West Belfast Community Drugs Panel

Summary Report

June 2018

CONTENTS

PREFACE

It has been a privilege to have been the independent chair of the West Belfast Drugs Panel since it was set up in October 2017. The members of the panel were:

Noel Rooney, Independent Chair
Gerry McConville, Falls Community Council
Barney McNeaney, Belfast Health and Social Care Trust
Lorraine Morrissey-McCann, Lenadoon Community Counselling Service
Steven McCourt, Department of Justice
Sinead Simpson, Department of Justice
Christina Black, Grosvenor Community Centre
Seamus Mullan, Public Health Agency
Kelly Gilliland, Public Health Agency

I would like to acknowledge the work of the MLA for the area, Alex Maskey, who was dealing directly with families affected by drug related deaths and who showed considerable political leadership in setting up the community led Panel to find out what was going on in the community.

From the very beginning we have taken on a very professional, well organised and comprehensive agenda going out to meet as many individuals, families and community groups as possible. We have heard at first-hand what their experiences and suggestions were in dealing with this very serious problem. The Panel was very struck with the dedication and commitment from the community and voluntary sector often under difficult conditions.

At the same time we have met with the public and statutory organisations as well as hearing from the large voluntary, sporting and educational bodies all of whom have made a significant contribution to the deliberations of the Panel. I have to say that wherever we went there was an open door and a willingness to cooperate and share information with us. We have had significant inputs from most of the justice agencies, the health and social care organisations and other public professionals like general practice and pharmacy.

What follows is a summary of what the Panel has heard along with a series of recommendations and actions which we feel will contribute to at least tackling some of the fundamental problems presented by the issue of drugs in our community. The report comes at an opportune time as a new regional strategy for both drugs and alcohol is being developed and we hope this report can inform and enhance that strategy going forward.

While the scope of the work of the Panel was limited to west Belfast, I believe the issues we heard about and the recommendations we are making could equally apply to other parts of Belfast, and indeed other parts of Northern Ireland. While we have prioritised some work that we consider needs taken forward now within west Belfast, I very much hope that this report and its recommendations will be viewed in the context of their wider applicability.

I would like to commend the model used here - a community led panel applying an appreciative enquiry approach with an Independent Chair and the involvement of key statutory and public agencies. Together with political leadership this is the best way to engage and tackle these major problems in local communities.

Finally I would like to thank the Belfast PCSP for providing the funding to enable this work to have been carried out and the members of the Panel and the supporting staff from the West Belfast Partnership for all their dedicated work during the last number of months. It really has been a team effort.

Noel Rooney
Chairman

1. INTRODUCTION

1.1 In response to a high number of deaths in west Belfast, reportedly linked to the improper use of a range of drugs, a Panel was established under the chairmanship of Noel Rooney, with the main purpose of examining all aspects of drugs misuse in west Belfast and the harm being caused, with a view to seeking broad support to examine the drugs problems in that area (and further afield) and proposing possible solutions.

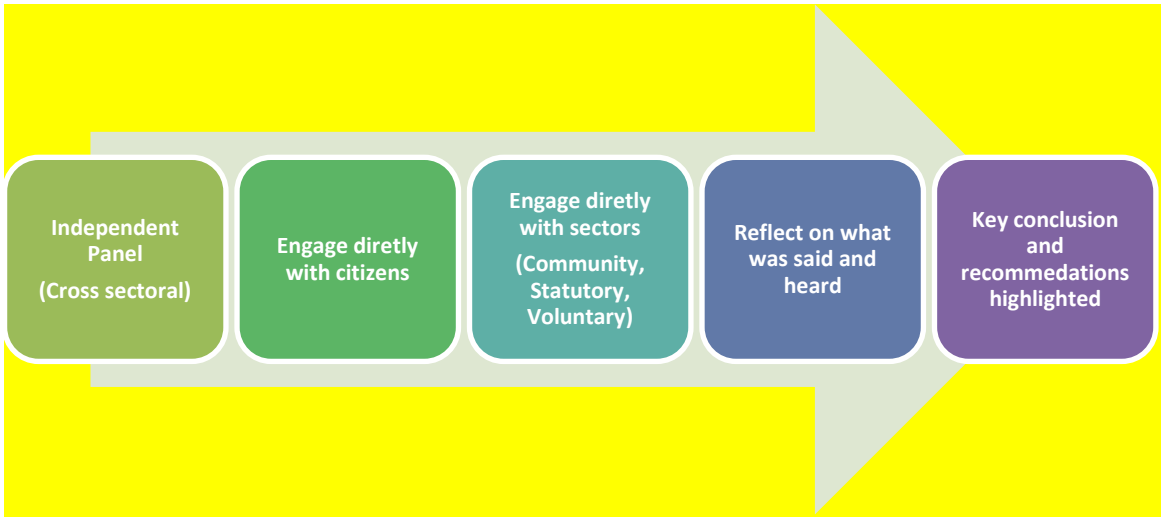
1.2 The Panel comprises membership from across a number of Government Departments including the Department of Justice, the Belfast Health and Social Care Trust and the Public Health Agency, alongside representatives from the local communities who work with bereaved families or have been involved in supporting those with drug misuse issues.

1.3 There has been an intense period of dialogue over the last number of years and some people have become “consultation fatigued” with the process and believe that their views are not being heard. The west Belfast Community drugs panel developed a new model and approach to community engagement to address drug misuse by hearing directly from citizens, community, voluntary and statutory organisations.

The panel set out six priority areas for people to response – Supply/Demand, Impact, Prevention, Treatment, Enforcement, and Policy/Legislation. This allowed for families, individuals and organisations to submit responses through written and oral formats to highlight their views and lived experience.

The information provided was then reflected upon by the panel as we received conflicting information on occasion’s which is presented within this document.

The panel used the information which they heard and the facts around statistical information to present the key conclusions and recommendations.



1.4 In addition to taking stock of the support currently available from statutory agencies and the community voluntary sector, the Panel took account of existing regional and local strategies and how these operate 'on the ground' and sought to assess the community awareness of these documents and processes.

The Panel also endeavoured to establish the scale and nature of illegal drugs available and the prescription drugs being misused, as well as the source of these drugs.

1.5 The Panel has consulted with relevant stakeholders, including police, families, statutory bodies, community workers, service providers and individuals impacted. Appendices 1 to 6 provide detail on who met with the Panel to provide information.

A press advert was placed to promote the Panel's work, public meetings were held and written submissions received from individuals or organisations unable to meet. We also received key statistical information from relevant departments.

1.6 This report represents what the Panel has heard through an appreciative enquiry and highlights priority issues to be addressed. It was not within the scope of the work of the Panel to design solutions, rather its role was to make recommendations to relevant agencies to be progressed.

2. KEY CONCLUSIONS AND RECOMMENDATIONS

2.1 KEY CONCLUSIONS

The West Belfast drugs issue is directly related to the area being affected by systemic poverty and the legacy of the NI Conflict and, unfortunately, this looks set to worsen over time. There will never be a fundamental change for west Belfast without addressing the poverty and conflict legacies. Multiple evidence exists to support this and has been highlighted over many years.

There is a direct link between the high levels of poor mental health (especially trauma) and substance misuse in west Belfast.

A culture of normalising and socially accepting drug misuse exists in west Belfast. This is influenced significantly by family attitudes as well as the wider community attitude towards this issue.

Drug misuse and addiction exists in many forms in the area. Addiction is happening for a variety of reasons including trauma, life pressures, home environment, as a result of chronic pain, because it is a social norm and because of peer pressure.

Local people are taking too many risks when they are using and mixing substances (drugs and alcohol); some have died as a direct result of not understanding the potency of substances and by mixing lethal combinations. Further, they do not fully appreciate or understand the physical and psychological impact they are having on their families and the local community.

Poly substance misuse (mixing substances) appears to be one of the most significant and challenging issues in west Belfast.

There are a wide variety of local people misusing substances, regardless of age (it is not just a ‘young’ issue).

There are families in the area where substance misuse and dependency are being passed on generationally. This significantly impacts on the life chances of the younger members of those families, making them extremely susceptible to addiction and misuse in the future, manipulation by dealers and engaging in criminal activity.

Addiction to prescription medication is high. Evidence shows the level of prescribing medication in west Belfast is higher than most other parts of Belfast, the North of Ireland and Great Britain.

GPs and the broader health family are under tremendous pressure to prescribe drugs because, often, it is the only option available. However, previous prescription practices have a direct bearing on the levels of addiction to prescription medication in West Belfast. Whilst effort has been placed on addressing this, much more outcome focused solutions and alternatives to drugs are required.

Access to drugs is easy in West Belfast, regardless of age. Drugs can be bought, cheaply, on the street, in local parks, over social media, using the Dark Web or by

accessing information on the Internet to assist in making drugs at home by using household goods. They are available in local clubs and bars, outside youth centres, sometimes in school, sometimes through the post and by courier.

As a result of the various methods of obtaining drugs, it is difficult to monitor exactly the types and dosages being purchased and taken by local people.

Families affected by substance misuse and addiction are isolated, stigmatised and helpless to deal with the situation they face. They report they have nowhere to turn to and therefore are dealing with the situation by themselves.

The wider community feels at a loss as to what to do and are looking for leadership on the issue.

The Panel failed to find evidence of any coherent strategy to combat the rise in substance misuse in the area. Whilst strategies may exist, there is little to no evidence they are effective.

Adequate funding for local mental health services is a major problem; appropriate resourcing for drug and alcohol services is even less of a priority.

Too many people are currently being let down by limited availability to intensive rehabilitative, residential services.

Waiting lists cause problems for those needing access to services more rapidly. Often services are available when it is too late to have the most effective, preventative outcome.

Statutory and community services are available in the area but they are operating at full capacity in many cases.

There are resources within West Belfast that could be better utilised if more adequate and sustained funding was in place including statutory agencies, community services and local pharmacies.

Workers with the statutory and community sector are under tremendous personal pressure given the complexity of the situations they face in supporting local people with mental health and/or substance misuse issues.

Education and capacity building from the earliest possible opportunity, is key to reducing and preventing substance abuse in the area.

Many local people have little confidence that information given by them to the PSNI regarding smaller scale dealing in the area will affect any confiscation, prosecution or sentencing.

Armed gangs are using the drug situation for financial gain.

2.2 KEY RECOMMENDATIONS

West Belfast needs consistent investment that addresses poverty, conflict/trauma and all their impacts, especially poor mental health, drug and alcohol abuse and addiction. The area needs collective political will for an anti-poverty plan aligned with appropriate, long term funding (minimum 10 to 15 years).

One combined strategy is required incorporating mental health, trauma and drugs/alcohol services (statutory and community). The strategy needs to ensure these service areas work coherently together. This will involve a re-design of current service delivery models.

The west Belfast Community drugs panel developed a new model and approach to community engagement to address drug misuse by hearing directly from citizens, community, voluntary and statutory organisations. Local and central government should use this model as a way of co-designing and co-producing with communities.

The development of a communications strategy between government departments and the west Belfast community is required. Communication to outline the preventative services available, the reduction in drugs availability, as well as drug dealing arrests and community support need to be prioritised by the strategy.

A long-term process of challenging and changing the substance abuse culture in West Belfast is key. This will require a range of approaches, both operational (community level) and strategic (government level), incorporating hard hitting campaigns such as those used to change the culture for wearing seat belts and reducing tobacco use and extensive outreach education programmes.

Local people need quick and confidential access to advice/guidance regarding the effects of mixing substances, the dangers of new drugs to the market, the chemical compound of new batches of existing drugs and the dangers associated with purchasing drugs especially online. Expertise already exists in west Belfast with local pharmacists and within community services. Appropriate funding is required to enable this expertise to be utilised.

Investment to address waiting lists for drugs, alcohol and mental health services within the statutory and community sectors needs to be prioritised.

Families with an addict need proactively supported by a range of services to look after their own health and wellbeing, maintain coping and build resilience. This needs to be an ongoing support strategy reflecting the long-term nature of overcoming addiction and the multiple setbacks that are experienced as part of this journey.

More intensive rehabilitation services are required. These services need to be available for far more people than currently have access to them.

Careful consideration needs to be given to a dedicated intensive service for young people affected by addiction.

GPs need access to rapid physiotherapy and psychological therapies as an alternative to prescribing medication, as a matter of urgency

Sustained investment is required for intensive family support (beyond Tier 2 supports via Family Support Hubs) provided by local community services targeting those families where mental health and substance misuse are clearly issues. Emphasis within these programmes needs to be placed on improving outcomes for children within these families.

A multi-layered education strategy that involves schools, parents, statutory and community services, justice agencies and local business is required. With a focus on intervening at the earliest point, the plan should include drug impact awareness programmes and building resilience and coping in children, young people and families.

