



House of Commons
Northern Ireland Affairs
Committee

**Government Response
to the Committee's
Eighth Report on The
Illegal Drugs Trade and
Drug Culture in
Northern Ireland,
Session 2002–2003**

**First Special Report of Session
2003–04**

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The Northern Ireland Affairs Committee

The Northern Ireland Affairs Committee is appointed by the House of Commons to examine the expenditure, administration, and policy of the Northern Ireland Office (but excluding individual cases and advice given by the Crown Solicitor); and other matters within the responsibilities of the Secretary of State for Northern Ireland (but excluding the expenditure, administration and policy of the Office of the Director of Public Prosecutions, Northern Ireland and the drafting of legislation by the Office of the Legislative Counsel).

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First Special Report

The Committee published its Eighth Report of Session 2002–2003 on 4 November 2003. The response from the Rt Hon John Spellar MP, Minister of State, Northern Ireland Office, was received in the form of a memorandum on 5 January 2004 and is published as the Appendix to this Report.

Government response

Conclusion / Recommendation 1

In view of the apparent rise in the availability and consumption of cocaine and crack cocaine, data on seizures and the use of cocaine and crack cocaine should be recorded separately, so that trends in the use of each drug may be assessed more accurately (Paragraph 50).

The Government has confirmed that the Police Service of Northern Ireland already gather separate statistics on seizures of cocaine and crack cocaine and therefore the differentiation recommended by the Committee exists. In turn this means that trends can be accurately assessed and in a timely manner.

Conclusion / Recommendation 2

During visits to police and Customs offices we have been shown an astonishing variety of drug concealments—all of which had been detected by officers through a mixture of intelligence, persistence and intuition. Their continuing success in often difficult circumstances is very much to their, and to the authorities credit (Paragraph 63).

The Government notes and welcomes the comments of the Committee recognising the work of these two enforcement agencies.

Conclusion / Recommendation 3

We have fears that organised criminals will use the profits from the trade in ecstasy and cannabis to develop a market in Northern Ireland for more highly addictive and damaging drugs such as heroin and crack cocaine. This must not be allowed to happen (Paragraph 70).

We agree that it is a concern that the profits made from the trade in ecstasy and cannabis could be used to develop other illegal activity, such as the drug trade itself. There is some evidence to suggest that organised criminals are seeking to expand the illegal drugs market in Northern Ireland, but intelligence would indicate that the dealers continue to trade mainly in cannabis.

PSNI Drugs Squad will continue to devote considerable resources to tackling that market to disrupt supply routes and reduce the availability of cannabis but will also monitor

closely the trends in the market to ensure that class 'A' drugs such as heroin and cocaine do not gain a foothold in Northern Ireland.

Conclusion / Recommendation 4

We have been concerned at certain discrepancies of perception as to the availability of drugs which we have identified between the views of officials in the Northern Ireland Office and those of workers in community or health services who are in closer contact with the drug-using community (Paragraph 71).

The Government monitors a range of information and statistics from which it is able to gauge the availability of drugs and trends in usage of drugs in Northern Ireland. Through the co-ordination mechanisms introduced as part of the implementation of the Northern Ireland Drug and Alcohol strategies, statistics and other material are now made widely available across all agencies and planning for new services is almost always conducted on an inter-departmental, cross agency basis, using the most up to date information.

The Committee uses two examples in support of their recommendation. One relates to the price of ecstasy tablets, where the police indicated they used a street price of £5–10 per tablet, while the Probation Service indicated that ecstasy cost around £1. In terms of the police, the price quoted is used as an average to calculate the street value of seizures. It reflects the average price over a period of time. However, the figure quoted by the Probation Service is a snapshot of a specific location at a specific time. The price of ecstasy at any given time, will be governed by a number of factors, including supply and demand. For example, if the police have been particularly successful in disrupting supply line then the price will rise; at other times when ecstasy is more plentiful, the price could fall. Therefore, we believe that this range of factors could lead to a discrepancy of perception as defined by the Committee.

The second example suggests there is disagreement about the availability and use of cocaine and derivatives. In terms of the availability of cocaine, all agencies are agreed there has been a rise in the availability of this drug in Northern Ireland, from a very low base. This is evidenced not only by an increase in the number of seizures, but also in terms of the numbers availing of services due to their addiction. Therefore, all those involved in tackling drugs in Northern Ireland are taking action to address this phenomenon.

The Government would acknowledge that in very recent times there is some anecdotal evidence to suggest that crack cocaine use, as an alternative to heroin is on the increase in Northern Ireland. We are aware that statutory services in the Ballymena area have experienced a small number of individuals coming to their attention with specific problems.

However, the Government would maintain the position that there is little evidence to suggest that the use of crack cocaine has significantly grown. We base this on a number of factors, including the intelligence material from the police and the level and type of drug seizure. In addition we would have expected to see increased appointments with the broad range of health services.

The Government is not complacent and will continually seek ways to improve the range and scope of information that can be made available to all agencies so that everyone has access to accurate and up to date information.

Conclusion / Recommendation 5

A Government relying on historical data could find itself massively unprepared to deal with the problems which follow in the wake of drug use, whether increased crime or rapidly spreading infection with HIV and Hepatitis B and C. We urge the Government to review the role and weighting given to historical data in the development and implementation of Northern Ireland's drug policy (Paragraph 72).

