationally sound programmes, the development of clear objectives, the use of proven techniques in the classroom, with special emphasis being placed on monitoring and evaluation.

5.13 The Education sector’s “Misuse of Drugs Pack” (Note 3) published in 1996 provides a good summary of those approaches best suited for young people in schools in Northern Ireland, appropriate to their age and level of personal development. In general the ‘lifeskills’ approach is the one which would seem to have most support, with an acknowledgement that simply providing information about drugs is of limited use. However, the ‘lifeskills’ approach does make particular demands on teachers and youth-workers in terms of methodology, and in this respect recent research and the DENI Schools Inspector’s report highlight the need for ongoing support and training of teachers and youth workers.

5.14 It is important to emphasise that preventive drug education should not take place within a vacuum. Most educationalists would assert the need to include drug education as one element of a broad-based holistic personal, social and health education programme. This would ensure that all substances including illicit drugs as well as medicines, tobacco and alcohol would be covered. Such a programme should be developed as an integrated course which provides young people with the opportunities to acquire or develop further the skills, self confidence and information gathering, to take reasoned decisions and to stand by them. In recent years peer education has been recognised as a “tool” to deliver drug education, although it is argued that more work needs to be done to demonstrate its effectiveness.

5.15 Note should also be taken of the role of public information campaigns and the role of others who support the work of teachers and youth workers. It has long been agreed that mass media campaigns are more effective when they are supported by complementary education work with the target group. This has been facilitated by providing teachers and others with advance notice of the timing and content of campaigns so that programmes can be planned accordingly.

5.16 The Review also highlighted the need to ensure that in addition to teachers and youth-workers, other professionals and parents are also supported in the form of training and/or information.

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5.17 The issue of training is a challenging one. Ideally all involved in drug education should have received appropriate training. Further movement towards the development of accredited training of trainers is required which would ensure that there is a consistency in approach.

5.18 Therefore, the Government has set objectives and expected outcomes in this Strategy that reflect the views and concerns of those who participated in the Review and also reflect other current informed opinion on these matters.

Objectives

5.19 It is within this context that the Government has set the following objectives:

- To ensure that young people between the ages of 8 and 25, drug users and non-users, are informed of the effects of drugs and their dangers appropriate to their age, understanding and stage of personal development;
- To ensure that young people between the ages of 8 and 25 receive appropriate drug education and prevention programmes;
- To provide appropriate training in preventive drug education techniques for those who work with and/or are responsible for young people; and
- To ensure that the treatment needs of the young are identified and provided.

5.20 In developing drug education and prevention programmes to meet these objectives due attention should be paid to the following criteria:

(i) Nature of programme and content matter

Programmes should:

- provide young people of all ages with preventive education about drugs, including medicines, alcohol, tobacco and illicit drugs and solvents;
- be developed in a manner and have content matter appropriate for the age, experience and development of the young people involved; more detailed guidance is provided in the DENI ‘Misuse of Drugs’ pack published in 1996 (Note 3);
- ensure that the specific information needs of drug users and potential users is taken into account; and
- be supported by a complementary mass media campaign with appropriate publicity and
Northern Ireland Drug Strategy

(ii) Approaches

Programmes should:

• reflect current good practice in terms of approaches and methodology e.g. recognise the limited effectiveness of “one-off” sessions; encourage use of participative techniques and active learning methods; make use of peer education as appropriate;

• have clear aims and objectives;

• reflect the detailed guidance in the DENI ‘Misuse of Drugs’ pack published in 1996;

• take note of the DENI Circular No. 1996/16 which detailed the statutory requirements for schools and colleges; and

• establish monitoring and evaluation techniques in order that progress can be monitored and measured against objectives.

(iii) Addressing needs

It is important that programmes should identify, address and meet:

• the needs of all young people, regardless of age and setting;

• the information and support needs of general practitioners, health visitors, and other health professionals;

• the needs of parents, whose support is essential, if schools education programmes are to be successful.

(iv) Supportive elements

In developing programmes it is important to ensure that:

• such programmes are supported by accurate information for teachers, youth workers, health professionals, criminal justice workers, parents and communities;

• schools receive the training, professional support and resources necessary to provide the education programmes;

• the youth service has the necessary support and resources to provide the programmes required at this level;

• professionals working in different organisations, who contribute to the anti-drug effort
have opportunities to meet regularly;

• those developing and providing drug education and prevention programmes have received, are currently receiving or are programmed to receive training at an appropriate level; and
• drug education and prevention programmes, through time, are delivered by those who have received the appropriate training.