PSNI need to focus more resources on combating the 'smaller' deals taking place in West Belfast (the current focus is on larger scale dealing). A zero tolerance approach is required. This will require a better utilisation of current resources and a widening of current policy which focusses on proactive, preventative community policing. It may also require the investment of additional resources.

Co-designed pilot social housing allocation model to be investigated in west Belfast, which works within the parameters of existing legislation, including the Fundamental Review of Social Housing. The model should enable a flexible focus on wider factors, in addition to housing points, in determination of housing allocation. To enable rational social and community support for those facing drug issues and ensure the human rights of all living within a community. In addition, measures to enable tenancy changes where proven and sustained anti-social activity has taken place.

The cost of addiction on local and regional health and other government services, on communities and on families against the cost of an effective education strategy and pre-emptive/early rehabilitation services needs to be conducted

We need a criminal justice system that provides appropriate rehabilitation so that mental health, addiction and criminal behavioural change can be improved and sustained in the long term and reduces the impact on the individual and the community.

Implementation of a west Belfast forum for community representatives, PSNI, PHA, BHSCT etc. to discuss issues and to address the perceptions/misconceptions that arise as a result of lack of regular communication. Not necessarily new structures but building on what is there.

3. DETAILED RECOMMENDATIONS

The following section of the report present a further set of strategic and operation recommendations, highlighted during the course of the panel enquiry period. They have been categorised as being:

(a) Strategic
(b) Operational

(A) STRATEGIC LEVEL RECOMMENDATIONS

Supply and Demand

Detail national and international supply networks and entry points in the region.

Review the implications of leaving the EU related to legislation and international protocols and supply networks.

Review current postal and delivery systems nationally and identify how they are enabling the delivery of drugs from the dark web to home and business addresses.

Effective communication is required with delivery companies so that consistent communication can happen with key local representatives around local addresses, areas and locations of concern

Impact

Hold West Belfast consultation on classification of drugs to gauge societal view and reframe strategies and support services to reflect the life experience views of the populace.

Recognise the impact of drug misuse on mental wellbeing and on the wider family unit and review policies to provide realistic support options required for whole family unit.

Prevention

Implement Drug Testing units at key sites around Belfast with visits from local schools both primary and post primary and youth groups to enable illustration of dangerous content, mix and impact.

Communicate data on current levels and age ranges of those in receipt of PIPS attached to illnesses/mobility issues with outline chart identifying general medication and impact of usage or cost of non-usage of prescribed medication.

Programmes targeting parents aged 30 years and upwards, designed to redress current perceptions of the safety level of drugs based on drug usage during the 1990’s which has become embedded and generational in some instances and to some extent regarded as ‘low risk’.

Greater levels of flexibility need to be enabled within statutory and community mental health and addiction services regarding missed appointments. The current, restrictive policy regarding missed appointments does not take into consideration the complex and often chaotic nature of the lives of the vulnerable people who need to access these services

Creative community pharmacy services could be delivered in west Belfast, for example a targeted brief intervention service for drug abuse based on an existing pilot for alcohol running in some pharmacies in other areas, is worth consideration

Legislate for new data and communication sharing processes with a focus on the individual, timeframes and allocation of responsibility for support with follow up formal redress protocols for families where they feel support has not been provided.

Resource the prevention of drug misuse in line with the impact of drug misuse and integrate within all key policies as an objective.

Legislate for operational partnerships and widen complex support services outside of traditional venues, including but not limited to, community centre settings, schools, further and higher education providers.

Treatment

Ring-fence increased resources to Mental Health support and Drug Alcohol support in line with conflict trauma and unique experience faced in this region specifically.

Access for patients to rapid physiotherapy, rapid psychological therapies and complementary therapies would go a long way to supporting GPs in reducing the prevalence of prescription medication in West Belfast for chronic pain.

Those with substance misuse issues often lead chaotic lives. There needs to be an attitudinal and service delivery change in relation to this. Those providing services need to be given greater flexibility in dealing with chaotic lifestyles that those affected often have.

More dedicated services specifically for young people with substance misuse issues including residential rehabilitation.

Extension and new development of services for the wider family unit where a family member is facing addiction issues including debt support, overcoming community stigma, counselling and respite.

Enforcement

Many people ending up in prison because they have substance misuse and mental health issues. Many are going into prison and their addiction is getting worse. We need a criminal justice system that provides appropriate rehabilitation so that mental health, addiction and criminal behavioural change can be improved and sustained in the LT and reduces the impact on the individual and the community

Supply to substances within the prison system is nearly easier than access in the local community. A robust enforcement strategy is required to address this involving real department working and engages the local community

There needs to be two-way communication between police and the local community – PSNI need to find a better and more consistent way of reporting back to communities what they are doing around the drugs issue, what they are not and especially on any successes that they have in taking drugs off local streets

High level drug dealing should attract heavier sentences whereas low level dealing should lead to diversionary and/or rehabilitative initiatives – the development of the Substance Misuse Court pilot in Belfast is a good step forward in this direction

Policy and Legislation

There is unanimous agreement that funding overall for mental health services is a major problem and drugs and alcohol are even lower in the resource pecking order.

Introduce means tested prescription charges and ring-fence income saved for drug prevention, treatment and family support services.

Provide policy and legislative framework for early years learning related to drug use.

Implement 'Mindfulness' and 'confidence' as core features of the school curriculum along with physical activity and sport from early years to primary, post primary and further and higher education

Develop legislation for social housing providers enabling expedient changes to tenancy where repeated and proven supply of drugs has taken place linked to specific addresses

We need to raise issues and make recommendations to deal with what we heard but ensuring that we don't have the need for a panel of this nature again would be important

Implementation of a west Belfast forum for community representatives, PSNI, PHA, BHSCT etc. to discuss issues and to address the perceptions/misconceptions that arise as a result of lack of regular communication. Not necessarily new structures but building on what is there

Dual diagnosis and, following on from this, dual treatment services that are connected and cohesive, is vital. Services need to be properly co-designed and consistently available in this way. Services are not connected in this way at the moment either statutory to statutory and statutory to community (vice versa).

(B) OPERATIONAL LEVEL RECOMMENDATIONS

Conduct an attitudinal survey across the community in West Belfast regarding the normalising and social acceptance of substance misuse. The survey should seek to illustrate suggestions from local people to challenge and change the current 'accepting' culture

An anti-substance misuse campaign, developed and led by young people should be developed. It would serve West Belfast well if the campaign resembled the campaign led by many local young people around the Irish language.

Young people to develop a social media strategy reflecting local, regional and national research and to include positive celebrity role models.

West Belfast specifically has high waiting lists for social housing, indicating a desire to stay within 'West Belfast'. Conversely the area houses some key problematic sites related to anti-community activity, with many areas stigmatised. This suggests a historical foundation of strong 'community' but one which is being eroded at the seams. The process of social housing allocation in West Belfast and availability of social housing needs to be reflective of wider issues and local consideration rather than being singularly aligned to points.

Address the problems associated with prescription medication misuse – targeting GPs based on prescribing rates

More outreach workers – we need to win confidence of the kids – with access to drop in centres where soft engagement can take place.

Drug testing units at key sites around Belfast with visits from local schools both primary and post primary and youth groups to visibly view the inherent dangers in and make up of substances.

Statistical data sharing related to PIPS in West Belfast to ascertain the level to which individuals feel they must stay on prescription drugs, or continue to use a prescription, for fear of the impact decreasing medication may have on benefits

GP and statutory health practitioners to hold information sessions in local community settings outlining the pressures on the NHS, impacts of prescription drugs, costs of repeat prescriptions and how savings could be refocused in other key areas impacting quality of life and survival rates which are relevant to every individual in society.

Provision of "softer" services to help users and, importantly, their families to cope with the effects of living with a drug user. Such services should be locally driven and be seven day/night accessible.

Targeted and longer-term resourcing for provision which has been proven to work and potential 'upscaling' of such services.

Longitudinal tracking and evaluation of impacts of wide range of service which are designed to support individuals and family mental health and substance misuse.

Review of post-prison and young offender support when leaving secure facility.

There is a need for one-to-one mentors, with home visiting support linked to a package of programmes for the family to avail.

Careful consideration needs to be given to developing an Alcoholics Anonymous and Drugs Anonymous for younger people. These groupings tend to focus on adult population.

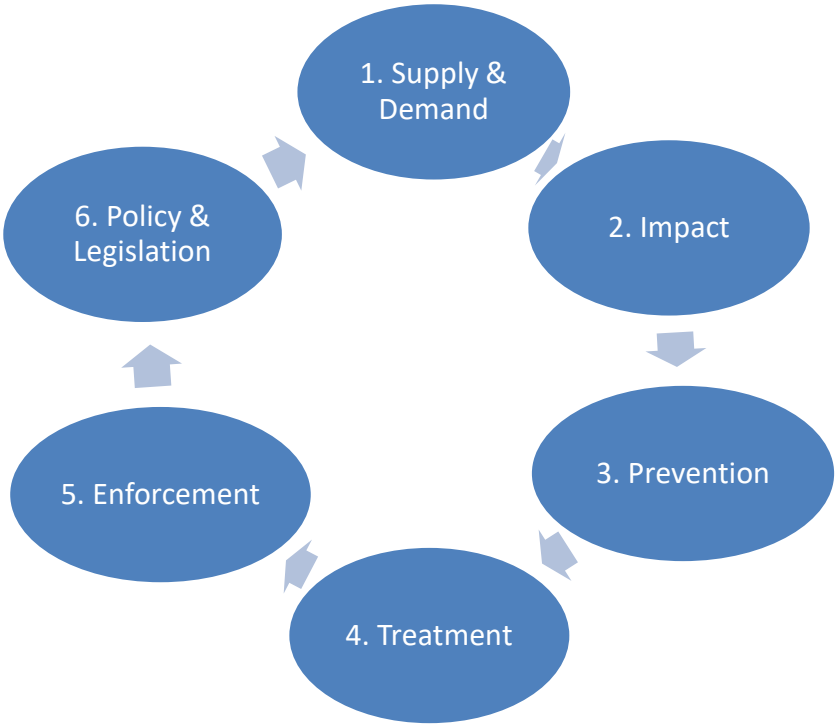
Communicate activities such as Assets Recovery models and crime task force partnerships with HMRC to increase awareness of reporting. Financial resources received through drugs by either the Assets Recovery Agency or Crime Task force should be invested in drug prevention initiatives.

Undertake a review of West Belfast and inner city Belfast investigating the localities where most onstreet drug taking and anti-community activity happens, to identify any shared influence factors, such as, street design, location of support services and deprivation.

Consider diversity in location of support services to support a total change of lifestyle and influence factors for the individual facing addiction and to more equitably spread service provision in urban and rural terms.

4. WHAT WE HEARD

The following section of the report summarises key information provided to the Panel as part of the enquiry. A more complete overview of what the Panel heard can be found at Appendix 1. The feedback to the west Belfast Drugs Panel is categorised as follows:



It is important to note that the issues related to drug misuse in west Belfast can never be seen to be easily categorised given the complexity of the problem. The above categories are therefore not mutually exclusive and do not stand in isolation from each other.

This supports the view that a more cohesive strategic approach to addressing the drug problem in west Belfast is needed.

(A) SUPPLY AND DEMAND

Drugs are widely and readily available in west Belfast, and as a consequence are misused for a variety of reasons:

> *Medical: People are misusing drugs to self-medicate for either physical or mental pain relief. This unfortunately, if not addressed quickly can and does lead to addiction and worse*
>
> *Social: West Belfast's local communities come top in the deprivation indices. There can be a sense of hopelessness coming directly from generational unemployment and drugs can be used to forget, to escape from problems that people are facing day and daily.*

At the current time, it appears that the supply of drugs in the area outstrips demand which is resulting in the easy availability of cheap drugs.

There are significant levels of prescription drugs which are in circulation and the extent of prescription drug misuse in west Belfast is both of high concern and increasing in severity.

There is a lack of uniformity in prescribing rates across different GP practices and within multi GP practices (See Appendix 6).

The source of the prescription drugs misused in the community include:

- Legitimate prescription to the named patient
- Legitimate prescription that is diverted to another person

Specific prescription drugs being misused includes:

- Pain medications (analgesics) such as Tramadol, Co-codamol, Dihydrocodeine, Pregabalin/Lyrica ("Buds"), Gabapentin, Fentanyl

- Sleeping and anxiety medications (Benzodiazepines ("Benzos") and Z drugs such as Diazepam, Temazepam, Lorazepam, Nitrazepam, Zopiclone, Zolpidem, Zaleplon.

Polydrug use (multiple simultaneous drug taking) combined with alcohol abuse is highly prevalent.

There is a direct link between the ready availability of prescription drugs and the ease with which all of the above drugs can be ordered on-line and delivered into the community.

Other (non-prescribed) drugs are readily available and include heroin, cocaine, "spice" and ecstasy.

The picture of drug abuse and misuse in the community is reflected within prison, where many drugs are readily available and are used as currency by inmates.

