The Executive Programme on Paramilitarism & Organised Crime

HSC Public Health Agency

Drug Related Intimidation in Northern Ireland:

Nature, support needs and how to respond

A SUMMARY REPORT

OCTOBER 2025

Foreword from the Justice Minister

Drug related intimidation (DRI) is a deeply corrosive force within our communities; one that undermines safety, exploits vulnerability, and perpetuates cycles of fear, addiction, and criminality. This report, commissioned by the Executive Programme on Paramilitarism and Organised Crime (EPPOC) and delivered by the Public Health Agency, represents a landmark contribution to our understanding of drug-related intimidation in Northern Ireland.

The findings are sobering. They reveal the pervasive nature of intimidation linked to drugs, the devastating impact on individuals and families, and the complex interplay between organised crime, paramilitary groups, and community dynamics. The report highlights how drug related intimidation is not confined to any one group; it affects young people, women, families, professionals, and entire communities. It also exposes the blurred lines between victims and perpetrators, and the barriers that prevent many from seeking help.

As Minister of Justice and lead Minister for EPPOC, I am committed to playing my part in the collective response that is needed. That response needs to be robust, compassionate, and coordinated. It is apparent that the key to progress lies in partnership working and the report sets out a comprehensive multi-agency, public health-based response model - one that we must now consider with urgency and resolve.

I commend the authors of this report, the advisory group, and all those who contributed their experiences and expertise. Together, we will use the findings of this important research to build safer, more resilient communities where drug related intimidation and its pernicious effects have no place.

Naomi Long MLA
Minister of Justice

Foreword from the Health Minister

Substance use has a real and lasting impact on individuals, families, and communities right across Northern Ireland. Not only are there the direct mental and physical harms, but people who use drugs often face stigma, prejudice, and intimidation. These issues are often unseen and unaddressed, leading to a spiral of substance use, exploitation, and harm that exacerbates the problem, and impacts their wider family and friends.

While this issue is not unique to Northern Ireland, the nature of organised crime and paramilitary involvement here means that this can be more prevalent and more harmful. This issue was reflected in our substance use strategy, Preventing Harm, Empowering Recovery, which contained an action to look at intimidation and violence, and the threat of violence, against those people who use drugs. I am therefore delighted that we have been able to work collaboratively on this issue with the Executive Programme on Paramilitarism and Organised Crime (EPPOC) who commissioned this scoping report on Drug related intimidation (DRI) which has been delivered by the Public Health Agency.

This report, for the first time, brings together information, statistics, and importantly lived experience of the issue, and the output should be compulsory reading for us all across Government. The scoping report is only the start of the journey, we now need to use it to inform our collective action, and I know plans are underway to consider how best to embed a holistic and compassionate response.

I want to thank all those involved in the development and production of the report, and I look forward to us continuing to work together to address this important issue.

Mike Nesbitt MLA
Minister of Health

Acknowledgements

The PHA Health Intelligence research team would like to express our sincere thanks to everyone who participated in and contributed to this study. This includes the Executive Programme on Paramilitarism and Organised Crime team and members of the Drug related intimidation advisory group who provided an important starting point for the study. Along with Dr Julie Harris and Toby Niblock from Ulster University, the advisory group helped us to identify further relevant stakeholders throughout NI, ROI and GB. We would like to extend a special thank you to all those who took part in interviews and completed surveys, with both ourselves and our partner research teams, for the valuable insight provided on DRI. This included service users, family members, participants from youth and community work, homelessness, housing and substance use treatment, restorative justice and human trafficking organisations, members of policing, probation, youth justice, NIAS and emergency medicine.

Contents

List of Tables

List of Figures

Glossary/Abbreviations

ACMD	Advisory Council on the Misuse of Drugs
ASB	Antisocial behaviour
CAMHS	Child and Adolescent Mental Health Services
CAT	Community Addiction Team
CCE	Child Criminal Exploitation
CHB	Clear Hold Build
CIT	Communities in Transition
CJ	Criminal Justice
CJS	Criminal Justice System
CSE	Child Sexual Exploitation
CYP	Children and Young People
DACT	Drug and Alcohol Coordination Team
DOJ	Department of Justice
DRI	Drug related intimidation
DRIVE	Drug Related Intimidation and Violence Engagement
ED	Emergency Department
EOTAS	Education Other Than At School
EPPOC	Executives Programme on Paramilitarism and Organised Crime
GB	Great Britain
GP	General Practitioner
HRB	Health Research Board (Ireland)
HSCT	Health and Social Care Trust
LERO	Lived Experience and Recovery Organisations
MH	Mental Health

NI	Northern Ireland
NIADA	Northern Ireland Alcohol and Drugs Alliance
NIAS	Northern Ireland Ambulance Service
NICCY	Northern Ireland Commissioner for Children and Young People
NIHE	Northern Ireland Housing Executive
NILT	Northern Ireland Life & Times Survey
NRM	National Referral Mechanism
NISCS	Northern Ireland Safe Communities Survey
NSPCC	The National Society for the Prevention of Cruelty to Children
OCG	Organised Crime Group
OST	Opiate Substitution Therapy
PBNI	Probation Board Northern Ireland
PCSP	Policing and Community Safety Partnerships
PHA	Public Health Agency
PSA	Paramilitary style attack
PSNI	Police Service for Northern Ireland
PUL	Protestant/Unionist/Loyalist
PWUD	People Who Use Drugs
RJO	Restorative Justice Organisation
ROI	Republic of Ireland
SU	Substance Use
TIA	Trauma Informed Approach
TTL	Threats to Life
UK	United Kingdom
YJA	Youth Justice Agency
YW	Youth Work

Introduction

Background

The Executive Programme on Paramilitarism and Organised Crime (EPPOC)[1] works to "*achieve safer communities, resilient to paramilitarism, criminality and coercive control*" (EPPOC, 2024).[2] EPPOC aims to achieve five end benefits: Reduction in paramilitary activity; People feel safe; People feel protected by the law and justice system; Increase in community resilience; and Reduction in membership of paramilitary groups. Below these sit 16 intermediary benefits (ie the changes the programme is seeking to make) which are grouped under three themes: Keeping People Safe; Community Resilience; and Protective Factors – these are addressed by a vast array of projects.