(v) Services for young people

It is important to ensure that:

• arrangements are in place to assess the needs of young people in relation to education, prevention, treatment and rehabilitation;
• the views of young people are fully taken into account during the development of local and regionally based services;
• that young people perceived to be ‘at risk’ (Note 4) are identified and targeted;
• when the need for specified treatment and rehabilitation is identified it can be provided;
• where possible, child-care facilities are available when providing education and prevention programmes in a community setting.

Outcomes

5.21 The objectives identified are designed to contribute to the following outcomes:

• Reduce percentage of young people under 25 reporting use of illicit drugs;
• Increased awareness of the risks and knowledge of the effects of drugs among 8-25 year olds;
• Delay age of first use of illicit drugs;
• The full range of drug services are available to all young people in need;
• Delivery of drug information/education to young people to be facilitated by appropriately trained personnel;
• Increased number of drug education and prevention programmes which take account of good practice, and formal evaluation is an integral element; and
• Increased number of education programmes delivered in schools, youth facilities and colleges.
Northern Ireland Drug Strategy

Notes

1. Health Promotion Agency Report “What Young People Know”


3. Guidance for Schools - Misuse of Drugs

4. At risk means, those who live in areas with high levels of crime and poverty; those with poor academic performance; those who experience inconsistent parenting and rejection by their peers; and those who start to use substances at an early age.
Chapter 6 – Communities

AIM: COMMUNITIES

To protect communities from drug-related anti-social and criminal behaviour

Background

6.1 Within local communities, illicit drugs use can be associated with a wide range of social problems. These include drug dealing, drug-related anti-social and criminal behaviour among users and dealers, family and neighbour disputes and a general sense of fear, dislocation and lawlessness. If such problems become endemic, there can be long-term effects in terms of employment opportunities and performance at school and work and neighbourhood self-esteem can be threatened.

6.2 A community focus is a vital element of the whole Strategy - addressing community-based problems and in doing so, drawing on the strength of local people. Communities have the capacity to inform and participate in the development of drugs prevention activities and are themselves a resource for taking forward anti-drugs work - there are many people who are interested and willing to help. The community is also an effective setting in which to influence attitudes.

6.3 It is therefore important that any community initiative addresses illicit drug use at the local or community level, and ensures that planned activities reflect and respond to the needs, feelings and sensitivities of those who live and work there.

6.4 In a report on community development approaches to drug prevention produced for the Home Office’s Drug Prevention Initiative in 1995, a number of conclusions were reached and recommendations made. These included:

- Combining support for community development with the provision of information on drugs and drug misuse was highly effective; and
- Drugs prevention strategies which support community development must be framed within the context of a community’s agenda and developed as an integrated package.

6.5 The report also identified a number of areas of community development which were particularly relevant to drugs prevention work, including:
**Northern Ireland Drug Strategy**

- **Education**: there are many examples of projects where community development has operated alongside informal adult and community education.
- **Youth work**: consideration should be given to the practice of detached and outreach youth work. This necessarily involves meeting young people on their own ‘territory’ and responding to their expressed needs.
- **Neighbourhood family centres**: these should be seen as community resources rather than centres which operate a wholly client-based approach. They can be part of a strategy aimed at preventing people moving into a pattern of offending, drugs misuse and anti-social behaviour.
- **Crime prevention**: the community development techniques involved in crime prevention are directly relevant to community-based drugs prevention work. Other issues raised were: the ‘panic’ element associated in community settings with both crime and drugs; the tendency to label particular kinds of individuals and communities; and the experience of practitioners that ‘fear of crime’ and links with drug misuse are usually very high on the list of issues that concern deprived, pressurised communities.

6.6 This Strategy recognises the importance of ensuring the involvement of local communities in any anti-drug initiative within their area. In addition, it is emphasised that such initiatives need to be developed and delivered in a cohesive manner. The development of Health Action Zones provides opportunities to pilot such initiatives.

6.7 In line with the broad principles of the Strategy it is also a prerequisite for any initiative to involve appropriate partnerships which engage the statutory, voluntary and enforcement sectors together with the community to reduce the level of anti-social behaviour associated with drug misuse. To achieve this it is also important to ensure effective communication and levels of understanding. Resources together with effective management of relationships and activities, are also important elements.