Criminal gangs, some claiming to have paramilitary connections are controlling the supply of cocaine and heroin in some streets to children as young as 12 years old. They decide what to provide and how much it will cost local people.

There is a perception that the individuals acting as “dealers” are numerous and well known in the community.

The landscape has altered and while the usual connection points to illegal and prescription drugs remain, new avenues have opened up with people reporting using the ‘Dark Web’ to gain direct access to supply.

(B) IMPACT

There are numerous negative impacts of drug misuse, including:

- Death.
- Family breakdowns.
- Loss of friendships.
- PEER beatings by young people to others.
- Negative stereotyping for life
- Debt
- Replicated behaviours
- Self-harm
- Impact on Area Image limiting economic growth and investment
- Mental health problems (anxiety, depression)
- Crime
- Unemployment
- People living in fear of dealers
- Gambling addiction
- Impact on NHS resources

There is a strong consensus that there is a drugs culture in west Belfast whereby drug misuse over time has been normalised and become socially acceptable. Day to day misuse (crutches for coping) as well as recreational abuse directly linked to the west Belfast ‘social scene’ appears to be socially tolerated.

There is a direct link between mental health/suicide and drugs and alcohol [stated multiple times across multiple thematic areas explored with consultees].

Trauma and the impact of the troubles has led to a culture of self-medicating. This is supported by the research paper, “Towards A Better Future: The Trans-generational Impact of the Troubles on Mental Health Prepared for the Commission for Victims and Survivors by Ulster University March 2015” which stated *“Many of those who have been adversely affected by traumatic events in Northern Ireland use alcohol and other drugs, leading to high rates of comorbid mental and substance use disorders”.*

Vulnerable people (both young and old) are being manipulated by crime gangs/dealers

Drugs are having a huge intergenerational impact on families and communities. The impact is stretching to younger and younger people and some sections of the community feel like they are in a downward spiral.

There is a direct link between systemic deprivation, impact of the conflict and substance misuse – the combination of poverty and trauma (especially conflict related and its legacy) is clearly making west Belfast more susceptible to substance abuse, self-medicating and poor mental health.

There is a direct link between mental health and drug and alcohol misuse.

(C) PREVENTION

Education is the key to prevention and it is an issue schools face challenges with including supply and peer pressure, usage and social media, emotional impacts on pupils following drug use and wider home impacts where a family member has historically or is taking drugs.

Realism should be applied in a prevention strategy, including recognition of the infiltration of drug usage in modern day society including at the local level. As such, awareness and education related to all drugs should be provided in primary school. This should include the risks, signs, impact and the courage to say no in the face of social isolation.

The education system in partnership with other service delivery providers needs to take on a far greater role when it comes to building resilience in our children and young people, especially around their knowledge and capacity regarding drugs. The academic focus is well established but are we teaching children and young people to live and cope? More sophisticated drug education (teachers, parents, coaches, clergy, communities all working together) is needed and schools need greater support in carrying out this role.

Ill-informed media reporting and public commentary feeds perceptions which we need to get better at challenging. We need to guide better reporting on the issues.

There is a need for a major, hard hitting promotion campaign (e.g. Dangers of smoking, Department of Infrastructure Road Safety) as a key preventative tool targeting drug misuse. This can include developing a vision with community involvement and challenging the perceptions of communities. This campaign should use social media rather than result in excessive expenditure. We heard from many young people who would welcome the chance to be part of the development of such a campaign to ensure the messages resonate with young people.

There is a need to explore options for using sport more as a preventative tool across the area. However, this must recognise the current limitations in engagement, such as more participation of young women, and include measures to target equality in

participation as part of drugs prevention programme. Such a model can only succeed in partnership and with increased investment.

There is a need to ensure families who actively choose to continue to live in areas facing disadvantage and represent community role models and civic engagers are supported, in real terms, to stay. This will require leadership across statutory agencies. In areas including, but not limited to, support for lower income working families related to home ownership, access to social housing for working families/individuals, childcare support, access to local school and nursery places and parking.

There is a need to make sure that the delivery of ring- fenced longer term resources is a priority across Government for preventative [and indeed drug treatment] work.

Meeting the preventative and treatment needs of communities in this regard should be done through a co-design process which includes funding for capacity building and which represents real co-design, taking communities seriously and not just paying lip service to the concept.

There were multiple references to the need to build resilience of young people. In west Belfast there are children having children with no experience or skills to cope.

There are recognised difficulties in prescribing for people in chronic pain. GPs have little or no alternatives other than prescription pain medication. Having access to alternatives would support GPs to shift away from prescription medication and to better support patients to accept certain levels of manageable pain. If access to services was more immediate it would mean chronic pain conditions could be effectively treated faster with little or no medication.

Those young people who are vulnerable and living in hostel accommodation need extra support to stay away from drugs. For some hostels, the access to, and use of, drugs is particularly high and this has an obvious negative impact on the young people having to reside there.

There is no doubt that the absence of preventative services for young people could result in a life characterised by addiction, mental health difficulties and the lack of any meaningful quality of life throughout adulthood, often leading to a prolonged criminal history.

(D) TREATMENT

Young people need a holistic approach that very often will mean a range of work with them and their families because of the home situation and generational issues within the family.

One of the biggest issues is dual diagnosis and treatment services where you have someone with a mental health issue who is abusing substances.

We heard from people that access to addiction services and rehab places is limited– there have been cuts and services aren't available – it seems especially hard trying to get kids into the system.

We heard from West Belfast PBNI that service users really only have access to two specialised counselling/therapeutic services; Addiction NI and Falls Community Council, and moreover the length of waiting can be significant. Often clients require an immediate crisis response, however this is not available.

There is a need for discourse and sharing of information to provide analysis and measurement of services aligned to the whole family linked to home address. This will enable review of what is effective and that which is not underpinned by a flexible approach to meeting changing family and development needs.

Also, if they require CAT intervention this is only accessible through GP services and again this involves lengthy waiting.

Drug Outreach is an excellent and immediately responsive service, however unfortunately this service pertains primarily to opiate/heroin addictions.

We heard from the community that there is prolific trauma among west Belfast people. This trauma stems from troubles related incidents; paramilitary style attacks and other adverse life experiences. However there is a lack of specialised trauma related services;

Mental health and substance misuse are closely interlinked; service users will self-medicate to negate their mental health issues. However, when they access mental health services they are advised that they must address their addiction issues before this area can be progressed – mental health and addiction services must demonstrate a close collaborative approach;

There needs to be alternatives to the use of prescription medication and 'upping' the strength of medication as options to deal with health issues such as chronic pain. This should include a therapeutic and education approach that strengthens people resilience in dealing with pain and general coping as well as the use of other alternative therapies, which can be useful for some people

There also needs to be more support into employment post rehab (and there are good examples of initiatives that have done/do this) – addiction grabs people with little or no hope so as well as sorting the addiction you have to give them back hope/purpose.

It is a "postcode lottery." with regard to treatment depending on where you live, with the differentiation being waiting lists for over 18 months if you live in north or west Belfast in comparison to 6 to 8 weeks if you live in Lisburn.

In relation to needs, a dedicated drug rehabilitation space specific to young people is needed to target 16-18 year olds, possibly 16-20 year olds. At present these services do not exist and young people are being let down in the current system.

There is only one specialised addiction hostel within the West Belfast area; Springwell House with significant over-demand for this service;

There is a need for more available therapy – e.g. counselling provision, alternative therapies – delivered immediately. Demand for such services was referenced across parental groups and youth groups in particular and is substantiated via waiting lists.

There is a need to enable joined-up holistic and intensive support for families identified as having long term drug issues.

Dual diagnosis/combined drug and alcohol and mental health issues/needs … combined services needed or at the very least shared care plans were services work together and complement each other for the benefit of the individual

(E) ENFORCEMENT

There is a strong perception within the community that adequate enforcement is not taking place.

Part of the normalisation of substance misuse within West Belfast, is an acceptance amongst the local community that information supplied to the PSNI about local dealing/supply will not result in prosecution or conviction. Many local people hold the view that targeting local, smaller dealers should be a key part of the enforcement solution to the issue in the area. As they see no evidence of this on the ground, many local people see no merit in reporting dealing or drugs related acts to PSNI. PSNI focus is on targeting the major suppliers/criminal gangs supplying the area but often based outside of it.

Families want dealers caught and punished – they want justice. There needs to be heavier sentencing for drug dealing (minimum 10 years) but alternative solutions (to prison) for low level using/dealing is needed, such as diversionary/rehabilitative options linked to the crime e.g. drug users should be made to volunteer within drug services.

Improved communication with the police is required. Two-way conversations are needed between the Police and the community. Police need to get better at PR, providing feedback and telling the community about their successes.

Greater clarity and communication related to prosecution is required indicating the process of prosecution the flowchart and sequence followed after reporting, the level of sentence expected and the differences between adult and juvenile prosecution procedures.

(F) POLICY AND LEGISLATION

There needs to be better data sharing across agencies for treatment and support for intervention purposes (not enforcement or punishment).

Policy needs to be joined-up. There have been excellent, locally designed programmes aimed at targeting vulnerable children and young people and their families to work with them in a holistic, sustained way and they have never been properly resourced in the long term - Integrated Services being one.

The increasing drug issues in our community are linked directly to systemic poverty, poverty of aspiration and the impact of the conflict. Tackling the drugs issue in isolation will only continue to provide piecemeal, short term outcomes. Government needs to ensure policy is cohesive and force departments to genuinely work together to alleviate poverty and all its out-workings including drug addiction and abuse.

Strategies and policies need to have a focus on intervening earlier and doing this in a way where government departments are joined up. Education and others like social services should focus on building self-esteem and emotional resilience especially in those children from families where there have been persistent issues known to schools.

There is a need for a proper strategy and plan for addressing drugs and alcohol and mental health in schools – it is currently too ad hoc.

There is not enough research carried out or evidence collated regarding the impact of drugs and substance misuse. Future policy and strategy needs to focus on this.

The policy needs to change in relation to Youth Work as currently if you are Education Authority funded and see a young person under the influence of alcohol and/or drugs you can't work with them but if you're community employed you can!

In terms of the dealers the Professional Witness concept needs further explored and expanded – people won't make statements directly to the Police but they will through this initiative.

We should be following the direction of travel in Delivering Together – Co-design and co-production (the 10 year approach to delivering health and social care).

Jail needs to be redesigned to have an impact or other alternatives considered, full time monitored employment, benefits cuts.

APPENDIX ONE

CONSULTATIVE FEEDBACK

(A) Supply and Demand

(1) What is your experience of the supply of drugs in West Belfast?

Drugs are widely and readily available in west Belfast. We are of the opinion that drugs are being misused for a variety of reasons:

- Medical: People are misusing drugs to self-medicate for either physical or mental pain relief. This unfortunately, if not addressed quickly can and does lead to addiction and worse

- Social: West Belfast's local communities come top in the deprivation indices. There can be a sense of hopelessness coming directly from generational unemployment and drugs can be used to forget, escape from problems that people are facing day and daily.

- Cultural: Ireland has had a long and damaging relationship with alcohol and this seems to have expanded to drug abuse. Whilst alcohol is still a major problem within the west Belfast community, the issue of drugs in exacerbating the situation.

Certain individuals and families supplying and these are known to the community. Some of these are affiliated with certain organisations and this banner allows them to supply drugs. Dissident Republican groups/criminal gangs are controlling the supply of cocaine and heroin in some streets to children as young as 12 years old. They decide what to provide and how much is will cost local people. Some people outside of these groups who are supplying to make ends meet.

Supply outstrips demand

Demand in hostels is high

Heroin is circulated by organised crime

Need for a crackdown on internet drugs

Doctors too quick to prescribe tablets – too many prescription drugs in circulation

There appears to be a lack of 'stigma' around taking drugs –it is no big deal. Everyone does it, their friends take them, in some cases their parents take them. Gateway drugs like cannabis are readily available to them at a young age & are being branded in some cases as harmless and 'medicinal'. i.e. cannabis cures cancer/helps with aches and pains etc.

Highly visible in pubs and clubs

Greater leaning towards 'weekend' partying as opposed to a few pints. Dangers to children of weekend partying (i.e. where parent is engaging in all night parties and children are transported to different houses).

Prescription use is too easy. Lots of misuse in West Belfast and across Belfast. It's being used for chronic pain and lots of people become addicted, most of which wouldn't see it as addiction. There's an image of addiction that it is people with needles hanging out of their arms. That's not where the addiction problem is here (yet). There are only small numbers where this is the case. Most addiction is prescription use in areas like these.

In dealing with prescription medication abuse, limiting the supply should be considered. This could be tracked via a person's national insurance number in that pharmacies will use this when people request them through a linked system. Pharmacists can then view the frequency and use of prescription medication by individuals.