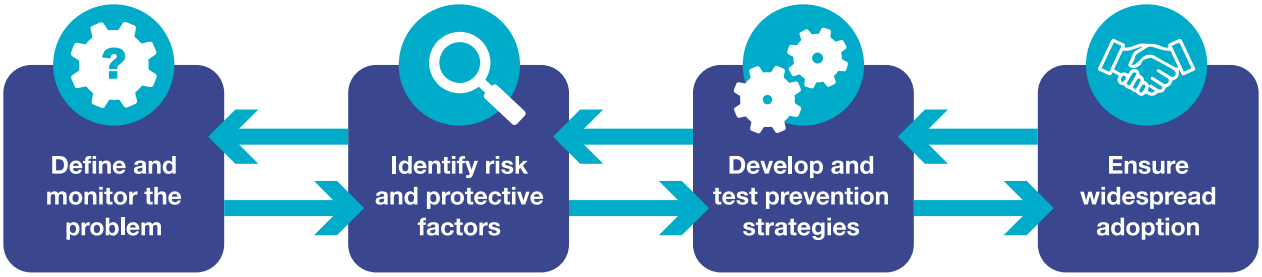
Paramilitarism has been described as a complex phenomenon that causes many types of harm (see EPPOC, 2024, p.4), including coercive control of people and communities, often achieved via intimidation, though underpinned by the historical legitimacy of such groups (eg Sturgeon et al., 2024).

Within Keeping People Safe, one of the intermediary benefits is a reduction in paramilitary intimidations. Yet, little is known about the prevalence of intimidation, as it remains under-reported, or on related risk and protective factors. As a subset, drug related intimidation (DRI) has been identified as a distinct area that warrants a more detailed investigation to scope out a service response for Northern Ireland (NI; EPPOC, 2023,[3] 2024). In addition, the NI Substance Use Strategy *Preventing Harm, Empowering Recovery 2021-2031*[4] also has a specific action (D4) on cross-departmental work between the Departments of Health and Justice and other stakeholders with the aim of reducing *"violence, or the threat of violence, towards drug users from some paramilitary and vigilante groups"*.

With a joint justice and health focus on DRI and EPPOC's use of a public health approach (see Figure 1) the Public Health Agency (PHA) has been tasked to undertake a scoping review to identify how best to respond to DRI in NI. Applying the public health approach, a key focus has been on clearly describing the issue of DRI, exploring data sources, and identifying risk and protective factors as well as potential approaches on how best to address the impact of DRI, on people who use drugs (PWUD), their families, and communities.

1 **Executive programme for tackling paramilitary activity and organised crime | Northern Ireland Executive**
2 EPPOC (2024). Programme outcomes and impact report.
3 EPPOC (2023). Keeping People Safe Benefits Realisation Group. Analysis and discussion paper: Reduction in paramilitary intimidations (KPS2).
4 **Preventing Harm, Empowering Recovery - Substance Use Strategy | Department of Health (health-ni.gov.uk)**

Figure 1. Four stage public health approach (World Health Organisation)[5]



Prevalence of drug related intimidation – a starting point

In the Republic of Ireland (ROI), a number of reports have explored the issue of drug use, drug debt and intimidation and violence within the drug market[6] which have resulted in the DRIVE project (Drug Related Intimidation & Violence Engagement).[7] For this scoping exercise, the definition of the Health Research Board (HRB) Ireland, shown in Box 1, was adopted.

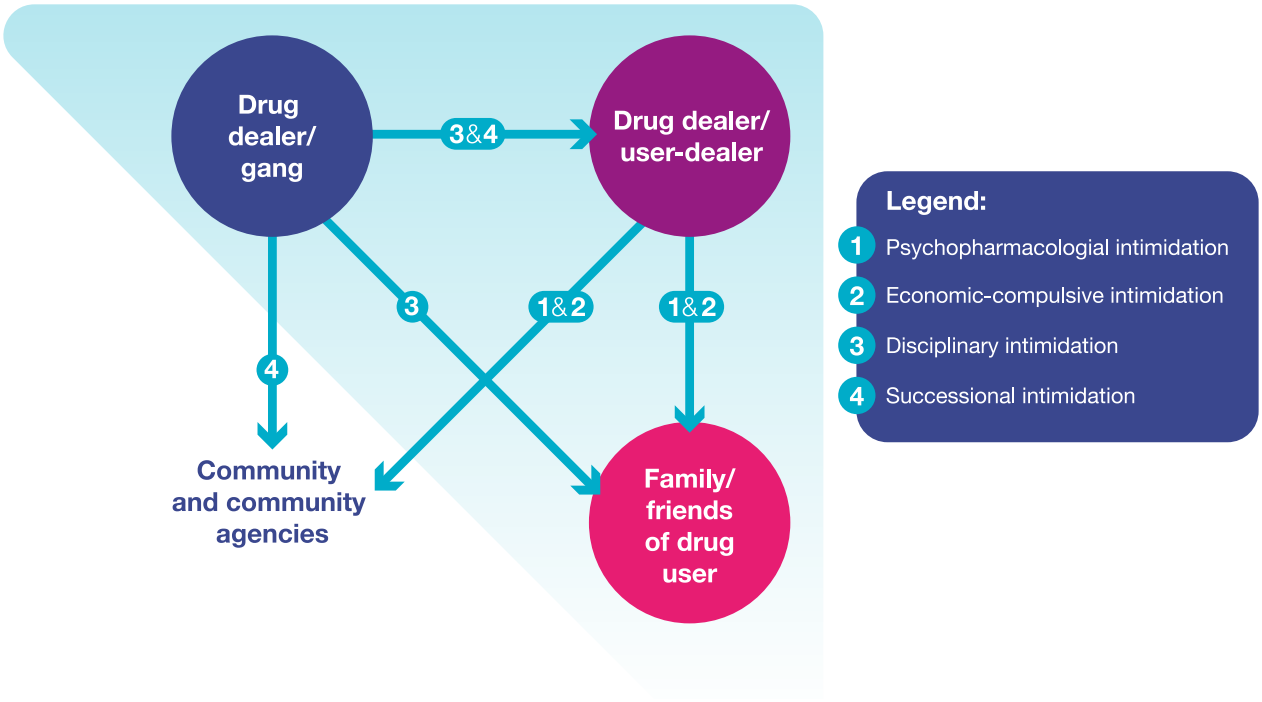
Of three explanatory DRI categories commonly used to describe the link between drugs and crime, *psychopharmacological* (eg intimidating others when under the influence of drugs), *economic-compulsive* (eg as part of acquisitive crime to feed an addiction), *and systemic* (see Figure 2), the focus for this scoping was on the latter: *systemic intimidation* describes intimidation by those involved in drug distribution. It can be further classified as either 'disciplinary' or 'successional'. *Disciplinary intimidation* is used to enforce social norms within the drug distribution hierarchy, to discourage or punish informants within the community, or as a means to reclaim drug debts, whereas *successional intimidation* is used to recruit new members, or gain control over drug distribution networks or territory.