The Government monitors the drug situation across a range of measurements both historical and current. These include :

- police figures on seizures and arrests,
- quantitative and qualitative data from drug projects
- health service figures including data from the Drug Misuse Database, Addicts Index, Needle Exchange Schemes, Communicable Disease Surveillance Centre in Northern Ireland (who publish a report which comments on levels of HIV, Hepatitis B and C).

There are a number of monthly and quarterly bulletins published by both the health and police services that provide practitioners with the most up to date information on drugs and drug use and these are invaluable in determining how services should respond and react to emerging trends.

However historical data is also important. This can, for example, help to show how the drug problem in Northern Ireland is developing compared to other parts of the UK and elsewhere. In turn, this can be used to predict the changes that may occur in drug usage and to react to this before it happens.

To conclude the government recognises the merit of this recommendation and has and continues to take steps to ensure that both current and historical information is used in a positive manner to inform current and future developments.

Conclusion / Recommendation 6

We have also discussed other issues in relation to the supply of illegal drugs which it would be inappropriate to place in the public domain. We intend to write to the Minister, Jane Kennedy, MP, with recommendations on these issues. We shall expect the Northern Ireland Office to consider them and respond as if they had formed part of this report (Paragraph 73).

Jane Kennedy, MP, will write to the Committee separately in response to these matters.

Conclusion / Recommendation 7

The need for further information on the links between drugs and crime is recognised, and we welcome the proposal by the Northern Ireland Office and the DHSSPS Drug and Alcohol Information and Research Unit to carry out research in this area (Paragraph 82).

The Government has made some further progress on this proposal. Meetings to discuss the scope of this work and access to the source data have taken place and will be agreed prior to the tendering for this research work.

Conclusion / Recommendation 8

Further research is needed into the extent of links between acquisitive crime and chronic use of cannabis or other “recreational” drugs (Paragraph 83).

The Government will include this work within the scope of the research specified in Conclusion / Recommendation 7.

Conclusion / Recommendation 9

We are pleased to note that the introduction of time-delay safes in almost all community pharmacies, with funding provided by DHSSPS and NIO, has been very successful in stemming the spate of attacks on pharmacies. (Paragraph 89)

This has been a very successful initiative, the first of its kind in the UK, and has attracted interest from Great Britain where similar problems occur. There is no official data on armed robberies on pharmacies but the evidence collected from various sources indicated some 70 attempted robberies in the 6 months prior to the introduction of the scheme. In the last 6 months the Department can confirm that there have been no successful armed thefts involving Controlled Drugs from Community Pharmacies.

Conclusion / Recommendation 10

Further research should be carried out to determine the extent of misuse of prescription drugs in Northern Ireland, and the measures needed to address the problem. (Paragraph 91)

The issue of the use and misuse of prescription drugs, especially tranquillisers is one which the Government has recognised, and included it as an issue to be addressed in its Drug and Alcohol Regional Action Plan. However, resources have not yet been identified to carry out the extensive research to assess the nature and scale of the problem necessary before any future campaign could be developed.

Conclusion / Recommendation 11

We welcome the proposal outlined in the Government’s response to our interim report on cannabis, to give the PSNI new powers to undertake tests of impairment on

motorists suspected of committing driving offences while under the influence of drugs (Paragraph 92)

The Government recently consulted on a proposal to provide the Police with the power to require motorists suspected of being impaired due to drugs to undertake a test of their impairment. The responses on this point were positive and we are now moving forward on the issue. The Northern Ireland Office is working with the Police Service of Northern Ireland and the Department of Environment to deliver this new police power.

Conclusion / Recommendation 12

We support the suggestion that a great deal more could still be done through utilising the expertise and experience of pharmacists, to educate and promote awareness of various drugs issues in the community. (Paragraph 104)

The initiatives to date on needle exchange and imminently on substitute prescribing are demonstrative of the contribution that pharmacists can make. Also the easy access to pharmacies and public satisfaction with pharmaceutical services (Regional Strategy Survey) make this an important locus of service and support. We will continue to seek ways to build on this success.

Conclusion / Recommendation 13.

DHSSPS contended that the involvement of community and voluntary representatives on the various working groups and sub-groups constituted user representation. While these groups may, for example, provide support, counselling or other services, it is clear that drug users themselves do not have a direct input to the planning of services. (Paragraph 106)

The Government acknowledges that the views and experiences of users should be considered when developing services for them. Drug users currently have some input to such discussions, particularly in relation to the development of substitute prescribing services, but the Government is aiming to widen such opportunities.

Conclusion / Recommendation 14

The Minister, Angela Smith MP, acknowledged that it was unacceptable for the post of NDACT co-ordinator to have remained vacant for so long, and blamed bureaucracy and confusion over who employs co-ordinators for the delay. This situation must not be allowed to happen again. (Paragraph 107)

The post of Drug and Alcohol Co-ordinator is central to co-ordinating action across agencies and identifying local needs and priorities. It is regrettable that the process of recruiting a replacement Drug and Alcohol Co-ordinator for the Northern Drug and Alcohol Co-ordination Team took so long but we are pleased to state that the replacement Co-ordinator took up post on 27 October 2003.

Conclusion / Recommendation 15.