A lot of the big Belfast dealers have moved out of the area/city and its now more about local small-time dealers targeting users and turning them into pushers – e.g. if I give you a few extra bags and you sell them on to your mates you can get a bag for free. Its good 'business savvy' – some will allow 'strappin' it' which basically means they allow the users to get the drugs on credit, then they can't pay fall out and move on to another dealer but a lot of the time then the dealers go after the families then for the money owed. And a lot of families pay it and yet their kids are still using drugs and so it becomes a vicious circle and the families won't go to the Police because they don't want to implicate their child/children. Paramilitaries are also getting their cut – they're not stopping the drugs supply.

Prescription drug misuse is massive and it is troubles-related and it's a generational thing. Also, a lot of people are getting prescriptions for claims and other reasons and then have stockpiles for using/selling. For example DLA – you can't show signs of improvement or your money may be stopped or reduced yet larges nos. of people don't need, and aren't taking, these drugs.
Through Social Media – young people are contacted, 'followed' on social media by people looking to sell prescription drugs.

Multiple references to Belfast City Centre and frequency of being approached by people selling drugs on the street 'they ask you if you want a bag or E's'. Deep concern over the content of drugs referencing rat poison, sulphuric acid and concrete.

(2) What is your experience of the types and quantities of drugs in circulation?

Buds are everywhere. Cocaine is prevalent and heroin use is on the increase. These increases are happening amongst young people but many of their parents are abusing cocaine and other recreational and prescription drugs. Lyrica is available online, as are a whole host of other drugs and these are easily accessible by young people and the whole community? How do you regulate online drug supply?

Spice seems to be prevalent especially amongst homeless people who come in and out of the Divis area and this is very worrying.

Paracodol use within the community is very worrying. Pregabalin initially drugs companies were promoting this as major breakthrough. Currently consultation

regarding the classification of this drug. Predicted trajectory of use of this drug in West Belfast is very high.

One huge issue for YP (and possibly others) is the increase in usage and access to tramadol, lyrica and codeine, all of which create a dependency very, very quickly. Fentanyl is rising in popularity here and all over the world.

The main drugs of concern are heroin (mostly attributed to “The Russians” but very much being circulated by organised crime gangs) ans also prescription medication. Simon are intercepting a lot of packages through the post.

Quantities can vary depending on age, type of use, experimenting, recreational, dependency etc. On average people are spending anywhere from £100 a week or more depending on the level of addiction, however if the drug of choice is cocaine I have seen young people and adults spending £300-£500 a week. A cocaine addiction can quickly escalate into the thousands.

Many of the drugs are being used as currency within jails or to get through their time.


You can get drugs from anywhere. Internet ordering, the Dark Web, through telephone ordering and delivery and by calling to certain houses, on the street, in clubs and bars. Whole range of ways.
Clear drug usage on the street from Castle Street up the Falls Road!
Easier and cheaper to attain than ever e.g. £10 for a bag of magic, 7 pence for Diazepams
Some families describe the availability within the jails to be at a frightening level
There is a variety of complex issues associated with drugs and alcohol abuse such as trauma, isolation, financial issues, poor housing, physical and mental abuse, psychosis, depression with many self-medicating to cope. Most people we work with are polydrug users. It is rare that a user is not using alcohol and something else.
In west Belfast basically you can get whatever you want in a very short space of time

(B) Impact

The following set of questions relevant to impact issues was asked:

(1) What, in our view, is the impact of drugs in West Belfast:

- *On individuals?*
- *On families?*
- *On communities?*
- *Other?*

There are numerous negative impacts, including:

- Death.
- Family breakdowns.
- Loss of friendships.
- PEER beatings by young people to others.
- Negative stereotyping for life
- Debt
- Family breakdown
- Self-harm
- Mental health problems (anxiety, depression)
- Crime
- Unemployment
- People living in fear of dealers
- Gambling addiction
- Impact on NHS resources

There is a marked increase in cases where people are emotionally unstable or with risk taking behaviour

Self-medicating due to trauma is an impact of troubles. Acknowledge this and bring it out into open debate

There is now a wide lack of stigma around drug use

Substance misuse is a key factor in offending especially young offending in West Belfast

We need greater protection for vulnerable people being manipulated by criminal gangs/dealers

A negative impact is the extent of neglected children – emotionally, socially and academically. I think drugs impact on the attachment process between child and parent. I also think parents don't have a clear mind and their thought process is irrational. This then impacts on engagement with schools, neighbours, friends etc

Drugs are stopping some individuals from accessing their education and gaining qualifications thus hindering life choices and employment.

Young people involved in serious drug use high risk of being in care, NEET
It's causing criminal activity – housebreaking, dealing drugs to pay off debts etc.

For some people there is a multiple negative impact - it causes debt, depression & anxiety. It has broken families up. Negative impact on mental and physical health – a downward spiral of unemployment, poverty, illness, further drug use, criminality, and involvement in high risk behaviours.

Debt – there was significant reference to the financial impact of drug taking on young people – where they are allowed to run up a tab and are then threatened or 'outed' on social media. This 'outing' is followed by the individual being beaten up by a group of people their own age (peers not paramilitaries).

In relation to the impact on community services, they are expected to do so much more with much less resource. Most services are having to provide much more than one service, they are expected to work with much more complex needs in a wrap-around way but the resources aren't there to enable them to do this. Youth workers are having to adapt the types of provision they provide to include things like complementary therapies to help young people deal with emotional distress, drugs counselling, general counselling, advocacy work with a range of agencies including housing and benefits etc. Youth workers are also having to do much more work with the families of more vulnerable young people and children and yet they are not resourced to do this.

There needs to be better support for staff, especially in youth services, so that they can work effectively with the current levels of vulnerability, in the long term. Staff in all community services are being completely burnt out because of the levels of support they are having to provide, especially to young people/people impacted by substance addiction. There is a responsibility on funders and government to look at this and do something about it.

Drug misuse impacts on all areas of the service user's life. It renders any meaningful quality of life and positive contribution to their community and society, impossible, unless addressed in earnest. For these individuals it impacts upon their mental health, their ability to partake in employment/training, their ability to sustain personal and family relationships, repeat offending, incarceration, social service involvement in their lives and often separation from partners and children.

Trauma is the repeated theme among our service users in West Belfast and across all ages and profiles. For a small minority it commenced as a social lifestyle choice which then developed into an addiction. However, for the majority of PBNI client's drug misuse gradually became a form of self-medication to manage their emotions stemming from adverse life experiences.

It can be tackled by an appropriate inclusive local community response alongside the availability of specialised mental health, addiction and self-development services.

Nobody links those families where drug and alcohol involvement with drugs has been a persistent issue that's passed down the generations. There needs to be more joined-up working that has some impact around this – the likes of youth services,

PSNI, health services and community services all working together. This doesn't happen. The stats may have some forums where they meet but it's not having the impact it needs to and people there can be risk averse.

(2) Is there a drugs culture in West Belfast?

Yes there is a drugs culture but there is a drug culture everywhere. This is global!

There is specific prescription drugs culture here – it spans generations.

Many young people view drugs/alcohol as an integral part of their social lives and the social scene. Getting high/being intoxicated is considered fun and 'normal' and not out of the ordinary. Celebrity culture reinforces this & an apparent lack of sanctions in law for drug possession appears to be 'normalising' the use of drugs.

Yes, there is a drugs culture. It's prevalent amongst young people and their parents. Younger population of young people now starting to abuse drugs (11 and 12 year olds in particular). Some of this is to do with the influence of their peers and the fact that drug use has been normalised in our community. Young people are seeing it in the home – there is a real breakdown in family values. This is also linked to the legacy of the conflict and poverty in West Belfast. People have been abusing a range of drugs and using them as 'crutches' to their problems.

To tackle this culture we must have people at the very heart of everything we do. It cannot be about stats or reports and findings that sit on a shelf. It needs to be a joined-up action based approach and it needs to be about the individual and their families.

Despite this panel, does community even see it as a problem? Do they recognise recreational drug use as a problem? They need to and we need to help them see that

Of course there is a drug culture in west Belfast. This is a global phenomenon though

Yes it has become the norm to some degree with some young people feeling like "the odd one out" as they are the only one in a group not using. There are huge pressures on our young people and the availability of drugs is adding to it.

Families are living this everyday with some families describing it as already having lost a child before they die, waiting everyday to get that call.

There is a clear overlap between deaths by suicide and death by drugs

(C) Prevention, Education, Communication

The following set of questions relevant to prevention issues was asked, with responses provided:

(1) What needs or demands exist and should be considered?

Drug prevention is much bigger than a health issue. Typically drugs issues being experienced because of dysfunction in families and/or trauma.

Prescription medication is shared and also over used. There needs to be parent & child education programmes which discuss purely prescription meds. I personally don't think that parents recognise the overuse of prescription drugs as dangerous and problematic and don't view themselves as addicts.

Education is key to prevention. FCC has been running programmes in schools. It is an issue schools themselves face challenges with. Based on our expertise, we have designed age appropriate education programmes, some of which have targeted kids who are transitioning from primary to secondary school. Schools and Boards of Governors have been supportive of us running the programmes, many of whom have requested them after maybe a drugs incident in the school. Teachers can be nervous of broaching the subject and, it is our experience, that if the teacher is facilitating the programme it just because part of school for the young person and so they can switch off. With FCC going in that's different and they tend to engage well. Issue is that not all schools in the position to pay for the programme out of their budgets and FCC resource is already stretched fully.

More sophisticated drug education (teachers, parents, coaches, clergy, communities)

Schools need greater support to deal with impact - Need to educate various agencies and departments – not just health responsibility

Need a proper strategy and plan for addressing drugs and alcohol and mental health in schools – too ad hoc presently

Needs to be some education in and around schools. Needs to come from the families – the car crime one has worked in Upper Springfield area.

Here there are children having children with no experience or skills to cope so fight or flight kicks in. Needs to be an emphasis on parenting skills and a lot more information and interventions need to go in at primary school stage. Dealers are pulling them in at an early age so should we be!

More outreach workers – need to win confidence of the kids – with access to drop in centres where soft engagement can take place. There are a few services/workers but they're not fit for purpose as they're not allowed to engage with the kids if they've had a drink! These could be attached to projects like ours (Safer Neighbourhood Projects) as we could steer and direct them.

Trauma has been a massive issue, especially generational trauma. Poverty, unemployment, the Conflict – all these things have had a massive bearing on the resilience and life circumstances of many within this community.

As the Victims Commissioner stated – most people in NI are self-medicating due to trauma, much of it troubles related. Services particularly at a community level are dealing with conflict and legacy issues but we can't put on and hold down a sticking plaster on everyone!

Our experience has been that there is a direct link between suicide and drugs. In the last 10 years, our service has lost count of the times when YP we have been working with have flat-lined because of a drugs overdose. Unfortunately, some of these YP have successfully taken their own lives. Persistent drug use definitely affects the person's mental health and exacerbates any underlying emotional and wellbeing issues. We need to be making this link and linking services appropriately, from the planning stages right through. Services should be inter-woven and share the same outcomes. Dual diagnosis would certainly help, alongside shared support plans for those who have an underlying mental health issue and using drugs and vice versa.

Speaking from an offender perspective (adults 25+), where clients have a drugs issue, preventative measures come too late although for YP this could be different.

Need money to reduce waiting lists

Media reporting – need to challenge perceptions versus actual (also applies to politicians)

Need big promotion campaign (e.g. Dangers of smoking)

Messaging needs to recognise that users are different (recreational, dependent etc)

Can we use sport more as a preventative tool across the area?

Specifically there is a need to:

- Ensure children, young people and families living in disadvantaged areas who are working and trying to engage in positive lifestyles are supported dually.
- Ensure leadership across statutory agencies
- Develop vision with community involvement
- Challenge perceptions of communities
- Ring fence long term resources
- Monthly mental health clinics
- Capacity building for communities – take communities seriously

Access to mental health specialist supports in the community is critical

Need to remove bureaucracy which micro manages community efforts

Manage people's expectations

Promote self care with community sector
Develop safe space in non-clinical setting for detox

Strong youth capacity in the area to say no referenced repeatedly. Discussion around Social Circles and staying near positive role models. Using friends, families and Local Centre as safe havens.

Multiple references to need to build resilience of young people.

Need to start the preventative message very early and even go back to the whole issue of maternal bonding. Breastfeeding is a good example of how we can do this and PHA need to be doing more about that.

Kids who end up in Woodlands or Hydebank are getting support whilst they are in there – structure to their days, meals, education and it's like respite but when they come out they are put back into the same cycle and quickly are back to old habits.

Acceptance around the use of drugs has been normalised. Taking drugs is now seen as fairly normal amongst younger age groups to the extent that some young people use them every day at school. It's also acceptable in parents who are abusing drugs too. People take them and don't even consider they may have a problem. It's socially acceptable to take them now.

Greater support for is needed for the families/carers of those affected – resilience focussed, sustained over long term

(2) What is your understanding/experience of the types and nature of prevention services available?