Box 1: DRI definition

"Intimidation is a serious, insidious and coercive behaviour intended to force compliance of another person against their will. It can be either explicit or implicit, involving actual, threatened or perceived threats of violence to a person or damage to property. It can leave targeted individuals, families or communities feeling helpless, isolated, demoralized and fearful. DRI is intimidation carried out by those who are using drugs, or those involved in the distribution of drugs." (Murphy et al., 2017)

5 www.who.int/groups/violence-prevention-alliance/approach (accessed 29/09/2025)
6 Please see here for the relevant reports: Publications - Drive
7 DRIVE - Drug Related Intimidation & Violence Engagement; see also for

Figure 2. Conceptual definition of DRI in communities (Murphy et al., 2017)



The main DRIVE report (S3 Solutions, 2021) provides a robust summary of what issues have been observed in ROI though the NI context with its history of paramilitarism and religious and political segregation adds further complexity. Many paramilitarism specific issues are already being addressed under EPPOC.

Evidence on the extent of DRI in NI, eg who are the victims, the nature of the intimidation and its impact as well as arising needs and supports required, is scarce. NIHE data[8] seem to be the most systematically collected and published information. Specific aspects of or related to DRI have emerged in various research areas. There is an extant literature focusing on the exposure of children and young people to paramilitary violence including recruiting young people into paramilitary activities such as intimidation and drug supply (McAlister et al, 2022; Walsh, 2022; Walsh, 2023; Walsh & Schubotz, 2019; etc). Some of this work has already been informing EPPOC programmes and evaluation of EPPOC projects has produced further evidence relevant to DRI (eg Walsh, 2022, Walsh et al., 2025; Hamilton & Hammond, 2025, etc).

Substance use research in NI, stretching back 20 years (eg Higgins & Kilpatrick, 2005; McElrath, 2004), described the intimidation of people who use drugs (PWUD), especially heroin, and how the developing drug market unfolded. PHA commissioned research on family support needs around substance use also showed the specific impact and additional

8 Intimidation statistics and data; Breakdown of intimidation acceptances by council

needs arising from DRI (RFA, 2023). Recently, investigation into the expanding NI drugs market, with a particular focus on cocaine, has started (Niblock & Harris, 2025, Niblock, forthcoming) and also explores dynamics of intimidation.

A third area where DRI emerged has been homelessness research. There it was found to be a contributing factor to chronic homelessness (eg PHA commissioned research for developing the Complex Lives model in Belfast: RFA, 2022). Especially for women who use substances, threats from paramilitary organisations, drug dealers and local communities led to them experiencing (repeated episodes of) homelessness (McMordie et al., 2025; also Johnson & Blenkinsopp, 2024).

On a general population level, the NI Life and Times survey (NILT)[9] and the NI Safe Community Survey (NISCS) monitor views on community safety, paramilitary behaviour and influence as well as perceived causes of crime (eg drugs as a major cause of crime) and how satisfied and confident people feel with the criminal justice system's (CJS) effectiveness (Campbell, Ross, & Rice, 2021, Ross & Campbell, 2021). EPPOC work also established that community safety indicators are worse in areas of deprivation and historic paramilitary presence (Sturgeon & Bryan, 2023).

Across these different areas, evidence on DRI or related aspects is providing pieces in a puzzle though no full and comprehensive picture as it is limited to some population groups (eg young people, users of Class A drugs or views from staff in specific services).
The DRI response scoping provides a systematic approach to establish a baseline of the nature of DRI and the resulting support needs, leading to proposing a model of how to comprehensively address these.

Box 2: Aim and objectives of the DRI response scoping

Aim: To produce a scoping review on DRI in NI and to identify how best to support those affected by DRI.

Objectives

1. To agree a definition of DRI and a focus for the project;
2. To establish a baseline of the experience of DRI;
3. To identify needs of those affected by DRI and how they are currently addressed;
4. To explore views on what supports are needed for those affected by DRI; and
5. To develop a model of how a response to support needs following DRI could look like.