**Objectives**

6.8 It is within this context that the Government has set the following objectives:

- To involve local communities in addressing drug misuse, through the development of positive partnerships between the statutory, voluntary, community and enforcement sectors;
- To encourage the business sector to engage in the development of policies and practices which address the issue of drug misuse in the workplace and support the work of local communities;
- To ensure the implementation of DOE guidelines on Public Entertainment Licences; and
- To integrate regional aspirations with local implementation in relation to the broad aims of the Strategy.
Outcomes

6.9 The objectives identified are designed to contribute to the following outcomes:

- Reduction in drug-related crime;
- Reduction in concern about and/or fear of drug-related activities;
- Statutory agencies working in partnership with local communities to address the underlying social-economic problems that contribute to drug related problems;
- Participation of the business sector in the development of partnership approaches to tackling drug misuse;
- Community based drug initiatives are in place and supported;
- Raise public awareness of the benefits to be derived from not using drugs; and
- Reduction in drug-related problems (including accidents) in the workplace.
CHAPTER 7

AIM: TREATMENT

To enable people with drug problems to overcome them and lead healthy and crime-free lives

Background

7.1 The treatment of problem drug users in Northern Ireland was a key issue which emerged during the Review. Although it was identified as a significant area in the 1995 Policy Statement, it was clear from comments made since, and as part of the Review, that those working in the treatment services and agencies have some concerns.

7.2 The main areas of concern focused on the availability of treatment on demand across Northern Ireland, and the nature of treatment currently available.

7.3 Certainly the availability of treatment appeared to vary across Northern Ireland. It ranged from Health Boards having in-patient facilities, counselling and other services, fully supported by services in the community, to those with limited detoxification facilities and little provision of community care.

7.4 In respect of the type of service available, there was a strong consensus in the Review that there was an apparent lack of specific services available for young people. It was particularly emphasised that there was a need for such services designed to meet their particular demands and delivered in an environment that is both supportive and attractive to them.

7.5 Attention also needs to be paid to reducing the harm that comes from drug misuse and in providing assistance to those who are using drugs.

7.6 There is a need for a broader understanding that, as the drug problem evolves, there is an added responsibility for all organisations providing treatment services to address, with some urgency, the establishment of management information systems that inform them of such changes.

7.7 In addition, those organisations who work with communities should place increased emphasis on the accurate assessment of need within communities, and prioritise the allocation of existing resources and
if necessary seek additional resources to meet these needs. As the drug culture changes so rapidly, organisations need to regularly ensure that the necessary services to meet the community needs are in place and are effective.

7.8 The effectiveness of treatment was also an issue. Whilst it was recognised that there were a number of treatment options available, providers were encouraged to consider proven best practice in the establishment of treatment regimes for their clients.

7.9 In the United Kingdom, new clinical guidelines have just been issued. This document, “Drug Misuse and Dependence - Guidelines on Clinical Management”, will be widely distributed in Northern Ireland accompanied by the Northern Ireland protocol on Opiate Detoxification. It is important that drug misusers are offered counselling and testing for Hepatitis B, C and HIV and, if positive, onward referral to specialist services. If negative, immunisation against Hepatitis B should be offered.

7.10 Harm minimisation cannot be ignored. There are reasons why methadone maintenance programmes may not yet be appropriate in Northern Ireland, such as the problems of methadone related deaths in the UK, the development of long-term dependency, concomitant use of other drugs and/or alcohol. However, the situation regarding methadone and also the introduction of needle exchange schemes, needs to be kept under review by NICDM.

7.11 The Review also established that, while medical treatment for problem drug users was a major issue, there were often a wide range of additional problems. These included problems associated with relationships, child care, housing and employment. The Government concluded that it was important that these additional issues were taken into account when treating problem drug users.

7.12 Problem drug use also carries with it distinct implications not only for the user, and the user’s immediate surroundings (family, workplace etc.), but also for the wider community. It was considered important that the wider public health implications of an increase in illicit drug use, and of a larger cohort of problem drug users are understood, particularly if the small injecting drug culture were to develop further, with the associated risks of HIV and hepatitis infection. [The figures for hepatitis C rose from 26 to 38 between 1997 and 1998.]