There are some examples of good services which support PBNI clients with a substance misuse issue. Carlisle House is good but operates in North Belfast only. Springwell House is excellent and deals with alcohol related issues only. Apex service is good, it focusses on those who are motivated to change and has access to specialist services. Morning Star to good work with people who are at risk because of being 'high', however they are not set up to work to rehabilitate in the long term. PBNI also makes referrals to Lenadoon Counselling.

Other organisations/projects providing preventative support are:

DAISY
META Project
Falls Community Council

(3) Are there particular challenges in relation to the area of drugs prevention?

Greater awareness is needed about the risks of poly-drug (combinations/cocktails of drugs at the same time). The chemical reactions of combining drugs is very complicated and there is a complete lack of awareness around this. We really need to educate the community about this. Perhaps a pilot pharmacy project would be one way of testing how best we can get information out in the best way to the people who need it – focus on early prevention and early intervention.

Local GPS have difficulty in accessing care for patients with a drugs issue.

Difficulties in prescribing for people in chronic pain. GPs little or no alternatives other than prescription pain medication. GPs do so through no other choice and with the view that in doing so they can try to keep the patient as safe as possible. Access for patients to rapid physiotherapy, rapid psychological therapies and complementary therapies would go a long way to supporting GPs in reducing the prevalence of prescription medication in West Belfast for chronic pain.

Having access to alternatives would support GPs to shift away from prescription medication and to better support patients to accept a certain levels of manageable pain. If access to services was more immediate it would mean chronic pain conditions effectively treated faster with little or no medication.

Difficulties in safely prescribing benzos, Lyrica etc. These are usually prescribed to patients on the chronic pain ladder but very quickly these patients need stronger medication such as strong opioids. Cause for great concern across the GP family. No GP in west Belfast feels comfortable in prescribing these and do so because there is a lack of alternatives.

(4) Are there particular service or resource gaps?

The education system needs to take on a far greater role when it comes to building resilience in our YP and children and especially around their knowledge and capacity regarding drugs. The academic focus is well established but are we teaching children and young people to live and cope?

Educative programmes that are age appropriate for the pupils and similar educative programmes for parents/carers/ teachers/support staff. Possible consideration should be given to making the educative programmes compulsory for parents/carers so that they know the dangers their children are facing.

Compulsory Training should be given for Designated Teachers in school for Child Protection Teams with refresher/update sessions scheduled.

Drugs education needs to be steeped in YP focussed campaigns – using social media, gaming, sports, music – those things where their interest lie.

Lots of money being poured into tobacco campaigns. Drugs and substance misuse campaigns needs to have the same type of investment and the campaigns should be hard hitting.

Those YP who are vulnerable and living in hostel accommodation need extra support to stay away from drugs. Some hostels the access to and use of drugs is particularly high and this has an obvious negative impact on the YP having to reside there.

Short term funding for community and voluntary services will always have an impact – absence of long term/consistent interventions impacts on successful outcomes. Core group of young people within the west Belfast area who are totally disengaged and ostracised within their local community; an innovative approach to engage them is necessary. Often these are the young people who progress to abuse all forms of drugs often resulting in fatality, and others progress to the supplying of drugs within local communities.

There is no doubt that the absence of preventative services at this crucial stage could result in a prolonged criminal history and a life characterised by addiction, mental health difficulties and the lack of any meaningful quality of life throughout adulthood.

Need for properly resourced alternatives so GPs don't have to rely on Benzos, Lyrica etc

Creative Community Pharmacy services could be delivered in west Belfast, for example a targeted brief intervention service for drug abuse based on an existing pilot for alcohol running in some pharmacies in other areas. This involves, through routine patient engagement, the identification of risk and a screening process to enable signposting to appropriate support. There is also scope to deliver Pain Medicine Reviews to asses the correct mix of medication actually needed (rather than what the patient routinely takes).

Why not make a shocking television advertisement – showing the internal impacts on the body of drugs (all types)? Let's have billboards around town and locally and adverts on the TV screen at Bradbury Place

The education system needs to take on a far greater role when it comes to building resilience in our YP and children and especially around their knowledge and capacity regarding drugs. The academic focus is well established but are we teaching children and young people to live and cope?

There are a lot of good examples or things that have worked and people who have overcome their addiction but good news stories don't sell papers. For example, the focus would be on the 400 young people causing mayhem up in Colin but not mention or acknowledgement of the 1000s of others who are doing anything but.

Demands on staff development time for training programmes – compulsory education should be provided for all school staff. *For example Child Protection Training is compulsory – so should Drugs education.*

We have found that it takes a lot for someone to ask for help but when they are told they are on at least a six week waiting list they lose hope, continue and often increase their drug use

Down the line you get intensive round the clock support – why not at early stages before it's too late?

(D) Treatment

The following set of questions relevant to treatment issues was asked:

(1) What needs or demands exist and should be considered?

Schools should be made aware of treatment services/programmes which are available locally. We would then be knowledgeable and could then pass on the info

Some young people do not recognise that they have a problem with drugs that needs treatment – recreational use (should that be daily/weekly) does not appear to them to be problematic. For some it is only when they get involved in other high risk taking behaviours/ criminality/debt/threatened by drug dealers/forced to deal drugs/suffering from paranoia/mood swings/ violence/breakdown in family etc that treatment is sought or recognised as being needed. Earlier intervention and prevention is required and education around what having a drug problem actually means.

Young people need a holistic approach that very often will mean a range of work with their families because of the home situation and generational issues within the family. The holistic approach should include education for young people and parents that incorporates safe usage of drugs and alternatives to drug abuse, treatment services, other support services, linked mental health and drug services etc. Schools and the community in general need to stop being afraid of these issues, we need to get to grips with them

Services are not working, need early intervention and need to build resilience

Community groups more successful than politicians at tackling problems and they need invested in

Access to addiction services and rehab places is abysmal – there have been cuts and services aren't available – it seems especially hard trying to get kids into the system. And there doesn't seem to be many political parties advocating for more resources.

Anti-depressants should only be given in tandem with counselling or engagement in mental health programmes. Codeine should be given after attendance at pain management clinics.

PBNI experience that generational trauma is an over-riding feature when it comes to clients from West Belfast, especially those who are abusing substances. This usually stems from early years trauma. Most of this trauma is related to the fall out of the conflict (and the violence in communities like West Belfast as a result), paramilitary influences and/or family issues. PBNI find trauma is a backdrop to people within Probation from West Belfast, who have been/are self-medicating as a way of managing or coping with trauma.

Prescription medication is a huge problem. Clients are being prescribed by GPs for underlying conditions, most of whom then self-medicate with prescription drugs they access outside of GPs.

(2) What is your understanding/experience of the types and nature of treatment services available?

The Health Trust & Dunlewey centre, although no information is sent to schools informing us of support services.

Others:

- Falls Community Council
- St Peters
- Falls Women's Centre
- Family Support Hub's

Falls Community Council does a lot of good work in the area via the CDP but it too now is under threat – FCC needs a dedicated fundraiser within the organisation and it needs to look at how the CDP specialises what it does – can't be/do everything for everyone.

Within West Belfast PBNI service users really only have access to two specialised counselling/therapeutic services; Addiction NI and Falls Community Council, and moreover the length of waiting can be significant. Often clients require an immediate crisis response, however this is not available.

Also, if they require CAT intervention this is only accessible through GP services and again this involves lengthy waiting.

Drug Outreach is an excellent and immediately responsive service, however unfortunately this service pertains primarily to opiate/heroin addictions.

Prolific trauma among West Belfast PBNI service users (will use drugs to manage these emotions). This trauma stems from troubles related incidents; paramilitary style attacks and other adverse life experiences. However there is a lack of specialised trauma related services;

There is chronic underfunding in mental health services and the links with drug abuse are clear. Young people are self-medicating with prescription and illegal drugs.

Wellcome Centre offer drop-in but this isn't specific to addiction and therefore wouldn't have the specialist services attached to it.

We do have a lot of support via the BHSCT's homeless nursing team and via Extern's Multi-Disciplinary Support Team but the big issue is getting access to statutory treatment services.

(3) Are there particular challenges in relation to the area of drug treatment services?

People with addictions face complex situations and will face many setbacks along the road to recovery. This needs considered when services are working with them. Often, people in these situations need flexibility around their engagement and attendance. Applying a 'two strikes and you're out' principle is not appropriate for those with addictions, in fact it can work to exacerbate their circumstances. Services need to go into this work understanding this context and work with it.

Mental health and substance misuse are closely interlinked; service users will self-medicate to negate their mental health issues. However, when they access mental health services they are advised that they must address their addiction issues before this area can be progressed – mental health and addiction services must demonstrate a close collaborative approach;

There needs to be alternatives to the use of prescription medication and 'upping' the strength of medication as options to deal with health issues such as chronic pain. This should include a therapeutic and education approach that strengthens people resilience in dealing with pain and coping as well as the use of other alternatives like alternative therapies, which can be useful for some people. People need to be able to accept that they are going to experience a certain level of pain and they need to deal with this without medication.

Schools aren't helping either as they are terrified of the drugs issue – for them it's more about reputation management and damage limitation rather than supporting the young person.

There also needs to be more support into employment post rehab (and there are good examples of initiatives that have done/do this) – addiction grabs people with little or no hope so as well as sorting the addiction you have to give them back hope/purpose. Yet the approach taken in this community is to shoot, expel and/or break them! We are criminalising young people and it's not the way to go. We need to look at these issues through a health lens.

Look at Prison Ombudsman's report – people self-harming and dying in prison. Not getting treatment they need. Need for collaboration between the different departments not just a DOH problem – DOJ etc need to be involved and take this seriously as a cross departmental issue.

(4) Are there particular service or resource gaps?

It is a "postcode lottery." with regard to treatment depending on where you live, with the differentiation being waiting lists for over 18 months if you live in north or west Belfast in comparison to 6 to 8 weeks if you live in Lisburn.

In relation to needs, a dedicated drug rehabilitation space specific to YP is needed to target 16-18 year olds, possibly 16-20 year olds. At present these services do not exist and YP are being let down in the current system.

There is no dedicated drug rehabilitation centre specific to YP. This is a real issue. There needs to be a specific facility for YP only that is designed to deal with drug induced psychosis, possibly a residential facility

There's no drug service specific for children and young people. DAISY exists but it's over-subscribed and focussed on education and prevention. What happens to those under 18 who are addicted and need more intensive treatment? Even in health centres, young people under 18 cannot attend unless they are accompanied by a parent and this can make it difficult as well.

We need a "Boot Camp" a safe, supportive, yet disciplined venue where longer term change is achieved

There is a need for one-to-one mentors, with home visiting support

There needs to be GA and AA and DA for younger people. These groupings tend to focus on adult population.

Only one specialised addiction hostel within the West Belfast area; Springwell House; PBNI are repeatedly trying to access this service – significant demand for this service;

Need for more available therapy – e.g. counselling provision, alternative therapies – delivered immediately

Lack of inpatient treatment services for teenagers who are suffering from addiction. Need services bespoke for women (dependency on tramadol, Intergenerational trauma issues)

There are no services for young people who need beds/medical interventions. The Mental Health Act is hard to navigate when you don't primarily work in that field and don't know the process, although you can use the Mental Health Order if the young person's primary issue is addiction. However, many of the young people here have mental health and/or self-harming issues and they are using drugs and alcohol to self-soothe/escape – and maybe if they had had an intervention earlier they wouldn't get to the scale of addiction that they do.

Here there are children having children with no experience or skills to cope so fight or flight kicks in. Needs to be an emphasis on parenting skills and a lot more information and interventions need to go in at primary school stage. Dealers are pulling them in at an early age so should we be!

Need for a confidential place to go to such as a one stop shop in the community (a rehab centre which is community driven).

It is too visible to take up counselling in school so offer this more widely in other settings. Courses to be less 'school like' and more interactive.

There are minimal resources for crisis response services. Some PBNI clients need emergency/specialist responses. We can send clients to A&E but is this the right

type of resource? A far better way of working would be a dedicated facility that can help those with a substance misuse issue who are in crisis to keep safe and reduce their harm. The need will continue to exist for these clients to access LT mainstream supports.

There is a need for a compulsory detention capability

There is a need to enable joined-up support for families identified as having long term drug issues. Target these families and provide holistic, intensive support.


People are losing their lives because the help isn't there – there needs to be a serious overhaul/change in how services are currently set up. After 5pm there is no one and nowhere you can turn to – all you have is A&E – need somewhere dedicated where people can and will be seen.
At night you wouldn't really know where to go in a situation of crisis
Long term outcome focused resourcing across the area is now needed
Further, the families and carers of those with addictions need to understand these circumstances. They need to be prepared to support and deal with the issue in the long-term, because recovery from an addiction is a long process. They should be supported to understand that setbacks/crisis are likely to occur regularly so that they can be prepared for this. Support for families to deal with long recovery processes is key
I think overuse of prescription meds is a dirty secret. We need to discuss it more. There needs to be advertising around what is an addict and how to recognise that you may have a drug problem.
In the dead of night when your child has become a person you don't recognise and they are harming themselves there is nowhere to go and no one to call

(E) Enforcement

The following set of questions relevant to enforcement issues was asked:

(1) What is your experience or view regarding current enforcement?