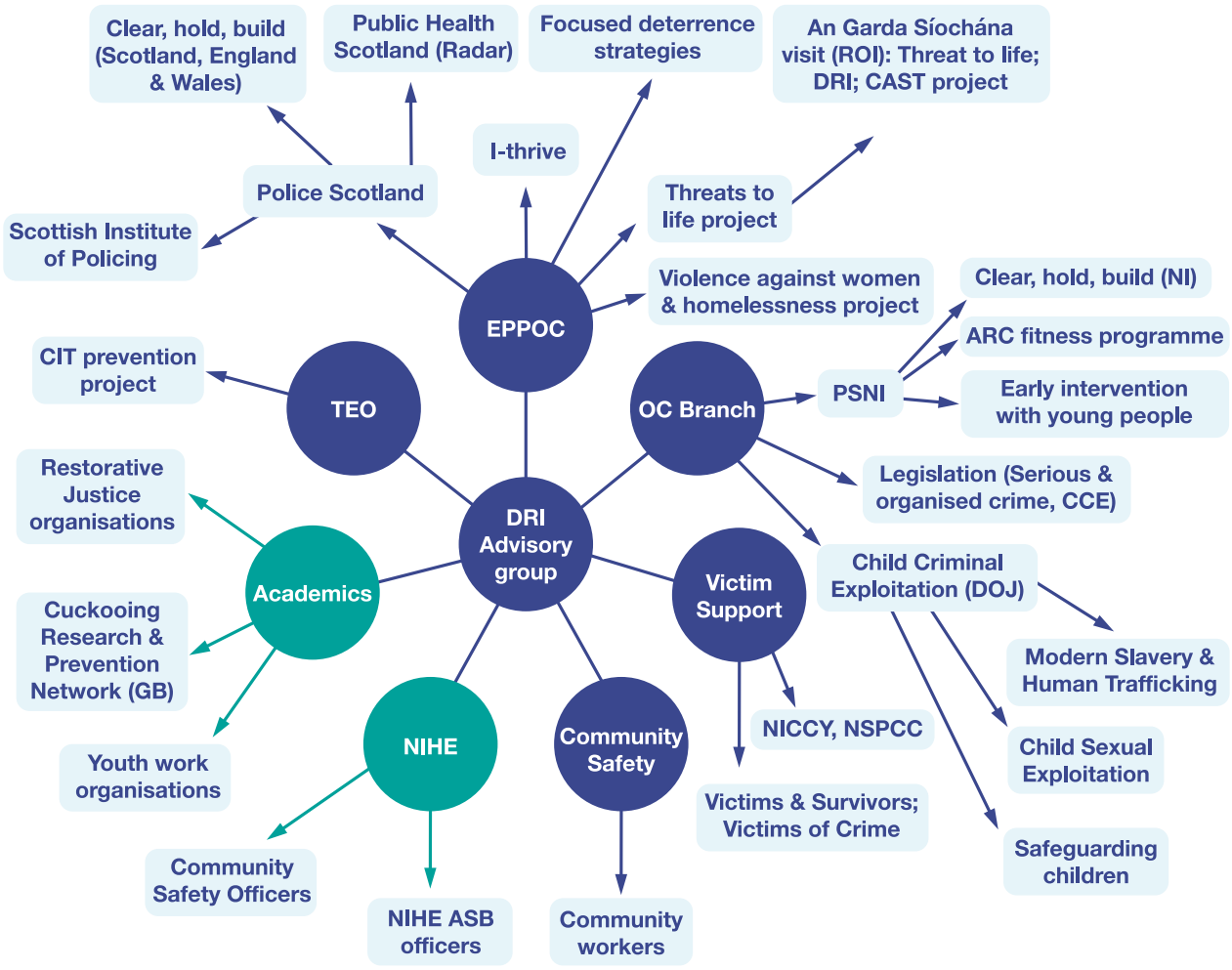
The aim and specific objectives for this work are laid out in Box 2.

9 NI Life and Times Survey - Community Safety and Perceptions of Paramilitary Influence

Method

To support the response scoping, an advisory group was set up consisting of leads for different EPPOC funded workstreams and projects as well as Justice and Health and Social Care stakeholders, Northern Ireland Alcohol and Drugs Alliance (NIADA), academics, etc. The DRI advisory group provided a starting point of useful contacts from which the identification of further relevant stakeholders across NI but also in GB and ROI snowballed (see Figure 3).

Figure 3. Overview of stakeholder engagement and snowballing of contacts



Note: green background indicates stakeholders that were not part of a government department.

Engagement with key stakeholders quickly showed the dearth of data/information on DRI in NI, with the NIHE appearing as the only key stakeholder who have been systematically collecting data on presentation due to housing need that is related to intimidation[10] (NIHE, 2025). This early engagement identified various areas/sectors that PWUD/their families potentially come into contact with (see Table 1).

10 Breakdown of intimidation acceptances by council

Engagement with these areas/sectors was sought given their likely knowledge of the circumstances surrounding DRI incidents but also wider community sentiment towards PWUD. In addition to staff views, the non-criminal justice settings were approached to also provide access to those affected by DRI (eg PWUD, family members), especially substance use services who are known to run service user groups.

Table 1. Sectors/services relevant for DRI by qualitative and quantitative approaches

Sectors/areas	Service types	Qualitative research	Quantitative research
Substance use & related HSC services	Statutory and community/voluntary substance use services	X	X
	Needle & Syringe Exchange pharmacies		X
	NIAS/Emergency Departments	X	
Housing	NIHE (eg Antisocial Behaviour Officers)	X	
	Housing associations	X	
	Homelessness services*	X	X
Criminal justice	PSNI (esp. neighbourhood policing)	X	
	PBNI/YJA	X	
Other community-based advice/ support	Restorative justice organisations	X	
	Youth work	X	
	Organisations around human trafficking	X	

* specifically, those providing accommodation for PWUD

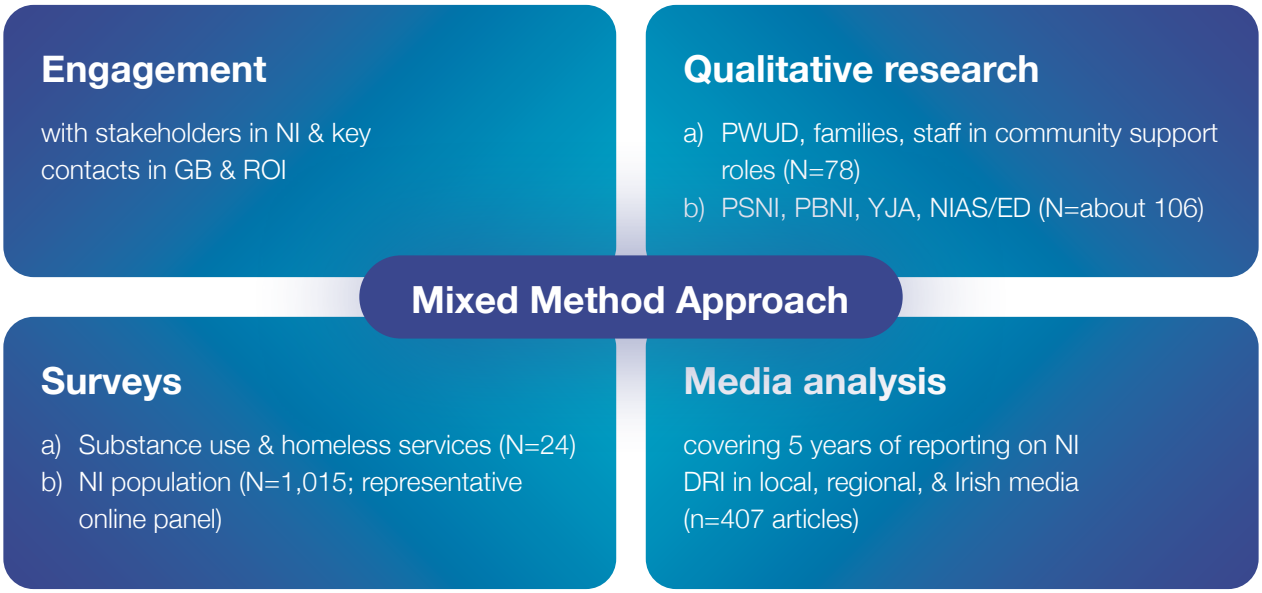
To address the objectives, the response scoping employed a mixed method approach consisting of qualitative and quantitative research and a media analysis. Qualitative research produces rich information and was considered particularly useful exploring the diverse dynamics of DRI from the experience of affected individuals, family members, and service providers. Quantitative methods were considered helpful in gathering prevalence type information in defined service sectors and for the general population.