7.13 Problem drug users are likely to come into contact with the criminal justice system. The Strategy’s emphasis on reducing the actual or potential harm resulting from illicit drug use, also includes consideration of the needs of the problem drug offender to ensure that the links between the criminal justice system and the treatment providers are developed and work.
Northern Ireland Drug Strategy

Objectives

7.14 It is in this context that the Government has set the following objectives:

- To ensure that all problem drug users have access to appropriate treatment delivered by a range of services from primary healthcare through to specialist drug services;
- To inform drug misusers of the health risks associated with drug misuse;
- To recognise the range of public health problems associated with the continued misuse of illicit drugs and undertake appropriate measures to minimise them;
- To introduce a regional drugs misuse database;
- To address the cumulative needs of problem drug users i.e. health, education, accommodation, childcare, employment etc;
- To ensure that evaluation is included as an integral element of any programme, established or new. Those professionals working in this area should be encouraged to meet on a regular basis in order to discuss published research relating to their particular field and assess whether it has any impact on current approaches. The emphasis on proven best practice is seen as a vital and integral element of this strategy; and
- To formalise links between the criminal justice system and treatment providers.

Outcomes

7.15 The objectives identified are designed to contribute to the following outcomes:

- In-patient care and detoxification available from health and social services;
- Counselling in the community available for those discharged from in-patient facilities and those who wish to stay at home;
- Increased numbers of problem drug users who participate in drug treatment programmes (inpatient, out-patient and day patient);
- Adequate number of in-patient treatment places available;
- Offenders to have access to treatment services; and
- Problem drug users being empowered to address their housing, social and employment problems.
Chapter 8 – Availability

Chapter 8

AIM: Availability

To reduce the availability of drugs in communities

Background

8.1 Research carried out in Northern Ireland (Omnibus Survey February 1997) provided evidence that there was a general concern across Northern Ireland about the current drug situation. The concern was to do with issues of personal safety, community reputation and a more deep seated concern for the risks involved for young people.

8.2 One specific concern people had about drug use in their community was the extent to which drugs were available. This manifested itself in concerns about the extent to which drug dealing was carried out, and the degree to which the enforcement agencies were able to deal with the situation. However, such concerns were usually subjective, based on anecdotal evidence, personal perceptions or pure intuition. The provision of an accurate and full picture of the extent of the availability of illicit drugs both across Northern Ireland and within particular communities was less easy. One of the key indicators are the figures supplied by the enforcement agencies.

8.3 It was clear from the available figures that there had been a steady increase in the amount of illicit drugs seized in Northern Ireland over the last six years. There had also been an increase in the number of arrests over this period. In 1992 there were 610 arrests for drug offences, 15.75 kilos of cannabis resin seized and 4,408 Ecstasy tablets seized. In 1998 the corresponding figures were 1,280 arrests, and 443 kilos of cannabis resin and 146,988 Ecstasy tablets seized.

8.4 Although the significant increase in seizures, both by the police and Customs and Excise have been mainly of cannabis resin, Ecstasy, amphetamines and LSD, recent years have seen a small, but significant, rise in the level of seizures of heroin and cocaine. It was worth noting that these seizures inevitably attracted high media attention, and perhaps added to the level of concern local communities had about the apparent ease with which illicit drugs could be obtained.

8.5 This last point was supported by recent research on young people in Northern Ireland which reported that young people themselves claim that drugs are relatively easy to obtain – and this view was found across the whole of Northern Ireland.
Northern Ireland Drug Strategy

8.6 However there are a number of caveats which must be mentioned in respect of these figures. First, since 1992 the RUC Drugs Squad has been reorganised and has increased in size. At the same time the RUC put in place new local arrangements and structures across Northern Ireland to address the emerging drug situation. It was to be expected that RUC’s strategy of focusing additional resources on this issue would in itself have resulted in an increase in seizures and arrests. In other words an increase in arrests and seizures did not mean there had been a proportional increase in the amount of drugs available in Northern Ireland.

8.7 However, it is relatively safe to assume that the increased prevalence rates for illicit drug use among young people since 1992 has been due to an overall increase in the availability of drugs. However, whether supply increased to meet the demand, or whether there has been an increase in supply which is fostering a growth in demand, remains unresolved.

8.8 In respect of the sources of illicit drugs for use in Northern Ireland, it would still seem to be the case that most come from Britain, although they may originate elsewhere, such as Europe, (e.g. amphetamine based drugs and LSD.) Only one amphetamine factory has ever been discovered in Northern Ireland. Some evidence exists which suggests that some drugs had also come into Northern Ireland via the Republic of Ireland, and the enforcement agencies on both sides of the border have long co-operated on this issue. Co-operation between enforcement agencies within Northern Ireland, the United Kingdom and the island of Ireland must continue and be strengthened. In addition, the relevant enforcement agencies fully support the efforts of the UK Co-ordinator to raise the commitment and effectiveness of interdiction efforts in countries which pose a threat of supplying drugs to the UK and to increase the effectiveness of the overseas diplomatic and operational effort.