Big fish = police focus
Local/smaller dealers = community focus

People do report to Police – especially Neighbourhood Teams but often community want to see a quick response whereas the Police are looking at the bigger picture. And Police are still dealing with legacy issues such as paramilitaries, etc. which leaves very little time for 'normal' local policing.

Enforcement is not happening. My families are telling me that they do not see drug dealers being stopped at all.

Many of those who end up in the judicial system receive no support on their release.

Police are more concerned with 'big hauls' or paramilitary activity.

There's a lot of distrust of the Police and other statutory agencies e.g. social services in the area – they'd come to the Sure Start quicker. There's a lot of 'frontin' and no respect for authority – particularly from young people. Also, the police engage and disengage in the area – when they were engaged last time crime fell by 60%!

Experience with the police has been less that satisfactory. We should not always be targeting the 'big fish'. It's clear there are significant players within our communities who drive nice cars and do up their houses with no visible sources of income.

There are situations when, after arrest and charging, as a result of information from the community, where dealers are let out on bail very quickly. There is a view in the community that this is directly because there is no room in the prisons rather than it being the right thing in terms of public safety.

PBNI can stipulate drug testing to those with substance abuse issues out on licence. This enforcement means that they have to attend relevant services as part of their licence conditions. For PBNI, it doesn't matter about the motivation - if it gets those vulnerable into treatment services. Drug testing takes place via Simon Community.

PBNI have been piloting Substance Misuse Courts (first in Derry and commenced recently in Belfast and running until November 2018). The focus is to It target clients who have a drugs related offence. Clients with offences relating to violent crime or who have a chronic mental health issue are not being targeted as part of the pilot – more shop lifting, petty crime etc. It is based on the US Problem Solving Courts model.

PBNI work directly with Addictions NI who carry out assessments and implement support plans around clients focussing on their addictions whilst PBNI focus on supporting a behaviour change regarding re-offending and to try to help reduce any

barriers to this such as welfare and life circumstances. There is regular reporting back to the courts (Judge Fiona Bagnall in Belfast). Magistrate will regularly review progress – if no appropriate change, clients go back into the criminal justice system. If they continue to make progress over a nine month period, the judge takes this into consideration and this can result in them having no criminal record in relation to the drugs related offence. Prediction is that this will work very well with first offenders who will do well within this system and can come out the other end with no criminal record but will have addressed their behaviour. 50 participants involved in Belfast with pilot ending in November 2018.

Issues cannot be looked at in isolation. You cannot properly address the drugs issue in West Belfast without connecting other key contextual considerations. Vast majority of the people from West Belfast in PBNI have drug and substance misuse issues. Very, very few have a criminal record because of drug dealing; generally tends to be as a result of offences relating to something else (petty crime). There are not a lot of people from West Belfast who are being convicted as a result of high level drug dealing.

(2) If things need to be improved, how do you feel this could be achieved?

Families want dealers caught and punished – they want justice. There needs to be heavier sentencing for drug dealing (minimum 10 years) but alternative solutions (to prison) for low level using/dealing is needed, such as diversionary/rehabilitative options linked to the crime e.g. drug users should be made to volunteer within drug services.

Police need to come down hard on street dealers

Policing – change in focus required locally with greater emphasis on smaller levels of supply which are having a greater impact in WB

Pilot of drug courts and pilot of PSNI, Addiction NI and courts

It's 100% about youth work and 40% of that should be focussed on the parents. Belfast City Council and PSNI should be enforcing the fines for drinking in the street and if your child gets more than 1 fine social services should be notified. Can't have a law that just applies for 363 days that's why they won't do it (e.g. what would happen on St Patrick's Day and the Twelfth) but would send the wrong message – ok to do it on these two days but not any other day.

Two-way conversations are needed between the Police and the community. Most of the time you speak to the Police and you never hear anything back. Police need to get better at PR and telling community about their successes – they also need to community-proof and test their messages before going live with them (referred to the 'Rat on your Rats' campaign which had to be withdrawn locally).

At a local level however there are good examples e.g. Police sit on the CRJ board and Neighbourhood Policing has won awards in this area in the past.

When a person is arrested for drug related issues they should be provided with an option to go to a rehab centre. Presently they feel that people are lifted, no care from the police and no care from society.

There needs to be a review of the justice system in relation to how it works for people impacted by addictions. How does this work? This will be tricky in terms of ensuring victim recognition for crimes carried out by people who have done so as a direct result of their addiction. There are also issues in relation to sentencing. Much harsher sentencing is needed for the 'big fish' by the judiciary.


We have no faith in policing – you only have to look at Albert Street and they can't catch kids who are Divis Hoods. If they can't catch 14-year olds how will they catch organised gangs?
We need to get the police to respond to low level crime that is demoralising our communities.
Police know who the dissidents and drug dealers are and they still control the community. We are just getting on with it. That's the way it is.
When was the last time an adult was prosecuted or charged with buying kids alcohol, cigarettes or doing bets/gambling for them? This is not being policed and it needs to change. Start turning off the smaller taps in terms of drug supply!
When someone is arrested and released we need to know why and not fobbed off.
It is our opinion that if this problem was as acute in the Malone Road or Cultra we would not be seeing this lack of enforcement
From a community perspective, there needs to be a clear flowchart of the enforcement and reporting process
I do believe that there are some people whose lives could be turned around given some intense support

(F) Policy and Legislation

The following set of questions relevant to policy and legislation issues was asked with responses provided.

(1) What relevant strategies, legislation and research do you currently consider when developing your own strategy and approach to your area of work?

(2) Are there changes and adjustments to your strategies and policies in the pipeline? What are these and what is the anticipated change?

(3) Do you have any suggestions about how strategy, policy and legislation could be improved?

We use the CCEA Drugs Guidance for School in Northern Ireland. The Appendices in this document are extremely useful in developing management strategy for handling and recording drugs incidents in school.

We have updated our Drugs Policy using guidance from the CCEA Drugs Guidance for School in Northern Ireland. We have 2 members of our Chid Protection Teams as Designated teachers for Drugs

It's bigger than just funding. Providers are never asked "what do you need to deliver this service better to your clients in this community?". Rather they are told what to provide with no room to challenge or inform.

An element of professional snobbery exists whereby the work of the community sector is not respected by agencies. Community and stat services need to be on the same footing

There needs to be better data sharing across agencies for treatment and support for intervention purposes (not enforcement or punishment)

Policy needs to be joined-up. There have been excellent, locally designed programmes aimed at targeting vulnerable children and young people and their families to work with them in a holistic, sustained way and they have never been properly resourced in the long term - Integrated Services being one.

The increasing drug issues in our community are linked directly to systemic poverty, poverty of aspiration and the impact of the conflict. Tackling the drugs issue in isolation will only continue to provide piecemeal, short term outcomes. Government needs to ensure policy is cohesive and force departments to genuinely work together to alleviate poverty and all its outworkings including drug addiction and abuse. Yes, there are examples of good cross government working, but it isn't enough and the speed at which it happens is far too slow. Cohesive government working needs to be the cultural norm and at the heart of government here and it isn't.

Strategies and policies need to have a focus on intervening earlier and doing this in a way where government departments are joined up. Education) should focus on

building self-esteem and emotional resilience especially in those children from families where there have been persistent issues known to schools and others like social services. Children and young people can never be worked with in isolation, this needs to extend to work with the family in a sustained way. This is the only way to break to cycle in those families where drug and substance misuse issues have been inter-generational and where there are high levels of vulnerability.

Current strategies tend to offer nothing more than 'sticking plaster' solutions. Investment needs to be increased significantly and, in turn, investment in community based services and appropriate rehab services needs to be sustained year on year. The current approach will always be limited in terms of the impact it achieves. There needs to be different types of conversations regarding the way in which substance misuse and all its forms are being addressed. There needs to be a redesign in services and the co-production around this needs to involve a broader range of groups and agencies in order to achieve a more cohesive and holistic approach to addressing the issues.

Strategy and policy needs to be more specific in terms of a multi-disciplinary approach with more hard hitting targets that make departments work together effectively around issues such as drug, substance misuse and mental health.

There is not enough research carried out or evidence collated regarding the impact of drugs and substance misuse. Future policy and strategy needs to focus on this.

In relation to drug addiction, this rarely exists in vacuum. It is closely linked with mental health issues and there is a real difficulty in accessing mental health services for patients who have both addiction and depression effective (dual treatment options limited). It is very difficult for patients to come off drugs without specialist supports.

Clearer guidance is needed as to what action to take when drug use/possession is suspected but no physical evidence.

Statutory mental health and addiction services do not communicate as well as they should/could. C&V sector more flexible in their approach. Hard to access statutory supports at times – difficult to step patients up into services. Patients with mental health and drugs issues lead chaotic lifestyles and therefore can miss scheduled appointments. Statutory sector needs to be more flexible about this.

Drug misuse in West Belfast often provokes much negative community attention and the public naming and condemnation of individuals, can also result in community attacks. This only serves to further isolate individuals and enhance their drug misuse and related offending. Any community strategy must seek to address the issue in a more productive and therapeutic manner.

Any approach to the issue must include preventative measures combined with targeting those involved in more prolific drug misuse and the offending and anti social behaviours which stem from this; cannot simply be dismissed from their area of identity, they will always gravitate back and often persist with their destructive behaviours in response to this negative community attention.

A more collaborative approach between addiction and mental health services; both interlinked and one cannot be addressed in isolation from the other. However, often mental health services will determine that until the addiction is addressed, mental health services in particular psychiatry, cannot be progressed.

You cannot tackle the drugs issues in West Belfast in isolation. It is part of the fabric of systemic poverty. A long term view needs to be taken in tackling it, as part of an overall combating systemic poverty programme. Government here has been moving away from area specific targeting. This needs to change especially in the context of an increasing drugs problem within West Belfast. There needs to be special dispensation in terms of governments work that targets areas, in the long term, that have been generationally affected by poverty and disadvantage, anything else will only ever achieve short term impact.

Need to be more 'tough love' dealt out, similar to the car crime/joyriding. Also went to Westminster to change laws. This directly resulted in a new law created called Aggravated Vehicle Taking, so things can be taken from community level to legislative change.

Specific issues of most relevance to the policy and legislative context for drugs in west Belfast are as follows:

- No co-ordination across services
- Personal relationships required to navigate red tape
- Focus on "harm reduction" services and resources
- Need to involve all sectors working together
- Families want heavier sentences for drug dealing (minimum 10 years) BUT: Alternative solutions to prison for low level using and dealing (e.g. Diversionary options)
- Inability to refer with quick outcomes
- Window of opportunity missed
- Lack of professional respect across services
- Rigid clinical environment
- Hostel provision – over capacity, complex beneficiaries' needs
- Housing allocation needs to be smarter – high points less likely to maintain tenancy, low points don't get – need for a review of the system
- Falling between stools: drugs and alcohol against mental health services

- C&V sector being well used by stat sector but with little support in terms of professional respect, stepping up, joint working

- An on-going and regular system for engagement between C&V and stat sector on drugs issues

There is a need to implement new activities such as Assets Recovery models which are rigorous.

There is a direct link between addiction and the deterioration of mental health and vice versa. Where this exists, people need to be accessing both mental health and addiction services that are effectively linked up.

The policy needs to change in relation to Youth Work as currently if you see a young person under the influence of alcohol and/or drugs you can't work with them – if you are Education Authority funded – if you're community employed you can!?!