A mixed method approach

In addition to extensive stakeholder engagement, five distinct studies were designed. This was further supplemented by a selective review of the relevant and most recently published literature on wider aspects of DRI.

Figure 4 briefly summarises the breadths and reach (ie numbers of participants involved) of the mixed method approach.

Figure 4. Overview of the DRI response scoping – mixed method approach



The two qualitative and two quantitative investigations as well as the media analysis and the overall timelines for the project are described in more detail below.

The qualitative research included two separate projects:

a) a study gathering the views of PWUD (n=12), family members (n=2) and staff in community-based supports (eg youth work, restorative justice, housing, human trafficking organisations). Because of low participation from PWUD and family members, staff in substance use and homeless services became involved to provide second hand views on the experience of their service users (n=64); and

b) a study exploring the views of neighbourhood police officers (n=25), probation staff (about n=75) and Youth Justice Agency staff (n=4), as well as NIAS/Emergency Department staff (n=2) of DRI in the community/among their caseloads.

The quantitative research also had two components:

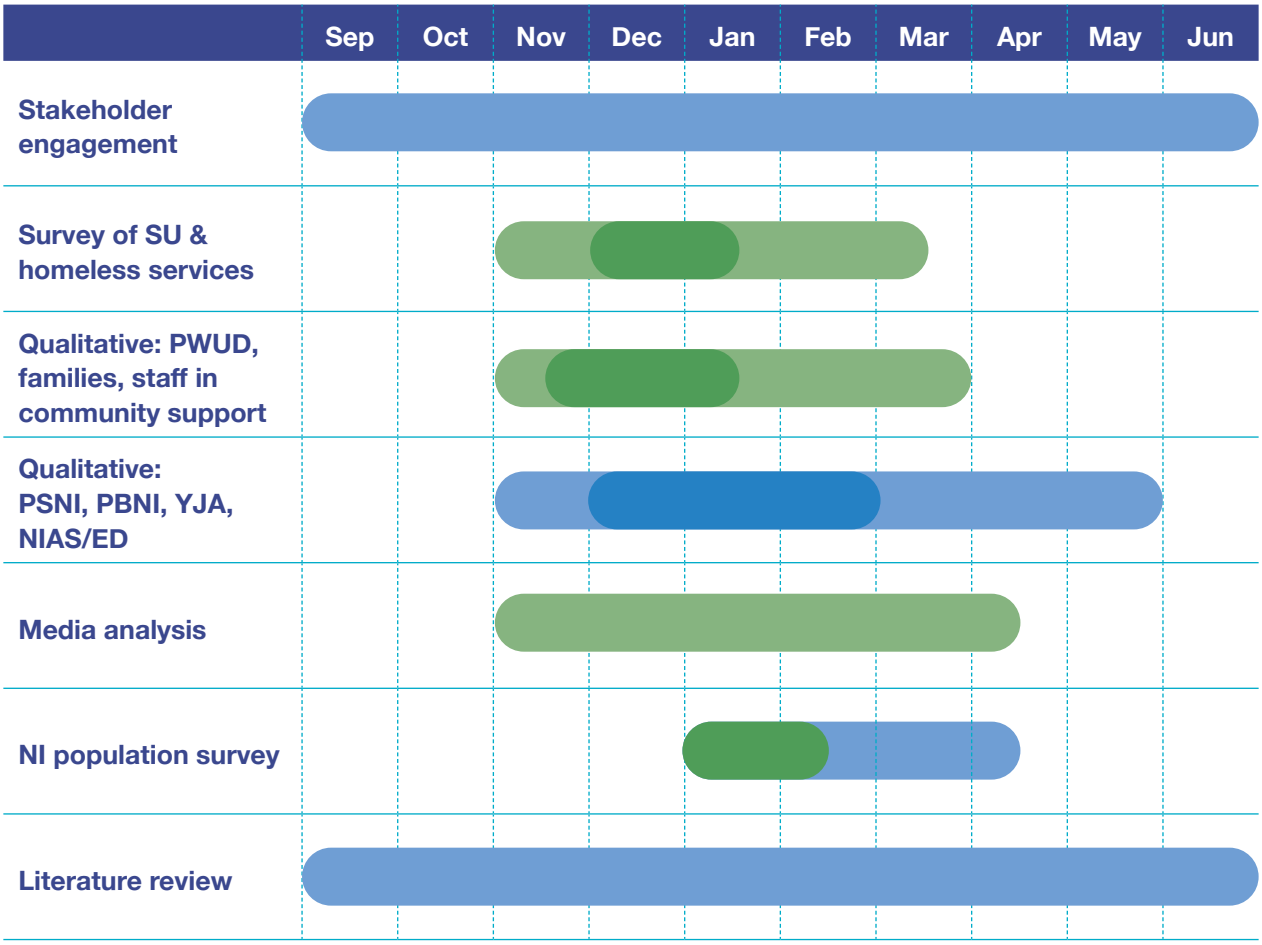
c) a survey of Health and Social Care Trust based and PHA commissioned substance use services, including needle and syringe exchange (NSE) pharmacies, and homelessness providers specific for PWUD (including inclusion health) on the prevalence and presentation of DRI among their service users (N=24; response rate 36%); and

d) a survey representative of the NI population (N=1,015; response rate 48%) exploring community views on drug use, DRI, and the role of PSNI and paramilitaries in responding to drug issues.

The media analysis contained both quantitative and qualitative analysis of reports from 19 local, regional and Irish news media sources covering five years (publication period 1 September 2019 to 1 October 2024) and 407 separate media reports.