The regional Drug and Alcohol Strategy Co-ordinator post is central to providing drive and momentum to the strategy, as well as to ensuring its smooth running. We are pleased to learn that a new co-ordinator has now been appointed. (Paragraph 108)

Even while the new Drug Strategy was being developed in 1999, the need to ensure co-ordination across the various elements of the Strategy was recognised, and when devolution was first put in place and the responsibility for the Strategy moved to the Department of Health, Social Services and Public Safety, the post of Regional Co-ordinator was formulated and the original post-holder began work in early 2001. The appointment of the replacement co-ordinator in October 2003 provides a new opportunity to reaffirm the Government's commitment to the continued successful implementation of the Drug Strategy.

Conclusion / Recommendation 16

When we met a group of community and voluntary sector representatives they expressed concern that the absence of a devolved Assembly could make it more difficult for them to fulfil their role and to have access to Ministers. The Minister, Angela Smith MP, told us that a Whitehall Minister with responsibility for several Departments will not have as much time available as a local Minister, but that she was nonetheless committed to engaging fully with the voluntary sector. We welcome this assurance. (Paragraph 109)

The Government is on record as stating their full commitment to engaging with the voluntary and community sector. One mechanism which is available to the community and voluntary sector is through their membership of the Drug and Alcohol Implementation Steering Group, which is currently chaired by Angela Smith, the Minister for Health, Social Services and Public Safety. This group meets regularly to co-ordinate action and review progress on the NI Drug and Alcohol Campaign. However, notwithstanding that, members of the Government and their officials are always willing to engage in discussions with the community and voluntary sector.

Conclusion / Recommendation 17

The Steering Group needs to look at ways to ensure that committed people at grass roots level can feel included in the implementation of the drugs strategy and their contribution valued. (Paragraph 110).

The Government is committed to the full participation of all interested parties, at all levels, across all sectors both in the development and implementation of the drug strategy. In each of the four Drug and Alcohol Co-ordination Team areas, structures and protocols exist which enable the involvement of those working at grassroots level. Similar opportunities occur at the Regional level through various mechanisms including regular briefing sessions for the community and voluntary sector to report progress and exchange views and information and also the membership criteria for working groups.

Conclusion / Recommendation 18

A thorough evaluation of the drug and alcohol strategy would provide valuable information on how effective it has been to date in achieving its objectives as well as pointing to any changes necessary in planning for the future. We welcome the planned evaluation and urge the Minister to ensure that it is thorough and independent and takes place without further delay. (Paragraph 111)

The evaluation has been slightly delayed because of the six-month period without a Regional Drug and Alcohol Strategy Co-ordinator. However the evaluation will take place, and it will be comprehensive and extensive, taking into account the various elements involved—the Drugs and Alcohol Strategy, the Joint Implementation Model and the Northern Ireland Drugs and Alcohol campaign. Discussion has already begun on developing the Terms of Reference for the evaluation to ensure that it is thorough, and it is planned to use an independent ‘expert’ consultant. It is intended to agree the Terms of Reference early in the New Year, with the Review taking place during 2004, reporting back by the end of the year.

Conclusion / Recommendation 19

We welcome the very positive approach to joint working shown by the enforcement agencies in Northern Ireland and the Republic of Ireland. We support the proposal of a joint cross border threat assessment, and would encourage the Government to consider how information exchanges between the jurisdictions might be improved, so that available intelligence can be exploited to the full (Paragraph 117).

The frequency of successful operations on both sides of the border bears witness to the good working relationships that already exist between the PSNI and An Garda Síochána. However the Government recognises that organised crime is an international problem and is committed to ensuring that the appropriate structures are in place to maximise cross border capabilities.

Formal protocols to facilitate the exchange of information specifically on the illicit drug trade have already been agreed by the two police services. The development of a joint cross border threat assessment and strategy to tackle and manage cross border organised crime will further enhance that relationship.

Conclusion / Recommendation 20

We remain concerned that the Government is underestimating the impact cannabis reclassification may have upon enforcement activity along the routes of supply into Northern Ireland. Although the PSNI have experienced major successes in targeting the cannabis trade, they will continue to need support from external agencies in blocking this source of income for Northern Ireland’s organised criminals and paramilitaries. We urge the Government to monitor the situation very carefully in the months following reclassification (Paragraph 120).

Given that cannabis is the primary drug of choice in Northern Ireland and concern that the profits from trading in this drug could fund both the importation of Class A drugs and

other organised crime/paramilitary activities, the Police Service have assured the Government that they will continue to investigate those engaged in the supply and distribution of cannabis at all levels. PSNI statistics will reflect any impact of reclassification in terms of seizures made, their illicit drug value, the number of persons arrested and those charged or cautioned. The Drug Squad will continue to assess and monitor all supply routes and will be in a position to monitor any changes in this area. Should reclassification lead to changes in supply routes, new operational strategies can then be implemented to address these changes.

The Government views supplying and dealing in all illegal drugs, including cannabis, very seriously and the introduction of higher penalties for trafficking of cannabis reflects that. The members of the Organised Crime Task Force Expert Group will also continue to assist the police in their efforts to tackle the illegal drug trade.

Conclusion / Recommendation 21

The tension which can arise where requests for assistance fall outside, or run counter to, an organisation's priorities could be resolved if co-operation was itself made an objective for the major enforcement agencies. We recommend that the Government explore this proposal with the members of the Organised Crime Task Force, and other relevant organisations (Paragraph 121).