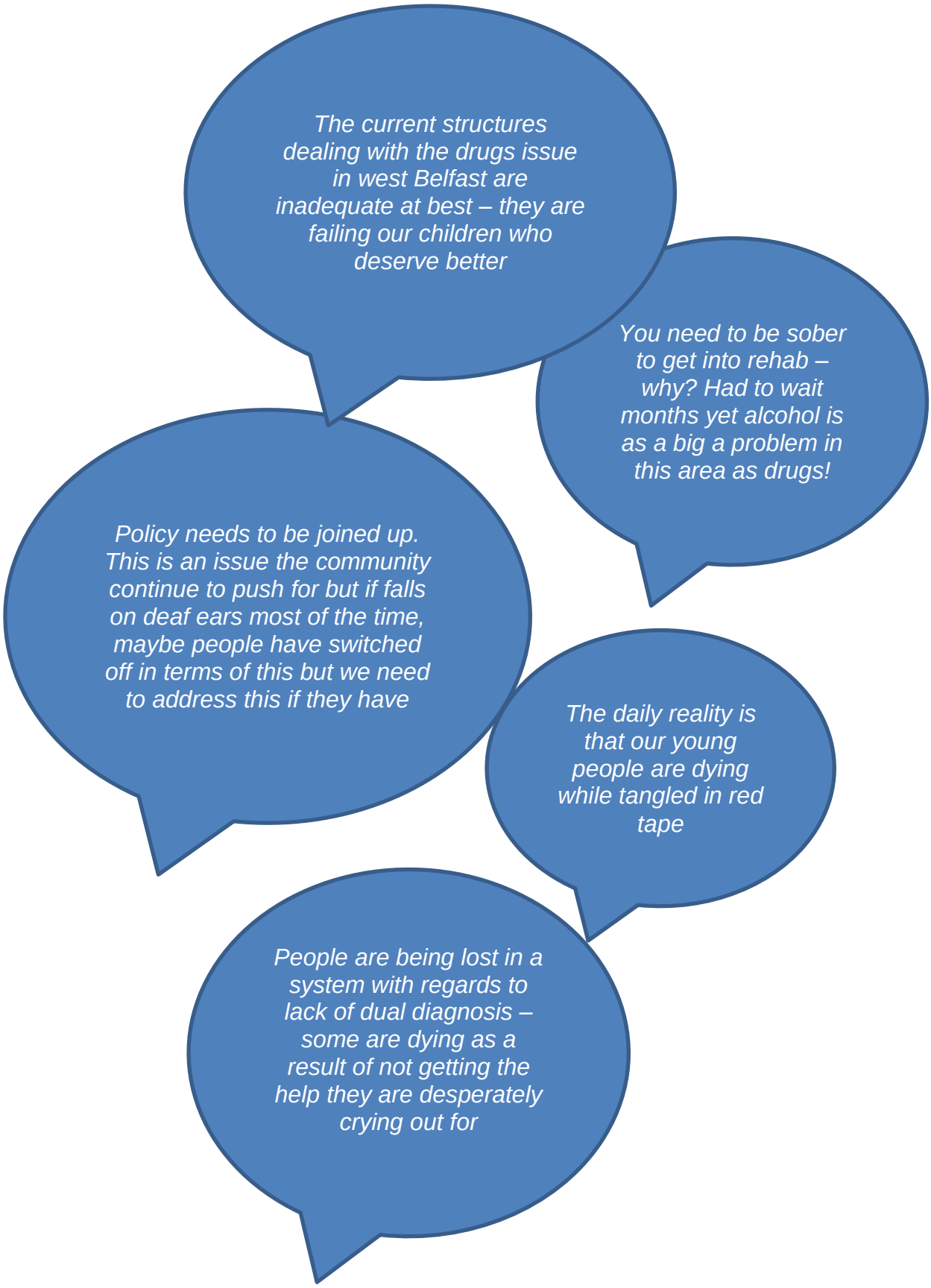
In terms of the dealers the Professional Witness concept needs further explored and expanded – people won't make statements directly to the Police but they will through this initiative.

Do not legalise cannabis:
-some have business interest in this sinister movement to have it legalised e.g. coffee shops
-need to show damage cannabis can do to brain of an 11-17 year old
-the statutory organisations should join together and start to counter this movement to have it decriminalised, develop one agreed narrative

We should be following direction of travel in Delivering Together – Co-design and co production.

Jail needs to be redesigned to have an impact or other alternatives considered, full time monitored employment, service, benefits cut.

Provide strategies for key areas such as Falls Park (great concern expressed over young girls at the site at weekends).


The current structures dealing with the drugs issue in west Belfast are inadequate at best – they are failing our children who deserve better
You need to be sober to get into rehab – why? Had to wait months yet alcohol is as a big a problem in this area as drugs!
Policy needs to be joined up. This is an issue the community continue to push for but if falls on deaf ears most of the time, maybe people have switched off in terms of this but we need to address this if they have
The daily reality is that our young people are dying while tangled in red tape
People are being lost in a system with regards to lack of dual diagnosis – some are dying as a result of not getting the help they are desperately crying out for

APPENDIX TWO

Individuals and Organisations consulted

- Falls Women's Centre
- Falls Community Council
- Active Communities Network
- Top of the Rock Healthy Living Centre
- Local pharmacist
- Greater Falls Neighbourhood Partnership
- Colin Safer Neighbourhood representatives
- Grosvenor Road youth & residents representatives
- Community Restorative Justice NI
- Upper Falls Safer Neighbourhood representatives
- Lenadoon Youth Providers Forum
- Belfast City Council
- Lower Falls group session facilitated by Falls Residents Association including reps from St Peter's Youth, Frank Gillen Centre & Sinn Féin
- Upper Springfield Youth Workers
- Clan Mor Sure Start
- Local recovering addict
- Newstart Education Centre
- Turf Lodge Residents Association
- Local Sinn Fein MLA
- Upper Springfield Resource Centre
- Local Taxi Drivers
- BHSCT
- CAUSE
- NI Coroner's Office
- Falls Council Community Drugs Programme
- Probation Board NI
- GP Federation & Connected Community Care Hub
- PSNI & Organised Crime Unit
- Families Affected session facilitated by Falls Community Council
- Hydebank Wood College and Women's Prison (Governor, POs & prisoners/students)

- Youth Justice Agency
- Department of Justice
- Public Health Agency
- Upper Falls Safer Neighbourhood
- Community Pharmacy NI
- Belfast Drug and Alcohol Co-ordination Team
- Forensic Science NI
- Community Wellbeing Alliance
- Public Prosecution Service
- Simon Community

APPENDIX THREE

PSNI Statistics

	Seizure Incidents				Arrests				Charges			
	PFYTD 01 April 2016 to 31 October 2016	FYTD 01 April 2017 to 31 October 2017	Change	%Change	PFYTD 01 April 2016 to 31 October 2016	FYTD 01 April 2017 to 31 October 2017	Change	%Change	PFYTD 01 April 2016 to 30 September 2016	FYTD 01 April 2017 to 30 September 2017	Change	%Change
Belfast City: of which	1,011	1,108	97	9.6%	541	620	79	14.6%	194	220	26	13.4%
ast[1]	*153*	*156*	*3*	2.0%	*81*	*88*	*7*	8.6%		*32*		
orth[1]	*288*	*297*	*9*	3.1%	*137*	*169*	*32*	23.4%		*68*		
outh[1]	*383*	*448*	*65*	17.0%	*225*	*276*	*51*	22.7%		*92*		
est[1]	*187*	*207*	*20*	10.7%	*98*	*87*	*-11*	-11.2%		*28*		
Northern Ireland	3,183	3,464	281	8.8%	1,575	1,721	146	9.3%	573	643	70	12.2%

	Seizure Incidents			Arrests			Charges		
	14/15	15/16	16/17	14/15	15/16	16/17	14/15	15/16	16/17
Belfast City	1476	1592	1718	899	943	918	417	459	413
Northern Ireland	5104	5597	5546	2831	2953	2693	1320	1346	1219

APPENDIX FOUR

PPS Submission

The role of the Public Prosecution Service (PPS):

1.1 Introduction

The PPS is the principal prosecuting authority in Northern Ireland and as such has responsibility for deciding whether or not to prosecute people for committing criminal offences. It is headed by the Director of Public Prosecutions (DPP).

We work closely with the PSNI who investigate suspected offences and then submit a file to us for a decision to be made on whether that case should proceed to court.

We make that decision by applying what is known as the Test for Prosecution which is met if:

- The evidence gathered is sufficient to provide a reasonable prospect of the conviction in court, known as the Evidential Test;
- That prosecution is required in the public interest – known as the Public Interest Test.

All decision-making is taken entirely in line with the PPS Code for Prosecutors which can be found here. The PPS is completely independent of government, the Executive and the PSNI. No-one but the courts can stop us from prosecuting a particular case, nor force us to do so.

The PPS has responsibility for prosecuting the most serious crimes to come before the courts in Northern Ireland including murder, manslaughter, serious sexual assaults, fraud and all drugs offences.

1.2 Overarching powers of the PPS:

The PPS has three specific roles: to take prosecution decisions; to provide prosecutorial advice to the police and the DPP has the power to refer potential Unduly Lenient Sentences to the Court of Appeal.

It is important to note that the organisation's remit is very clear. We deliberately don't have a role in government policy-making, nor would it be appropriate for us to try to influence policy-making. We have no role in advocating for changes to the law or anything which would risk bringing the organisation into the political arena.

We do, however, play our part in the Organised Crime Taskforce which has raised the issue of concerns over drug abuse in Northern Ireland.

1.3 Headline figures about PPS performance:

The latest figures available (for the 2016/17 financial year) show:

- The PPS received a total of 43,946 files in this year;
- The conviction rate in the Crown Court (where the most serious offences are dealt with) reached 86.4% (the highest on record for the PPS).
- The conviction rate in the Magistrates' Court rose to 78.9%;
- Public confidence in the PPS is currently at a 10-year high. More than three-quarters (76%) of the public are confident that the PPS provides a fair and impartial prosecution service, according to the findings of the Northern Ireland Omnibus Survey published in August 2017.

2. The role of the PPS in prosecuting drugs offences

2.1 Introduction:

Drug misuse is a complex issue and the solution cannot be found solely through the Criminal Justice System. There is a wider public health issue around drug abuse which requires a collaborative approach. The PPS believes strongly that the response to tackling drugs must cut across government and all criminal justice agencies.

We welcome the proactive work of the Department of Health, the Department of Justice, the PSNI and community organisations

concerned by this and we are committed to assisting where we can in finding solutions to this very challenging problem.

In terms of the PPS remit to prosecute, we view drugs offences as a priority area. Where there is evidence of organised crime and criminality such as drug dealing, the PPS prosecutes robustly and will always seek to use our full powers to bring cases before the courts.

2.2 PPS performance on prosecuting drugs offences:

It is important to emphasise that the PPS has a zero tolerance approach to drug dealing. We will always use our full powers to prosecute allegations of drug dealing where there is the evidence to do so.

Offences involving the production and supply in drugs has been identified as an area of high priority for the PPS. It is also one of our strongest performance areas in terms of conviction rate.

Statistics for the most recent five financial years available for production / supply (dealing) show:

- We have prosecuted 2, 439 individuals;
- We have a 94.8% conviction rate in the Crown Court;
- We have an 89.3% conviction rate in the Magistrates' Court;

When you look at all drugs offences:

We have prosecuted **13,890** individuals for a drugs offence in the most recent five financial years available.

In addition to this, **6,093** people have received a diversionary disposal such as an official caution, which, while no penalty is involved creates a criminal record.

Of these drugs prosecutions, we have had a **94.8%** Conviction rate in the Crown Court and **88.2%** in the Magistrates' Court.

(FULL STATISTIC BREAKDOWN INCLUDED AT Annex A.1)

2.3 When is prosecution not always the best approach?

As outlined above, the PPS always seeks to prosecute allegations of drug dealing where there is the evidence to do so.

However, we are part of a Criminal Justice System which recognises that it is not always in the public interest to prosecute someone through the Courts. Often what some people really need is addiction or treatment services. An example of that would be where we have evidence of someone with one pill for personal consumption.

Society and the Criminal Justice System have decided it's not in the public interest to prosecute everybody who is found with a very small quantity of an illegal drug.

Therefore, the PPS uses diversions, such as a caution or referral to addiction services, in some instances, rather than proceeding with a prosecution.

For example a juvenile can attend the Youth Engagement Clinic, a progressive scheme for tackling crime and related drug problems. (More detail in Annex A.2)

Factors looked at by the PPS when considering a diversion include the level of offence, whether it's a first time offence, age of offender, and the class of drug found.

2.4 What has the PPS done to enhance its approach to prosecuting drug dealing?

During 2015, the PPS worked with partner agencies in the operation of a new Indictable Cases Pilot.

This was designed in response to the Criminal Justice Board's request to deliver a 'radical pilot' to tackle avoidable delay.

While this was shown to be a resource intensive process for the PPS, the evaluation of the Pilot data demonstrated substantial benefits in terms of timeliness. On this basis, it was decided that the Indictable Cases Process (ICP), modelled on the Pilot, would be rolled out for a range of indictable offences, including serious drug offences.

The new arrangements commenced in May 2017 and this has been an important development in enhancing public confidence.

We are now working to fast-track drugs offences so we can prosecute in the Crown Court more quickly. We are also looking at working more closely with police at an earlier stage and how we can have a shared, proportionate approach to getting those cases before the courts.

We acknowledge the value for the public in seeing that justice has been done. We hope communities can see the direct disruption caused to drug dealing networks when they can see those types of cases being brought to a just conclusion in a quicker format.

3. The role of the PPS in going beyond prosecution:

3.1 Bail

The PPS understands there are at times public concerns around a drugs suspect being granted bail while awaiting trial.

It is ultimately up to a judge whether or not any suspect is granted bail.

The PPS does, of course, have a role in the process and can place objections before the judge, which we do robustly in line with our Code for Prosecutors.