This programme of work was undertaken during September 2024 to April 2025, with further stakeholder engagement and integration of the wider literature in the write-up stretching over May and June 2025. Table 2 provides an overview of the timelines of the individual components.

Table 2. Fieldwork period of programme components: September 2024 to June 2025



Note: Green – commissioned; blue – PHA inhouse completion; darker shade shows period of data collection; for population survey data was collected via Social Market Research's survey panel and analysed by PHA.

Studies b), c) and data collection for d) were commissioned to market research companies; the media analysis was undertaken by researchers with expertise in drug markets at Ulster University. All other parts of this research programme were conducted inhouse by PHA.

Strengths and limitations of the individual components are summarised in Table 3. Although stakeholder engagement also had identified mental health services and children's/family services in HSCTs, the time available had not been sufficient to get access to staff working in these settings.

Table 3. Strengths and limitations of the research components

Survey of SU & homeless services	Qualitative: PWUD, families, staff in community support	Qualitative: PSNI, PBNI, YJA, NIAS/ ED	Media analysis	NI population survey
Strength				
Good response across NI & by sector type (statutory, community/ voluntary)	Staff perspective across SU services, youth work, RJO, housing, trafficking	Very good response across different justice organisations	407 articles from 19 news media across 5yrs, covering all areas of NI & range of victims	Representative of NI population, complements NILT, NISCS as more drug specific
Limitations				
Less response from Belfast services	Less response from outside Belfast, from PWUD/families & hence second-hand experience by staff	Police views limited to neighbourhood policing; fewer responses from YJA; PBNI teams with high DRI experience	Articles tended to focus more on feuds, DRI on dealers and much less on PWUD	Snapshot of issues, no in-depth exploration of drug use stigma

The research components resulted in the following reports which form the basis for this summary report. *Please note these reports will be referenced as R1, R2, etc in the subsequent sections*.

Report 1 (R1)	SMR (2025). *Exploring drug related intimidation: A survey of substance use and homeless services*. PHA.
Report 2 (R2)	PHA (2025a). *Experience of drug related intimidation: views from people who use drugs, families and staff working in community support roles. A qualitative exploration.* PHA.
Report 3 (R3)	PHA (2025b). *Drug related intimidation in NI – perspectives from criminal justice and emergency care staff.* PHA.
Report 4 (R4)	Harris, J & Niblock, T. (2025). *Media analysis of systemic drug-related intimidation in Northern Ireland*. Ulster University & PHA.
Report 5 (R5)	PHA (2025c). *Views on drug use, drug related intimidation, and reporting of incidences in Northern Ireland. A survey of the general population*. PHA.

Whilst this report synthesises the key findings from the different study reports, these should be consulted individually for a more detailed picture. In addition to the project reports, relevant studies/reports conducted in NI are integrated wherever possible. Many of the other EPPOC funded projects produced reports that also noted aspects of DRI. The ROI DRIVE report (2021)[11] provides a key reference point for this summary/synthesis.

Following the submission of the draft summary report to the advisory group, several DoJ branches were consulted for an update on any developments on relevant legislation and safeguarding procedures (eg NRM), etc. The shared information has been integrated into the later sections of this report.

Presentation of findings

The presentation of findings is structured around Objectives 1 to 5, with each objective having its own section. The first section outlines the development of a definition of DRI that is practical for NI (Objective 1). The following section focuses on Objective 2 and provides evidence on the experience of DRI, describing the nature of DRI, the victims and perpetrators as well as risk and protective factors. Thereafter, the needs of those affected are described as well as currently available support, also identifying barriers and service gaps (Objective 3). This is followed by a summary of what supports would be needed (Objective 4), thereby drawing on the experience of and models used in ROI and England/Wales. The last section then outlines the model for NI (Objective 5).

For illustration purposes, the subsequent sections are interspersed with five case studies, ie personas that were developed for R2 representing typical experiences of DRI in terms of different individual victims, family member, perpetrator, and a youth worker. A sixth case study is from the media analysis (R4) and describes the complexity among some perpetrator groups.

11 DRIVE-Report.pdf

Objective 1: How should DRI be defined in NI?

While initially the HRB definition on DRI (see Box 1, p.9) had been adopted, from early engagement with stakeholders it became very evident that this definition was insufficient to cover the dynamics of DRI in the context of Northern Ireland. Therefore, the definitions on disciplinary and successional DRI were widened as a way to capture the complexities and specific characteristics of these types of DRI in NI. This comprised a broader range of victims forced into drug market roles and reverse/inverse forms of DRI carried out by anti-drug vigilante groups and factions within paramilitary organisations with an aim of eliminating local drug markets. Hence, we suggest the definitions of disciplinary and successional intimidation presented in the boxes below as they more accurately reflect the nature of DRI in the NI context. These expanded definitions were developed by Harris and Niblock (2025; R4) as part of the analysis of media reporting on systemic DRI in NI.

Box 4:

***'Disciplinary DRI** refers to intimidation employed by drug distributors, paramilitary and organised crime groups (OCGs) who are involved and not involved within drug distribution networks to:*

- *Enforce internal social norms either supporting or opposing drug market involvement;*
- *Punish or discourage informants who support or oppose drug market involvement and/or those opposing drug market involvement within the community;*
- *Recover unpaid drug debts and/or other debts.*

This form of intimidation is used to maintain internal control, enforce rules, ensure loyalty, and punish non-compliance or betrayal. It is used within drug distribution networks and in anti-drug enforcement strategies.' (Harris & Niblock, 2025)

Box 5:

***'Successional DRI** refers to actions aiming to expand influence or control over drug markets which either support or oppose drug market operations. It is used by individuals and organisations who are involved and not involved in drug distribution to:*

- *Recruit new members;*
- *Seize control of drug distribution networks or territory;*
- *Eliminate rivals, including other drug distributors and/or organisations involved or not involved in the drug trade and/or those opposing drug market involvement within the community.*

Successional DRI involves the use of threats, coercion or violence targeting rival dealers, competing factions, people who use drugs (PWUD) and others who default on drug and other debts. The objective is to assert dominance either by eliminating competition within drug markets or by dismantling drug markets.' (Harris & Niblock, 2025)

Objective 2: What is the nature of DRI in NI?

The following sections summarise how DRI presents itself in NI exploring its prevalence, causes of DRI, the types of intimidation used, victims and perpetrators, followed by a brief description of risk and protective factors.