8.9 There was general support from the Review in respect of the work currently being carried out by the enforcement agencies in relation to restricting the availability of drugs in Northern Ireland. There was a consensus that such work should continue, with additional emphasis on developing further their existing links in local communities where deemed appropriate.

8.10 Drug use in prisons, while not a major issue of concern raised during the Review, still remains an issue which needs continuous monitoring. The pattern of illicit drug use in society at large may be a predictor of future trends within the prison population. There were also issues concerning awareness raising and training for all prison staff.
Objectives

8.11 It is in this context that the Government has set the following objectives:

- To ensure that close co-operation exists between HM Customs and Excise and the police;
- To ensure that close co-operation exists between the enforcement agencies of Northern Ireland and those of other United Kingdom and Republic of Ireland agencies;
- To further develop, where appropriate, close co-operation between the RUC (and other enforcement agencies) and statutory, non-statutory and community organisations and agencies at both the regional and local level;
- To ensure that the legislative framework exists to support law enforcement action against drug dealers, from money launderers to the confiscation of assets;
- To reduce the level of street drug-dealing;
- To monitor closely and to reduce the availability of drugs in prisons; and
- To ensure that the media are regularly updated on statistics relating to enforcement work.

Outcomes

8.12 The objectives identified are designed to contribute to the following outcomes.

- Reduction in availability of all types of illicit drugs.
- Increase in the value of illicit drugs seized within Northern Ireland.
- Reduction in the percentage of young people under the age of 25 who have ever used illicit drugs.
- Effective co-operation and collaboration between enforcement agencies and communities to reduce the impact of drugs.
- Collaboration of Police and Customs and Excise with the international effort to eradicate the importation of drugs into Northern Ireland.
- Seizure of the assets of convicted drug traffickers/suppliers by the Police and Customs and Excise.
Chapter 9

Structures

Central Co-ordinating Group for Action Against Drugs

9.1 Soon after the NI Policy Statement was published in 1995 by the NI Committee on Drug Misuse (NICDM), the Central Co-ordinating Group for Action Against Drugs (CCGAAD) chaired by the NIO Minister of State was established. With representatives from DHSS, DENI, NISRA, HPANI, the NI Prison Service, NIO and the Chair of NICDM and advisers from the Police and Customs and Excise, the main functions of the Group were to:

- secure a co-ordinated approach to tackling drugs by Government Departments in Northern Ireland;
- raise the profile of the Central Government machinery to combat drug misuse;
- drive forward and build upon action emerging from the Policy Statement of NICDM; and
- consider the need for resources for specific purposes of tackling the drugs problem.

9.2 The Review concluded that, although CCGAAD had broadly achieved its objectives, it continued to have an important strategic role to play and that the Chairmanship by the Minister was seen as a very important element in raising the profile of efforts to address the illicit drug problem. The Review raised a number of issues including the future composition of CCGAAD, how to raise its profile further, particularly with the community, the impact of Devolution and a new Assembly, the future Chairmanship and the role and the arrangements for co-ordination following Devolution.

9.3 In response to the changing role of CCGAAD and the representation made during the course of the Review, revised Terms of Reference have been drawn up for this Group:

- oversee the implementation of the Northern Ireland Drug Strategy and to monitor outcomes and progress regularly;
- co-ordinate Government activities ensuring the continuation and further development of an integrated partnership approach to address drug misuse in Northern Ireland;
- encourage the adoption of “best practice” and the promotion of “what works”;

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Chapter 9 – Structures

- allocate ring-fenced resources made available to NI to address drug-related issues; and
- co-ordinate NI activities with UK Anti-Drugs Co-ordinator.

9.4 Throughout the Review requests were received from a number of parties seeking to become members of CCGAAD. After consideration of these it has been decided to maintain the current representatives and advisers. The reasons for this include:

- the current members have a strategic Departmental and regional responsibility;
- CCGAAD is not responsible for service delivery but is supported by other structures which provide this function;
- the advisers provide professional expertise;
- Departments and agencies represent their sectoral interests;
- the need to ensure functional leadership, direction and communication; and
- CCGAAD must remain a manageable forum.

9.5 It is essential to ensure that appropriate communication links exist between CCGAAD and the operational levels. This is achieved, in part, through the Drug Co-ordination Teams (DCTs). However, more importantly Departmental representatives must ensure that information and direction from CCGAAD is disseminated through their normal Departmental mechanisms to all the functional organisations that they represent. In order to meet these requirements CCGAAD should meet regularly.