The Task Force has set itself a number of objectives including developing co-operation and co-ordination between law enforcement and other operational agencies in planning and conducting operations. Progress towards this objective is reviewed within the OCTF Co-ordination and Strategy Sub Group, which monitors the success of the Task Force against its objectives through a series of impact and activity indicators. It includes representatives from National Criminal Intelligence Service, Her Majesty's Customs and Excise, Police Service of Northern Ireland, Assets Recovery Agency, Inland Revenue and Northern Ireland Office. The Sub Group has agreed to explore with the partner agencies how co-operation can be improved further.

Conclusion / Recommendation 22

Any steps which can be taken to release skilled police officers for front line policing are welcome. Acknowledging the potential value of more effective enforcement, we believe that the Drugs Squad is a suitable candidate for additional human resources (Paragraph 122).

The Government is committed to ensuring the Police Service of Northern Ireland has resources to provide an efficient and effective police service, and will continue to look to the Chief Constable for advice on policing requirements. Deployment of police officers is, however, an operational matter and is solely for the Chief Constable. The Police Service Workforce Plan, launched at the end of 2002, addresses a number of key issues—such as sickness management—where changes and improvements have the potential to make a significant contribution to better policing. The Police (NI) Act 2003 addresses the concerns that surround police numbers and strengthens policing by providing for the designation of

civilian support staff, including contracted-out staff, as Investigating Officers, Escort Officers and Detention Officers, thereby freeing up more officers for frontline policing.

Conclusion / Recommendation 23

We have been reminded repeatedly that Customs' primary role is to safeguard the revenue and interests of HM Treasury. We urge the Treasury therefore to consider the benefits which would accrue from enhancing and expanding the technology available to HMCE to assist in the detection of concealed and illicit shipments (Paragraph 123).

Customs and Excise fulfils a number of roles at the border covering both fiscal and non-fiscal responsibilities. One of its key Public Service Agreement objectives relates to reducing the supply of Class A drug into the UK. Customs is making increased use of technology throughout the United Kingdom, such as x-ray scanners and ION scan equipment. These are deployed to have optimum impact, based on intelligence profiles. Customs is also in the process of taking responsibility for the operation of new radiological detection equipment at frontier locations.

Conclusions / Recommendations 24–26

We welcome the effectiveness of the assets recovery powers provided by the Proceeds of Crime Act 2002 and we commend the energy and commitment demonstrated by the staff of the new Assets Recovery Agency in its first months of operation (Paragraph 125).

The Assets Recovery Agency should be a crucial, and powerful, tool in the Government's efforts to disrupt and dismantle organised crime in Northern Ireland. Its early progress has the potential to make or break its reputation as an authority to be feared by the criminal fraternity. We urge the Government to continue in dialogue with the Agency and to consider very carefully any further requests for resources—whether for trained staff, additional or amended powers, or other provision—which would support the Agency's work (Paragraph 127).

Continued community support for the assets recovery process can best be served if the community sees actual benefit from it. Yet under the changes announced by the Home Office to the distribution of recovered assets, Northern Ireland's enforcement agencies will see only a limited return for their efforts, and Northern Ireland's communities nothing at all. The Home Office previously acted in good faith by establishing an Assistant Directorship for the Assets recovery Agency in Northern Ireland, and we welcomed that move. But by restricting Northern Ireland's access to the recovered assets in the new funds it is failing to follow through the assets recovery process to its logical end—converting criminal gains into positive outcomes for Northern Ireland's communities. Many of these communities are in real need and would, by such action, see some point in joining the fight against organised crime. This action by the Home Office is therefore unacceptable and directly counter-productive. There is too much at stake in terms of restoring a stable society and economy, and rooting out serious and organised criminality in Northern Ireland. The Minister must take steps as a matter of urgency to ensure that the assets recovery process in Northern Ireland is not

compromised by the Home Office's decision, and that Northern Ireland has the same rights to access recovered assets as England and Wales (Paragraphs 131–133).

The Northern Ireland branch of the Assets Recovery Agency was established in February of this year only and its staff is, indeed, to be congratulated for progressing matters so quickly and for fully utilizing the powers at their disposal. The Agency has already impacted on organised criminals in Northern Ireland.

The Government recognises the important contribution which the Assets Recovery Agency can make to the reduction of crime and the delivery of justice by recovering the proceeds of crime and disrupting organised crime groups. The Agency's budget is set to increase from £13 million this year to £15.5 million in 2004–05, a 19.2% increase. The Home Office is at present considering proposals from the Agency on additional and amended powers.

The Agency is a significant asset and we are confident that it will play a full role as part of the Organised Crime Task Force in confronting the activities of organised crime networks in Northern Ireland.

We agree that Northern Ireland should benefit from the fund of recovered assets and Northern Ireland Office officials have recently submitted a bid to the Recovered Assets Incentivisation Fund (RAIF) which is currently under consideration. This will help to develop an improved approach to the confiscation and recovery of assets with the Department of the Director of Public Prosecutions. The desired outcome would be to increase the use of the powers conferred by the Proceeds of Crime Act against local and level 2 criminals who operate in Northern Ireland.