Prevalence of DRI

DRI appears to be pervasive in NI though it was not possible to establish a baseline figure due to a lack of recording (apart from NIHE) across different organisations in the justice and health sectors. **Nearly 40%** of the general population were aware of suspected or real DRI occurring in their community, which rose to about half of 18-34 year olds and of those who had ever used drugs (R5). **About one in eight (12.2%)** respondents to the general population survey reported having experienced DRI within the last three years either due to their own drug use or that of a family member, friend or acquaintance (R5).

Across all services and sectors, there was knowledge and/or experience of DRI affecting service users/PWUD/family members.

- Three quarters of substance use and homeless service providers have had service users affected by DRI; these ranged from 1 to 17 (average=7). About even proportions of providers (one third each) reported: up to 15% of their service users with DRI experience; 16% to 50%; and over 50%.
- Staff working in restorative justice, youth work, housing, and human trafficking all had experience of affected individuals and families (R2).
- All neighbourhood policing teams were aware of and had experience of dealing with DRI, though to varying degrees (R3).
- Similarly, probation officers in the five teams that participated all had service users who experienced DRI as did the YJA staff (R3).
- Currently, ED staff in Belfast deal with approximately two to three paramilitary style attacks (PSA; serious physical attacks like assaults or shootings) per month which is a decrease from 10 years ago (see also IRC, 2025). Ambulance staff, however, reported encountering injuries from stab or gunshot wounds, which include PSA, on a daily basis across NI (R3).

However, some staff in substance use services and YJA (especially Western area) were hesitant about participating in this work; lack of occurrence was mentioned as a reason by some though others provided no explanation. The media analysis showed that, across five years, DRI incidences were highest for Belfast HSCT, followed by Northern and South Eastern HSCT, with Southern and Western HSCT having the lowest numbers.

What 'causes' DRI?

The most commonly mentioned precursor of DRI was **drug debt** (eg four in five services in R1; R2, 3). Harmful and dependent use of substances, combined with receiving drugs on 'tap'/'strap' easily accumulates drug debt. Cocaine and pills (eg pregabalin/gabapentin, benzodiazepines) were identified as the drug types that seem to drive drug debt according to the range of services consulted (R1, 2, 3). Cocaine especially was observed as facilitating quick debt building due to its higher price and short-lived effects involving repeat consumption. In recent years, the cocaine market has substantially grown in NI (R3; also see Niblock & Harris, 2025).

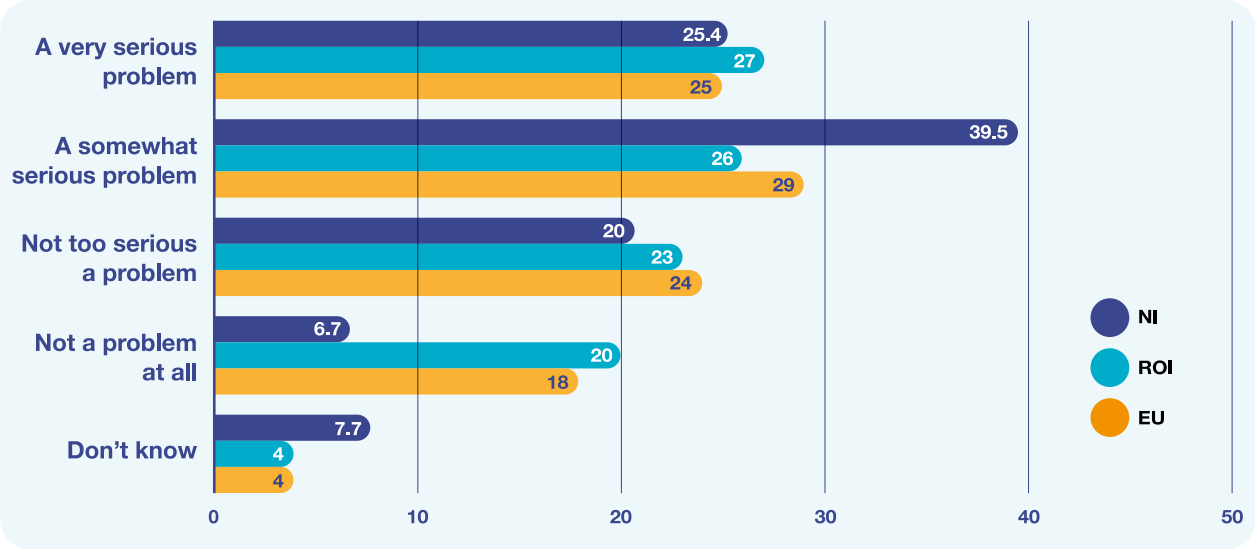
However, drug dealers/gangs have also been reported to trick/groom naïve young people who did not use or only rarely/recreationally used drugs into drug use by offering 'free drugs' (eg at parties) only to later demand repayment for these drugs. The fabrication of high debt from small drug amounts was reported. Likewise, the accumulation of drug debt after police seizures by those tasked with holding/supplying drugs was also noted; for some this debt could still be waiting for them when they leave prison (R2, 3).

Drug use and related antisocial behaviour can also lead to DRI. Communities define what they see as acceptable behaviour. While cannabis use appears to have become normalised in some PUL areas, injecting drug use and the use of heroin and crack cocaine but also methamphetamine remain stigmatised across NI (R2, 3, 4; also Higgins & Kilpatrick, 2005; McElrath, 2004; Niblock & Harris, 2025). Drug use can mean that some homes become 'drug dens' with noisy gatherings and people coming and going, as well as drug litter (eg needles, syringes, etc.) dispersed around these homes and/or neighbourhoods, impacting the area's reputation (R3). Drug use in public areas can also upset local communities (eg exposure of children/young people to drugs) and a perception of a more relaxed or no police response towards this can exacerbate community feelings of being left to deal with it alone (R3).

Purchasing drugs from a dealer that was not sanctioned by the local paramilitary group has also led to a PWUD experiencing DRI, suggesting subtle dynamics in communities (R2).

In general, there seems to be a sense in the wider population that drug use or dealing are a universal and inescapable problem. Figure 5 shows the responses from the NI population survey (R5) in relation to the severity of drug use/dealing in local areas. Concerning is the low proportion of those saying it is no problem at all (7%) which stands in stark contrast compared to responses in ROI (20%) or the EU average (18%; Ipsos European Public Affairs, 2022).