Northern Ireland Committee on Drug Misuse

9.6 The Northern Ireland Committee on Drug Misuse (NICDM) continues to meet regularly. In a review of its role and function in 1997, revised Terms of Reference were agreed as follows:

- to monitor the extent of and identify health problems in relation to drug misuse in Northern Ireland;
- to advise the Department of Health and Social Services on policy and related issues, including research;
- to consider the adequacy of existing services in meeting health and social needs and to make proposals for the improvement of such services as required; and
- to suggest preventative measures and encourage their promotion in the field of health education.
Northern Ireland Drug Strategy

9.7 The Review findings indicated that NICDM needed to publicise its role, and that health professionals strongly valued the existence of this expert body. Some concerns were expressed about the NICDM’s role in controlling policy and that it was too medically orientated. The availability of professional medical advice is essential for the Department of Health and Social Services and CCGAAD. NICDM is encouraged to give timely, expert advice and opinions on a wide range of medical issues such as methadone maintenance programmes and needle exchange to both the Department of Health and Social Services and CCGAAD.

Drug Co-ordination Teams

9.8 A key feature of the Government response to drug misuse in 1996 was the creation of four Drug Co-ordination Teams. The creation of the Teams represented an opportunity for local organisations active in tackling the issues surrounding drugs to combine their efforts to the best possible effect. While they do not have executive authority, their main purpose is to bring together representatives from key organisations working at a local level and develop a common Action Plan which would reduce the risk of duplication of effort, and make effective use of scarce resources. The Action Plans were based upon an assessment of the extent and nature of the problem and together introduce and organise activities to solve the issues identified.

9.9 The Teams comprise representatives from the Health and Social Services Boards, the Health Trusts, Education and Library Boards, Youth Service, Probation, RUC, voluntary sector and local communities. Practical difficulties have been encountered with their creation. Local community fora were to be the last structure to be created as part of the new arrangements to tackle the issue, and while some progress has been made, there is much more to be done.

9.10 To support the four Teams, each Team was funded to employ a full-time drug co-ordinator, to assist the Chair of the Team.

9.11 The Review of the Northern Ireland Drugs Campaign recognised the valuable additional workload undertaken by people from those participating organisations, especially the Chair of each Team. There is recognition that the composition of the Teams should continue at a senior level to ensure that co-ordination and integration of activities is developed and maintained. These must be regarded as early days for the Teams. During the next few years they need to consolidate their position, encourage improved levels of co-operation and the pooling of resources.

9.12 During the Review suggestions were made which would increase the number of organisations/interest groups participating in the Team structure. An objective of the Team should be to ensure that the meetings remain focused and concise. Any changes to the structure of the Team should be limited. If
any changes to the Teams are undertaken they should adhere to the principle that the persons should represent the whole geographic Team area. Teams should consult with other interest groups such as local politicians using a process of sub-groups. Chaired by a member of the Team, the minutes of these sub-group meetings can be brought to the next meeting of the Team.

9.13 The Terms of Reference for the Teams included:

- assess local needs to identify any gaps and overlaps in current service provision;
- draw up Action Plans;
- drive and monitor the Action Plans and co-ordinate local activities;
- reduce the possible duplication of effort; and
- consult and mobilise local community groups.

9.14 These Teams form an important level in the structures created to tackle the drug problem. To maintain co-ordination the Teams meet on a regular basis. The four Chairs of the Teams also meet the CCGAAD Secretariat on a regular basis to discuss common issues.

Drugs Information and Research Strategy Implementation Team

9.15 Another key element of the NI Drugs Campaign was the development of a Research and Information Strategy by NISRA. With additional and specific funding of £50k per annum, NISRA established the Drugs Information and Research Strategy Implementation Team (DIRSIT). Members are drawn from DHSS, NIO, DENI, Police, HPANI, NISRA and the four Drug Co-ordination Teams. The purpose of DIRSIT is to ensure that appropriate research projects are designed and implemented to support the work behind the Policy Statement.

9.16 During the Review the value of an Information and Research Strategy was seen by many as an integral element of the Northern Ireland Drugs Campaign. The work which formed the key activities during the last three years contributed towards identifying the problem and an understanding of illicit drug use by various cohorts. The Review conclusions identified a number of improvements and these will be taken into account in the new Information and Research Strategy which will be developed and published to support the overall Northern Ireland Drugs Strategy.
Northern Ireland Drug Strategy

Drugs Information Exchange Group

9.17 A separate and unrelated information sharing group is chaired by the Health Promotion Agency. It is called the NI Drugs Information Exchange Group (NIDIEG). While the Review indicated that this Group suffers from a low profile, those who were aware of its existence strongly valued the opportunity to share information that this Group presented.