The NIO is a member of the Concerted Inter-Agency Criminal Finances Action Group (CICFA), and the Home Office Assets Recovery Committee (ARC) which develops and recommends, respectively, to the Home Secretary proposals for funding from the RAIF.

Under changes agreed by the Treasury and Home Office, no mechanism currently exists by which money received through the recovery of assets can be distributed to Northern Ireland communities. However, NIO recognise the concerns expressed by the Committee and will take this matter up with the Home Office.

Conclusion / Recommendation 27

Port authorities are private companies and are not in this respect subject to Government control. Nonetheless it would be in their interests, as well as the Government's, to resolve any difficulty which damages co-operation on security-related matters. One alternative to the existing case-by-case freight detention charges might be for the port authority to spread the total annual cost of freight detention across all port users as a minimal standing charge. We urge the Minister to discuss solutions to the problem with the port authorities as soon as possible (Paragraph 137).

The Government has no locus in this area. There are a number of charges relating to both the detention and examination of goods and in general terms these costs are borne by the importer or agent who may decide to pass the additional costs to the customer. How these

costs are met is a commercial arrangement and is a matter entirely between the importer and the relevant port authority.

Conclusion / Recommendation 28

We welcome the success of the experimental Drug Arrest Referral Schemes established in Northern Ireland and hope this approach will be consolidated and extended to other areas with significant drug-using communities, such as South Belfast. The potential benefit of extending the remit of such schemes to include those arrested for alcohol-related offences should be explored (Paragraph 145).

The Government welcomes the Committee's acknowledgement of the success of the drug arrest referral scheme in Londonderry. A similar scheme was started in Ballymena in the summer of 2003 and we look forward to evaluating the impact of that scheme. While the Government accepts in principle the need for drug arrest referrals schemes to be expanded to other parts of Northern Ireland, it will be important to establish the overall impact of the Ballymena scheme in tackling drug related crime before making further investments.

The Government also agrees in principle that such schemes should be expanded to include persons arrested for alcohol related offences, but it does draw a specific distinction between the two. Schemes that address the problems of those addicted to drugs have the potential to make a considerable impact on crime in that there is a definitive link between acquisitive crime and addiction to drugs. The link between alcohol and acquisitive crime is not so clear (clearly there is a close relationship between excessive consumption of alcohol and assaults) though Government is committed to undertaking research into this area. Once the results of that research are known, then further consideration can be given to the Committee's recommendation.

Conclusion / Recommendation 29

We are very concerned that the DARS scheme and, as we understand it, a number of others may be put in jeopardy through a lack of financial commitment. We urge the Minister to provide stable funding for DARS and to make decisions on any other outstanding projects as quickly as possible (Paragraph 146).

The Government would reject any supposition there is a lack of financial commitment to tackling drug problems in Northern Ireland. Many millions of pounds have been earmarked for that purpose and significant investments will continue to be made subject to the scope of overall spending allocations and other priorities.

However, five criminal justice projects do have a funding deficit from March 2004 onwards. Government is currently in discussion with the lead statutory partner for each project with a view to ensuring that the deficit can be bridged, subject to preliminary evaluations indicating that each project is directly contributing to the overall aims of the Northern Ireland Drug Strategy.

Conclusion / Recommendation 30

We believe that investment in the resources necessary to extend the existing supervised licence scheme to sentences of 12 months or more would provide value for money by reducing the risk of ex-prisoners relapsing into problem drug or alcohol misuse, with its health risks and social costs. The Government should discuss the feasibility of the proposal with the prison and probation services, with a view to implementing an extension at the earliest opportunity (Paragraph 160).

The Review of the Criminal Justice System in Northern Ireland (March 2000) recommended that the current sentencing framework for adults be reviewed. This has now been completed and in 2004 the Government will produce proposals for consultation, which will invite comments on a wide range of issues including supervision post release.

Conclusion / Recommendation 31

All of the evidence indicates that tremendous progress has been made in encouraging and enabling organisations from different sectors to work together. But if organisations are, or believe themselves to be, unable to act consistently in the interests of their client there is still work to be done. The Minister should work with the statutory sector and voluntary agencies to develop protocols and other mechanisms enabling action in cases where statutory responsibility is divided between different services (Paragraph 162).

The Government welcomes the Committee's conclusion that much good work is being done by organisations from different sectors working together. For example, in the drugs arrest referral scheme in Londonderry, the NIO, Foyle Health Trust, the PSNI and local voluntary agencies are working very closely to deliver a project for the benefit of the client; without co-operation from all sectors this project would simply not work. Appropriate protocols have been drawn up where it has been necessary to do this; for example to ensure that confidentiality can be maintained between the drugs workers and their clients while still in police custody, but this has aided rather than hindered the overall work.

The Criminal Justice Working Group on Drugs and Alcohol has a key role to play in ensuring all the organisations within the Criminal Justice system work together and to represent their interests with other sectors (such as health) to ensure there are no barriers to co-operative working. This work will continue, and every effort will be made to ensure that appropriate frameworks, where organisations with different remits can work together effectively and efficiently, will be put in place. It would have also been expected that real problems in terms of inter-agency working would have surfaced at the Drug and Alcohol and Implementation Steering Group, but to date they have not.