As outlined above, we have prioritised drugs as part of our ICP project and we see that as an important tool in moving these cases into court as quickly as possible.

This is valuable course of action if there are issues around bail.

3.2 Appealing Unduly Lenient Sentences

Since 2013, the Director of Public Prosecutions has used his powers to challenge the sentences handed down in three cases (involving five defendants) involving drugs offences, as potentially unduly lenient.

All three cases involved an element of possession and supply of Class A and Class B drugs such as cocaine, ecstasy and cannabis.

Of the five drugs offenders, four of them received increased time in prison after the intervention of the Director.

*For background, the DPP can only refer particular sentences to the Court of Appeal on the grounds that they may be unduly lenient. The Criminal Justice Act 1988 restricts the use of that power to certain of the more serious offences tried and sentenced in the Crown Court.

Many drugs offences we prosecute comprise of hybrid charges (meaning they can be dealt with by either the Magistrates or Crown Court). This makes them ineligible to refer as a potential ULS and this therefore significantly limits the number of drugs-related sentences the Director can seek to appeal.

4. Drugs legislation in Northern Ireland.

4.1 What is the PPS's view on the ability to prosecute cases involving prescription drugs?

The PPS is aware of rising levels of public concern around the damage and deaths caused by the supply and abuse of prescription drugs.

There are various strands of legislation under which the PPS can prosecute different levels of offending in relation to all drugs, including prescription drugs.

It is not an offence to possess a prescription drug without a prescription (with a few exceptions), but it is an offence to supply a prescription drug to another.

The Misuse of Drugs Act 1971 is the primary drugs legislation which classifies drugs as A, B or C. This law covers the production and supply of drugs which are illegal (controlled) in all circumstances such as heroin, cocaine and ecstasy.

These classifications also cover some prescription drugs which are listed as controlled - such as Diazepam, Tramadol or Fentanyl.

From the perspective of how the law treats drugs, there is no distinction in how we prosecute possession or supply of a controlled prescription drug and controlled non-prescription drugs. The law looks at the class of the drug that the offending relates to and we robustly prosecute cases

where we find evidence of drug dealing, such as possession of quantities that aren't consistent with personal use.

While PPS statistics do not distinguish between prescription and non-prescription prosecutions and convictions, we have successfully prosecuted a significant number of cases involving prescription drugs being used unlawfully, which have resulted in custodial sentences.

5. Conclusion:

The PPS is fully aware of the misery wreaked on individuals, families and society in general by those who push and supply drugs.

The Criminal Justice System plays a crucial role in thwarting the activities of drug dealers and the work of the PPS is central to that robust approach.

The message from the PPS is clear. Where there is evidence of organised crime and criminality, such as drug dealing, we will *always* use our full powers to bring cases before the courts where there is the evidence to do so. We will continue to take a zero tolerance approach to allegations of serious drugs offences.

Prosecuting drugs offences is an area of high priority for the PPS and one in which we have performed strongly in terms of conviction rates. We have worked hard to prosecute these types of cases at their height and to enhance public confidence that drug dealing networks are being disrupted.

We have worked hard, through the ICP, to improve the speed at which these cases reach court and we are committed to continuing that work.

The issue of how to tackle drug abuse is complex and reaches across society. We are committed to working with the PSNI, the Department of Health and DoJ and all other relevant agencies to join that conversation on what more can be done and what changes should be made, where it is appropriate for us to do so.

We sincerely thank the West Belfast Drugs Panel for giving the PPS the opportunity to highlight our responsibilities and work in this area.

I have given you a broad view of how the PPS works to prosecute drugs offences, but please don't hesitate to ask for further information on any section you would like to know more about.

Annex A:

A.1:

Full statistics breakdown for the most recent five financial years available (2012/2013 to 2016 / 2017 inclusive).

When you focus on production / supply drug offences for the past five financial years:

Of decisions in this area, 2.25% were dealt with by way of a diversion

65.4% proceeded to prosecution, 32.3% were a no prosecution decision.

(The overall PPS 'no prosecution' rate for all cases was 30.6% last year, 60.7% proceeded to prosecution while diversions accounted for 8.7%.)

For production / supply drug offences, there is a 94.8% conviction rate in the Crown Court and 89.3% in the Magistrates' courts.

These cases involve both the supply of illegal drugs, such as Class A and Class B substances, as well as the supply / sale of medicinal products and psychoactive substances.

When you look at **all** drugs offences for those five years:

We have prosecuted 13, 890 individuals (1,854 in the Crown Court and 12,036 in the magistrates' courts)

We have a conviction rate of 94.8% in the Crown court and 88.2% in the magistrates' court.

Please note, figures for the 2017/2018 Financial Year are not yet available but can be supplied to the Panel in due course. The PPS cannot extract figures relevant to West Belfast.

A.2: What is a Youth Engagement Clinic?

This is a clinic held where police consider that diversion (informed warning, caution or youth conference) is a likely disposal in the case. PSNI make the appointment for the young person to attend at the clinic. Thereafter they submit a file to the PPS.

The PPS can agree to the recommendation to divert the case or can decide to prosecute or not to prosecute. The clinic is a meeting between the young person suspected to be involved in an offence and youth justice workers from the Youth Justice Agency and the PSNI. They will tell the young person what the PPS has decided in their case, and explain to them what that means and the options and support available to them. This can include support to deal with drugs problems.

While the PPS aren't involved in signposting to support schemes it is an example of us participating in a progressive scheme for tackling crime and related drug problems. There are not equivalent clinics for adult offenders who are being offered diversion.

APPENDIX FIVE

BHSCT Statistics

Organisation	**ADDICTION NI**
Drug and/or alcohol service(s) information provided for	**All services delivering for clients who live in the Belfast area**

	2014/15		2015/16		2016/17	
	All Belfast	West	**All Belfast**	West	**All Belfast**	West
Number seen	**865**	**208**	**829**	**235**	**870**	**188**
Estimate or actual % (E or A pls state which) of those seen who present with mental health needs/issues	A312	A75	A449	A127	A438	A94
Number completing programme/ Intervention (any start date)	**548**	**104**	**511**	**127**	**469**	**89**

	All Belfast
Number on current waiting list (Nov 17 snapshot)	320
Average/ mean time from referral/ presentation to first appointment (drawn from first appointments offered since 1 April 2017)	7 weeks

Organisation	**ASCERT**
Drug and/or alcohol service(s) information provided for	**Belfast Alcohol Service (Impact of Alcohol Project)**

	2014/15		2015/16		2016/17	
	All Belfast	West	**All Belfast**	West	**All Belfast**	West
Number seen	**35**	**12**	**67**	**13**	**160**	**42**
Estimate or actual % (E or A pls state which) of those seen who present with mental health needs/issues	A4	A1	A44	A13	A93	A26
Number completing programme/ Intervention (any start date)						

	All Belfast
Number on current waiting list (Nov 17 snapshot)	11
Average/ mean time from referral/ presentation to first appointment (drawn from first appointments offered since 1 April 2017)	2 weeks

Organisation	**Barnardo's**
Drug and/or alcohol service(s) information provided for	**Pharos Service**

	2014/15		2015/16		2016/17	
	All Belfast	West	**All Belfast**	West	**All Belfast**	West
Number seen	**77**		**63**		**109**	
Estimate or actual % (E or A pls state which) of those seen who present with mental health needs/issues	E60		E60		E60	
Number completing programme/ Intervention (any start date)	**45**		**44**		**49**	

	All Belfast
Number on current waiting list (Nov 17 snapshot)	8
Average/ mean time from referral/ presentation to first appointment (drawn from first appointments offered since 1 April 2017)	4 weeks

Organisation	**BHSCT**
Drug and/or alcohol service(s) information provided for	**Community Addiction Service**

	2014/15		2015/16		2016/17	
	All Belfast	West	**All Belfast**	West	**All Belfast**	West
Number Referred	**4487**		**4732**		**4622**	
Estimate or actual % (E or A pls state which) of those seen who present with mental health needs/issues						
Number completing programme/ Intervention (any start date)						

	All Belfast
Number on current waiting list (Nov 17 snapshot)	594
Average/ mean time from referral/ presentation to first appointment (drawn from first appointments offered since 1 April 2017)	20 weeks

Organisation	**BHSCT**
Drug and/or alcohol service(s) information provided for	**Drug and Alcohol Mental Health Service (DAMHS) within CAMHS**

	2014/15		2015/16		2016/17	
	All Belfast	West	**All Belfast**	West	**All Belfast**	West
Number seen	**46**		**60**		**52**	
Estimate or actual % (E or A pls state which) of those seen who present with mental health needs/issues	A46		A60		A52	
Number completing programme/ Intervention (any start date)						

	All Belfast
Number on current waiting list (Nov 17 snapshot)	3
Average/ mean time from referral/ presentation to first appointment (drawn from first appointments offered since 1 April 2017)	

Organisation	**Carlisle House**
Drug and/or alcohol service(s) information provided for	**Substance Misuse Treatment Centre**

	2014/15		2015/16		2016/17	
	All Belfast	West	**All Belfast**	West	**All Belfast**	West
Number seen	**69**	**11**	**46**	**8**	**50**	**9**
Estimate or actual % (E or A pls state which) of those seen who present with mental health needs/issues	E59	E7	E40	E7	E44	E8
Number completing programme/ Intervention (any start date)	**52**	**9**	**33**	**5**	**41**	**7**

	All Belfast
Number on current waiting list (Nov 17 snapshot)	31
Average/ mean time from referral/ presentation to first appointment (drawn from first appointments offered since 1 April 2017)	16 days

Organisation	**Dunlewey Addiction Services**
Drug and/or alcohol service(s) information provided for	**All services delivering for clients who live in the Belfast area**

Didn't respond to information request

Organisation	**Extern**
Drug and/or alcohol service(s) information provided for	**Alcohol Housing Support Service**

	2014/15		2015/16		2016/17	
	All Belfast	West	**All Belfast**	West	**All Belfast**	West
Number seen	**106**	**33**	**110**	**33**	**131**	**38**
Estimate or actual % (E or A pls state which) of those seen who present with mental health needs/issues	E85%		E85%		E85%	
Number completing programme/ Intervention (any start date)	**66**		**82**		**115**	

	All Belfast
Number on current waiting list (Nov 17 snapshot)	0
Average/ mean time from referral/ presentation to first appointment (drawn from first appointments offered since 1 April 2017)	Contact made in 1 to 2 days and appoint-ment offfered with in a week.

Organisation	**Extern**
Drug and/or alcohol service(s) information provided for	**Drugs Accommodation Support Project**

	2014/15		2015/16		2016/17	
	All Belfast	West	**All Belfast**	West	**All Belfast**	West
Number seen	**33**	**12**	**29**	**10**	**15**	**6**

Estimate or actual % (E or A pls state which) of those seen who present with mental health needs/issues	E80%		E80%		E80%	
Number completing programme/ Intervention (any start date)	**13**		**17**		**6**	

	All Belfast
Number on current waiting list (Nov 17 snapshot)	3
Average/ mean time from referral/ presentation to first appointment (drawn from first appointments offered since 1 April 2017)	1-3 days depending on location of client, willing-ness to engage with worker and avail-ability of beds.

Organisation	**Falls Community Council**
Drug and/or alcohol service(s) information provided for	**Community Drug Programme**

Didn't respond to information request

Organisation	**Lisburn YMCA**
Drug and/or alcohol service(s) information provided for	**Targeted Lifeskills Programme**

	2014/15		**2015/16**		**2016/17**	
	All Belfast	West	**All Belfast**	West	**All Belfast**	West
Number seen	N/A Service wasn't operational in 2015/16					
Estimate or actual % (E or A pls state which) of those seen who present with mental health needs/issues			E 40-60% of total. For some groups 100% of participants have recognised poor mental health or mental illness e.g. anxiety/ depression			
Number completing programme/ Intervention (any start date)			**19**	**10**	**258**	**51**

	All Belfast

Number on current waiting list (Nov 17 snapshot)	0
Average/ mean time from referral/ presentation to first appointment (drawn from first appointments offered since 1 April 2017)	Groups usually start around 6 weeks after booking.

Organisation	**Start 360 & ASCERT**
Drug and/or alcohol service(s) information provided for	**DAISY East - Youth Treatment**

	2014/15		**2015/16**		**2016/17**	
	All Belfast	West	**All Belfast**	West	**All Belfast**	West
Number seen						
Estimate or actual % (E or A pls state which) of those seen who present with mental health needs/issues	E80		E85		E90	
Number completing programme/ Intervention (any start date)	**225**	**108**	**207**	**76**	**160**	**64**

	All Belfast
Number on current waiting list (Nov 17 snapshot)	31
Average/ mean time from referral/ presentation to first appointment (drawn from first appointments offered since 1 April 2017)	4 weeks

APPENDIX 6

PHA Presentation