Wider Links

9.18 Northern Ireland will continue to be aware of the problems and activities that are taking place outside its boundaries. In particular, the strategy in Northern Ireland will be co-ordinated with the wider UK Anti-Drugs Strategy “Tackling Drugs to Build a Better Britain”. Links will continue with the UK Anti Drug Co-ordination Unit, and through this, with the efforts to address drug misuse in Scotland and Wales.

9.19 Opportunities will also be sought to develop co-operation in drug related issues with the Government in the Republic of Ireland. This will be assisted by the structures established following the Good Friday Agreement and devolution. However, opportunities at official and local level will also be exploited to improve co-ordination and information sharing on best practice and ‘what works’.
10.1 One of the objectives of the Review in 1998 was to assess the level and priority of resources expended on tackling drug issues in Northern Ireland. An independent group of consultants were tasked with this work. A previous assessment had indicated that £4.5m was spent, but, as a result of the consultants analysis, it is now estimated that in 1998, £8.1m was spent in this area.

10.2 The analysis of expenditure provided to the Review indicated that in Northern Ireland the allocations were as follows:

- 69% on enforcement
- 14% on education and prevention
- 14% on treatment and rehabilitation

The remaining balance was used for monitoring and evaluation the success of activities.

10.3 For comparison, as part of the Comprehensive Spending Review, the UK figure was estimated to be £1.4 billion. It was estimated that in this sum:

- 62% was spent on enforcement (police, court, probation, prison);
- 13% on treatment;
- 12% on prevention and education; and
- 13% on international supply reduction

10.4 An analysis of the 1998 expenditure, using the five headings from the Policy Statement, Drug Misuse in Northern Ireland is found at Table A below.
Northern Ireland Drug Strategy

Table A

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<th>Organisation</th>
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<th>Treatment and Rehabilitation £</th>
<th>Monitoring and Evaluation £</th>
<th>Information and Research £</th>
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<td>69,000</td>
<td>131,400</td>
<td>5,543,600</td>
<td>8,087,500</td>
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10.5 The analysis of the expenditure by organisations identified a number of issues which needed to be addressed. These included:

- many organisations did not segregate or identify separate costs for alcohol or drugs services;
- many organisations did not maintain accurate or complete records on drug services; eg the level of service anticipated or the purpose of the funding;
- a lack of knowledge within organisations regarding the addresses of clients served;
- organisations did not have easily identifiable contact points for providing the necessary information to complete this Review; and
- many organisations were not clear as to the purpose of their funding.
10.6 One contentious issue raised by community/voluntary organisations was that funding was provided initially to fund alcohol services and therefore should not be used to fund drug services. The Review indicated that budgets were usually attributed to Addiction Services and were intended to cover both alcohol and drug problems. It was accepted by many that the increase in clients with drug misuse problems had reduced the funding available to alcohol clients. A professional view was that treating a drug client was more resource intensive than working with an alcohol client, but the financial information or analysis was not available to support this contention. The Review concluded that organisations needed to regularly consider, through the development and utilisation of management information systems the service levels provided, in order that decisions on future allocation of resources are properly based.

10.7 Table B provides a comparison between England, Scotland, Wales and Northern Ireland of the per capita spend on enforcement, prevention and treatment and rehabilitation.

**Table B**

<table>
<thead>
<tr>
<th>1997-98</th>
<th>Enforcement</th>
<th>Prevention</th>
<th>Treatment and Rehabilitation</th>
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<tr>
<td>Country</td>
<td>Expended</td>
<td>Per Capita</td>
<td>Expended</td>
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<tr>
<td>England</td>
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<td>N Ireland</td>
<td>£5,544k</td>
<td>£3.31</td>
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CHAPTER 11
IMPROVING THE EVIDENCE BASE

The Need for Good Intelligence

11.1 An important element in the Strategy is intelligence - the collection, analysis and interpretation of systematically collected data from a range of sources: routine systems, monitoring, evaluation, surveys, research studies and good practice. Underpinning this Strategy therefore, is a clear emphasis on the need for good information to support drugs policy and practice across the health, social, education and criminal justice areas. It is our firm commitment to take forward this Strategy in the light of evidence about what the problems are, and about what works.