Conclusion / Recommendation 32

We can see benefits in making available to Northern Ireland provisions which would, as in England and Wales, make the granting of bail exceptional in serious cases, including murder, attempted murder and rape. We would like to see drug trafficking added to the list of cases covered by this provision. Similarly, we can see potential value in Northern Ireland of provisions which would require the court to give reasons for granting bail

when representations have been made against it. The Government should consider these suggestions as part of a full consultation on the operation of bail in Northern Ireland, with a view to making further statutory provision at an early stage (Paragraph 166).

The Government recognises that bail is an important issue within the criminal justice system. We have been working closely with all criminal justice agencies and have already been reviewing law and operation of the bail process. Part of these considerations has been to identify legislation and procedures available in England and Wales which might be appropriate in Northern Ireland.

Subject to what emerges in the follow up action to the review (and to Parliamentary timetables) any pressing legislative requirements will be brought forward and consulted upon as early as possible.

Conclusion / Recommendation 33

We believe that both the options of a drug court and a drug briefing programme for magistrates merit further exploration, jointly by the Northern Ireland Office and the departments of the Northern Ireland Executive (Paragraph 171).

The Government agrees that the option of a drug court merits further exploration. Indeed, the Criminal Justice Working Group's Action Plan for this year 2003/04 set such an exploration as a definitive objective. In pursuit of this, members of the Group visited the Glasgow drugs court and we asked Judge David Smyth, who has undertaken extensive research into, and visited such courts all over the world, to present his views to the Group.

The Group considered the presentations carefully. It took into account that Northern Ireland does not currently have the same level of problems with Class A drugs as other parts of the UK, and that no clear conclusions have been drawn from the experience of these courts elsewhere in the country. For example the drug courts in both Glasgow and Dublin are pilots and the pilot period is not completed.

The Group therefore unanimously concluded that, at this time, no recommendation should be made to introduce drug courts to Northern Ireland. However, it was also agreed that the issue should remain on the Group's agenda; that it should carefully look at, and consider any published independent evaluations that emerged on drug courts in other parts of the UK and in Republic of Ireland.

Should these evaluations conclude that drug courts are an effective tool in tackling drug problems or the circumstances in Northern Ireland change in relation to class A drugs, then appropriate action, in consultation with appropriate parties and agencies, can be taken, to consider the implementation of similar schemes here.

With regard to the drug briefing programme for magistrates, the Judicial Studies Board for Northern Ireland has been invited to include such a briefing in its annual training programme.

Conclusion / Recommendation 34

We believe that there would be advantages in making Drug Treatment and Testing Orders available as an option for use in Northern Ireland. The Government should take whatever further steps are necessary to activate Article 8 of the Criminal Justice Order 1998 and to agree the necessary protocols with the court service and other agencies (Paragraph 172).

The Government has recognised that Drug Treatment and Testing Orders (DDTOs) could be a useful tool in tackling drug related crime IN Northern Ireland. The Criminal Justice Working Group on Drugs and Alcohol's work-plan, identified the need for further exploration in this area.

We have recently been aided in this consideration by the publication of Home Office research into the impact of DTTOs on offending. This research shows that from a sample of 174 DTTO offenders, 80% were re-convicted within 2 years. This remains a matter for concern. However, it is clear that those who remain on the Orders do better than those whose Orders are revoked. The best results were encountered where those who were placed on Orders did not encounter long waiting lists before receiving appropriate treatment.

In view of this, the Government is committed in principle, to re-examine whether DTTOs could be effectively used in Northern Ireland to tackle drug related crime and to identify what administrative and implementation systems need to be put in place to ensure that some of the problems and issues raised in other parts of the UK are not replicated here (in addition to taking steps to extend the relevant legislation to Northern Ireland). The introduction of such Orders needs to be carefully planned and appropriate resources need to be secured to ensure the successful implementation of such Orders.

Conclusion / Recommendation 35

In developing protocols for the use of DTTOs in Northern Ireland, the Government should design a range of sanctions for lapses in compliance which enable the difficulty faced by the offender in meeting the order's demands to be taken into account (Paragraph 173).

There is a balance to be struck between ensuring that Orders are effective in terms of helping and persuading offenders to move away from their drug habits and their effectiveness as a sanction. Offenders must not see DTTOs as an "easy option", especially as in many instances they are used as an alternative to awarding a custodial sentence.

We have taken special cognisance of a line in the recent Home Office research on DTTOs which said;

"It is important that when conditions of Orders are broken, standards of enforcement are applied that maximise the chances of retention."

This seems a sensible way forward; we are mindful that the research also concludes that better results are found when offenders complete their Orders. Clearly there is little point in removing an offender from an Order where the individual has through no fault of their own, found it difficult to obtain appropriate treatment, or treatment at an early stage.

Therefore, the Government would seek to ensure that protocols are designed and implemented by and with the appropriate enforcement body around the action that should be taken when an Order is breached. This is of course, dependent on the outcome of the Government's deliberations into Recommendation 34 and any decision about whether or not to extend DTTOs to Northern Ireland.

Conclusion / Recommendation 36

We commend the work of community and outreach workers who provide a vital service to people with drug addiction problems at grass roots level, many of whom may not otherwise be in contact with any services. (Paragraph 181).

The Government welcomes the recognition by the Committee of the vital role which outreach and community workers can play. In support of this, the Drug and Alcohol Campaign funds a number of projects which have outreach elements and work with both young people and adults

Conclusion / Recommendation 37

Although we appreciate the need for security, particularly in view of the prevalence of attacks on pharmacies, a balance needs to be found between the need for measures to deter attacks and the need to provide a discreet and confidential environment for needle exchange. (Paragraph 185)

The siting and installation of CCTV cameras is a sensitive issue, although our understanding is that their positioning is determined only by the need to address staff safety and business security issues. Earlier this year we carried out a client survey to try to identify areas for improvement. Unfortunately, only 44 questionnaires were returned. However, the consensus of opinion was that the users were satisfied with the current system and the fact that the use of the scheme continues to grow is indicative of its value and the confidence it espouses. We will, however, continue to monitor the situation.

Conclusion / Recommendation 38

In Ballymena we were shocked to learn that individuals seeking to conduct needle exchange transactions in private had to resort to hiding behind the pharmacy sunglasses rack. (Paragraph 186)

The Government has worked closely with Pharmacists to set up and deliver a quality service. Funding was made available to adapt pharmacy premises to provide needle exchange services. Most pharmacies are not designed to have a consultation area and in spite of this every effort is made to protect an individual's privacy and dignity, not to mark them out as being different or having an unacceptable problem.

We will continue to monitor and evaluate the scheme in conjunction with any proposed changes to the role of the community pharmacist within the wider Health and Personal Social Services field. We will consider ways of developing and making the Needle and Syringe Exchange scheme more accessible.

Conclusion / Recommendation 39

The development of a comprehensive and effective exchange scheme for needles and other paraphernalia is a crucial element in discouraging a culture of sharing among drug users, particularly very young users, and thereby helping to reduce the level of Hepatitis C and other blood-borne viruses in the community. We urge the Minister in her review of the current needle exchange service to ensure that it is made as accessible as possible to all injecting drug users and that it is provided in a discreet and confidential environment. The scheme must not be limited to community pharmacies and the aim must be to discourage high-risk behaviour amongst injecting drug users and provide a gateway to other support and treatment services. (Paragraph 191)

The Government recognises the importance of promoting and supporting the non-sharing of needles and paraphernalia among injecting drug users. The Needle and Syringe Exchange Scheme is carefully monitored and reviewed, both as a service and as a process, and the efficacy of extending the service beyond community pharmacies is part of this review process.

Conclusion / Recommendation 40

It would appear that the Hepatitis C strategy had been planned for issue by early summer 2002 and we are concerned that the spread of the SARS virus, which did not appear until early 2003, may be used as an excuse for a lack of action. We urge the Minister to explore more fully the reasons for the unacceptable delay in developing the strategy and to take steps to ensure that it is produced and implemented as a matter of urgency. (Paragraph 197)

The Government acknowledges the delay in the development of the Hepatitis C Strategy but this was due to the unique pressure brought on by the SARS issue together with a shortage of key specialist staff. However the intention is to have the Strategy developed in the New Year, together with the production and dissemination of an information leaflet for the general public and a fact sheet for professionals.

Conclusion / Recommendation 41

Northern Ireland has been in the unique position of having advance warning of an impending injecting drug problem. While substitute prescribing is not an appropriate form of treatment for every injecting drug user we were very concerned to find that action has not been taken much earlier to plan and introduce this service. We urge the Minister to ensure that an equitable and structured substitute prescribing scheme, with appropriate training, as well as financial and other resources, is put in place across Northern Ireland as a matter of urgency for all appropriate clients. (Paragraph 208)

Substitute Prescribing services are being developed and rolled out across Northern Ireland in a structured, accessible, equitable and open manner. Resources have been made available to the four Health and Social Services Boards and interim services have been available in all Board areas since September 2003. The scheme should be implemented fully by 1 April 2004.

Issues such as the development of a regional protocol, training and evaluation and monitoring are being taken forward in consultation with key stakeholders including service users. The scheme should be implemented fully by 1 April 2004.

Conclusion / Recommendation 42.

We are concerned at the absence of a comprehensive range of drug treatment services in Northern Ireland. We urge the Minister to ensure that a proper balance of in-patient and community services, with appropriately trained specialist staff, is developed as a matter of urgency. (Paragraph 211)

The range of drug treatment services currently available across Northern Ireland is reflective of both historical and current need as assessed by the Health Boards and the Department of Health, Social Services and Public Safety. A recent audit noted that “each (Board) service had developed to meet the needs of its local population” and that “all Board based services provide or have access to inpatient treatment beds and a community based treatment addiction service for 18 year-olds and above.”

The Government recognises that some drug treatment services are still being developed, but such services do typically evolve to meet changing needs, circumstances and trends. For instance the particular needs of young problem drug users is recognised and additional funding has been made available to Community Addiction Teams to address this issue and further needs analysis is currently taking place. In addition the Government is also aware that there are current difficulties in attracting ‘appropriately trained specialist staff’ into the service in Northern Ireland (there are currently a number of funded posts which have not been filled due to an absence of suitably qualified staff). This is not a problem unique to Northern Ireland.