11.2 In order to fill the information gaps, to fulfil the aims of the Strategy and to assess progress towards the main Strategy objectives, the knowledge or evidence base will embrace five inter-related areas of intelligence:

• information collection;
• systematic monitoring;
• rigorous evaluation of projects and interventions;
• population surveys of both children and adults; and
• well designed and targeted research projects.

1996 Information and Research Strategy

11.3 In order to assist CCGAAD to fulfil its commitment to improve the information base about drug misuse in Northern Ireland the Northern Ireland Statistics and Research Agency developed, through a wide consultation process in early 1996, a Drugs Information and Research Strategy.

11.4 One of the recommendations of this Information and Research Strategy was that a small implementation team be established to oversee and implement the Strategy. In May 1996 the Drugs Information and Research Strategy Implementation Team (DIRSIT) was established. A budget of £150k spread over 3 years was made available to support the implementation of the Information and Research Strategy. This budget was used to commission new projects of general benefit.
11.5 The Information and Research Strategy addressed a number of key areas (current and future information requirements; sources of information about drugs and drug misuse currently available in Northern Ireland and access to such information), and made 23 recommendations. It identified the key information requirements by asking four inter-related questions, namely: how many people take drugs and what drugs do they take; why do people take drugs; what can be done to tackle drug misuse; and, what does the future hold?

11.6 In support of the Strategy and the Northern Ireland Drugs Campaign a number of short and medium-term projects were commissioned. These included a seminar to raise awareness among academics; a review of the literature on drug misuse among young people; conferences and seminars on illicit drugs and young people, and on heroin misuse; an audit of drug-related activity in each Health and Social Services Board area conducted on behalf of the Drug Co-ordination Teams; and, an evaluation of drug-related service provision for young people aged 11-18 in the Western Health and Social Services Board area. Population surveys have included participation in the World Health Organisation’s Health Behaviour of School Children survey series; the Northern Ireland Crime Survey; the Northern Ireland Omnibus Survey; a survey of the knowledge and awareness of drugs and drug misuse among 10-17 year olds, and one on the use of alcohol, tobacco and illicit drug use among 16 and 17 year olds. Research studies on the use of particular drugs (Ecstasy and other recreational drugs and heroin) have also been commissioned.

11.7 In order to assist the development of this document, a review of the 1996 Information and Research Strategy was undertaken. Progress made in relation to each of the 23 recommendations was assessed. Consideration is being given to which elements of the 1996 Information and Research Strategy should be rolled forward and incorporated into a new Information and Research Strategy.

Building on the Knowledge Base

11.8 Building upon the work undertaken since 1996, a new Information and Research Strategy, in support of this Strategy document will be developed. This will aim to improve the knowledge or evidence base in Northern Ireland related to the four aims outlined in this Strategy. It is recognised that it is of vital importance at both regional and local levels to have a good evidence base, and to monitor and evaluate both process and outcomes in order to inform the implementation of the overall Strategy.

11.9 The potential benefits of an evidence-based approach extend beyond the direct provision of services to the wider context of developing policy, monitoring the impact of legislation, management, organisational and operational issues. Decisions related to these issues need to be based on sound
Northern Ireland Drug Strategy

It will be essential that the resources available to address the problems of drug misuse in Northern Ireland are properly targeted at activities and programmes that are shown to work and to be effective.

11.10 It will be of crucial importance to undertake these activities in a co-ordinated way with common definitions and compatible systems, as appropriate. The intention is to build upon the corpus of work undertaken within Northern Ireland as part of, or in conjunction with, the 1996 Drugs Information and Research Strategy. Account will be taken of information developments and research conducted elsewhere, particularly in relation to “Tackling Drugs to Build a Better Britain”. Consideration will be given to collaboration, wherever desirable and feasible, with such initiatives.

11.11 Knowledge is growing rapidly; organising that knowledge to make it accessible is crucial. One of the approaches to collecting information will be the introduction of a Northern Ireland Drugs Misuse Database, which should provide information on the number of people with problem drug misuse presenting to services. The effective dissemination of new knowledge is an essential prerequisite for evidence based policy and practice. It will demand a concerted effort for the various organisations to collect, disseminate and share information and research findings in a timely fashion and in language and forms which can readily be appreciated and used by the range of interested individuals and groups across the health, social, education and criminal justice domains.

11.12 However, the availability or accessibility of information in itself does not guarantee improvement. Moving to evidence based policy and practice not only necessitates the collection and dissemination of good information and research findings, but also systematic and targeted work to encourage professionals and others, where desirable, to change their practice and behaviour to conform with the best available evidence.