Conclusion / Recommendation 43

The effectiveness of a residential rehabilitation centre or therapeutic community in helping clients confront drug addiction problems is well established and there are clearly a number of people in Northern Ireland who can benefit from this treatment. The Minister should undertake urgent research to establish the level of need and to make appropriate arrangements for the provision of this service. (Paragraph 218)

While the majority of drug rehabilitation can and does take place in the community, the Government acknowledges that for a small number of users the approach of a residential rehabilitation centre/therapeutic community can be effective (but only with appropriate referral/selection criteria). The need to research this issue, in order to better assess the level of need and demand for such a service was highlighted as part of the Drug and Alcohol Regional Action Plan. There has been some slippage to the timetable, which is dependent on other research projects being completed, but it remains a priority.

Conclusion / Recommendation 44

We note and encourage the research currently planned by DHSSPS into the service needs of young vulnerable groups. The Minister should ensure that the specific needs of women, and young people under 18 years, with drug addiction problems are addressed

in her evaluation of the drug strategy. In particular, childcare facilities need to be available to enable parents with drug addiction problems to access services. (Paragraph 223)

The initial stage of research into the treatment needs of young people is well under way and is due to report in Spring 2004. We expect the findings to identify other areas for further research. It is expected that the consultation, which will form an integral part of the review, will also highlight those areas identified above by the Committee.

Conclusion / Recommendation 45

We urge the Minister to consider what more can be done to make drug education and prevention programmes a higher priority within primary schools in view of the younger age at which children are experimenting with solvents and illegal drugs (Paragraph 227).

The Department of Education is committed to enhancing the status of Health Education within a revised curriculum. Guidelines for Personal Development are being proposed at both primary and post-primary key stages and these will recommend that drug education should be delivered through a co-ordinated and planned Personal Education programme. A small pilot of a Personal Development Programme, which includes drugs education, is currently being undertaken in primary schools. The intention is to develop this further into Key Stages 3 and 4 in line with the revised guidance materials.

Conclusion / Recommendation 46.

We urge the Minister to consider how a more comprehensive response can be developed to the issue of young people in schools who become involved in drug use. We believe that it should not be a matter for schools alone to provide sanctions or counselling. The provision of appropriate support services at this stage could help to prevent more severe drug addiction problems later (Paragraph 228).

The Council for the Curriculum, Examinations and Assessment (CCEA) has prepared revised guidance for schools, including advice on the handling of drug-related incidents on school premises. The Guidance, which will issue to schools early in 2004, suggests the development of partnerships between schools, Community and School Involvement Officers (CSIOs) and other appropriate agencies. A more co-ordinated response can be made with the involvement of the young person and their parents in drawing up an action plan to address the problem.

Conclusion / Recommendation 47

This Committee warned of the growth of Northern Ireland's drug culture eight years ago. While a great deal has been achieved since in the collaborative development of an overarching anti-drugs strategy, as yet the actual provision of resources and facilities for those working on the front line in enforcement, prevention, treatment and rehabilitation has been too slow. Although we commend the commitment, ingenuity and hard work of many—including community and voluntary workers, health practitioners, police, customs and prison officers—in tackling the problems associated

with the drugs trade, we also believe that it is necessary to impress upon officials once again the importance of getting the strategy right, in practice as well as in theory. The drug traffickers will not wait for these facilities to be put in place before they increase the availability of cocaine, crack and heroin: indeed, it seems they are already doing so. There is an urgent need for the Government to be pro-active in minimising the risk to individuals and communities, whether by increased activity against drug traffickers, or by protecting communities from drug-related crime, and individual drug users from the threat of blood-borne viruses. Probably the single most important lesson we learned from our visits to other jurisdictions was the importance of having facilities in place before the problem of drug use reaches critical mass. If that does not happen the suffering of individuals, families and communities will be great, and the task for Government in picking up the pieces will be far harder (and more expensive) than a pre-emptive strategy of the type we advocate. One of our witnesses suggested to us that Northern Ireland has three years to get its drugs strategy right. This warning must be taken seriously. (Paragraphs 229–231)

The Government well recalls the warning about the growth of Northern Ireland's drug culture expressed by the Select Committee in 1996, and it is an issue which has been taken seriously since then, as the current Drug and Alcohol Implementation Model bears testament to.

Over the last three years the Government has sought to ensure that a comprehensive and co-ordinated approach to tackling the drug situation should take place. A key feature and tenet of that approach has been making available resources and support at a number of levels, both regional and local, and across a wide range of sectors, including enforcement, prevention and treatment. This has involved, since 1999 to date, the development of over 300 projects, initiatives and activities, together with the development of a carefully co-ordinated implementation model to ensure that there is a consistency of messages and a lack of duplication and replication of effort and resources.

The Government remains aware of the potential risks associated with Class A drugs, particularly cocaine, crack cocaine and heroin. It is constantly monitoring the supply side in respect of these drugs, and recent years have seen an increase in facilities and schemes to address the increase in heroin use. Similarly the cocaine situation is being looked at carefully, and the Government funded a recent seminar for health, education and criminal justice professionals that addressed the issue of cocaine use in Northern Ireland.

This last point does remind us that the drug situation is one which evolves and changes, with new trends emerging and innovative approaches being promoted. The current Joint Implementation Model is designed to be flexible in order to meet current needs and also to be able to address future developments.

However the Government is not complacent about the issue, and will ensure that the comments and conclusions contained in this Report will help guide the development of the Review mentioned previously.