Figure 5. Do you think that, in your local area, people using or dealing drugs are …? (%; R5)



Attitudes towards drug use show that a substantial proportion of people in NI feel unsafe due to drug use in communities (37%) and would feel uncomfortable with someone with a history of drug use/dependence living in their neighbourhood (46%). Three quarters of survey respondents considered PWUD to pose a moderate to a big risk to others (R5). Similar data for Scotland suggests a more tolerant climate there.[12]

Drug dealing often goes hand in hand with drug use, ie smaller dealers often use substances themselves. Accessing drugs from dealers involves increased footfall in areas/to homes that otherwise could be quiet. Dealers may also try to recruit younger 'helpers' to distribute drugs for small payments or offer free drugs to entice use to increase their customer base, hence, drawing young people into drug use and distribution/criminal behaviour (R2, 3).

Drug use and drug dealing also bring DRI into areas due to drug debt and territorial aspirations or feuds between gangs which will affect more community members than PWUD or the local dealer. Incidences of DRI targeting family members/friends and of mistaken identity have been mentioned (R1, 2) and the media analysis also showed that rivalries/feuds can play out in areas that are not the home of gang members (R4).

However, **other debt** from illegal money lending (from paramilitaries), and obligations arising from **human trafficking** can initiate involvement in drug distribution networks that then results in the cycle of DRI (please also see section on victims for further detail, p.29-34).

12 Scottish Social Attitudes Survey 2021/22: Public Attitudes Towards People with Problem Drug Use - gov.scot

What types of intimidation does DRI involve?

Similar to the DRIVE report (2021), a wide range of intimidation types were reported across all five reports (Figure 6):

Surveillance shows as cars parked or people standing near individuals' homes, following them around but can also involve constant text messages, knocks on doors, and sharing footage of beatings of others to put psychological pressure on individuals (R2). Shows of strength, ie gatherings, can be used to intimidate whole communities.

Public shaming can involve graffiti sprayed onto homes, making lists of names of apparent drug dealers/PWUD public (either by posting names online or by nailing a list of names to lamp posts), but also blackmailing individuals with threats of publishing their name or circulating video footage of their behaviour (eg sexual exploitation). This can then act as a trigger for further and more aggressive intimidation by others (R2, 3).

People may also be exposed to **verbal abuse and threats**, including threats of harm to themselves and/or their family members, and to leave the area. For the Belfast area, there were reports that perpetrators find it more effective to threaten harm to family members (eg mothers, sisters, etc.) as many victims were seen as taking even physical assaults too easily (R3). Survey findings showed that half of respondents aware of DRI knew of verbal threats, half of those with DRI experience were targeted by threats (R5), and all substance use/homeless services reported this as common/very common (R1). Receiving threats to leave an area was also reported by PWUD and (those perceived as) drug dealers (R2, 3).

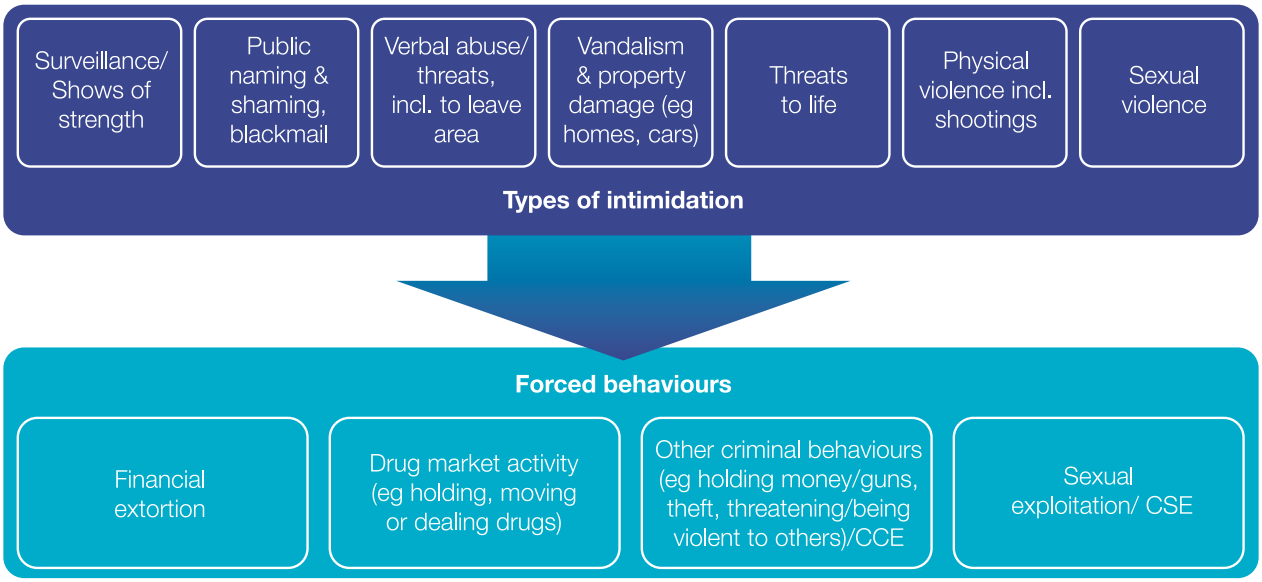
Vandalism and property damage were the second most commonly reported form of intimidation among substance use/homeless services (R1) and among the general population (R5: 54% aware of it), with 31% of those with DRI experience having been exposed to it (R5). Examples provided for this intimidation type include damage to windows, cars, and firebombing/arson of homes (R2).

Threats to life/death threats have been placed on PWUD and drug dealers. Often these come from paramilitary groups and are verified by the PSNI (R2). In some areas though, paramilitary groups did not notify the targets of their threat themselves and directly informed PSNI only to pass on the threat (R3). On other occasions threats may not be confirmed, leaving victims unable to access possible supports (eg housing). Threats to life were reported as occurring occasionally to very commonly by more than half of substance use/homeless services but occurred less commonly than being put out of their home/area (R1).

Physical violence (eg beatings, assaults, shootings), often termed paramilitary style attacks (PSA), was reported by nearly half of survey respondents with DRI experience; 56% of all survey respondents were aware that such assaults had taken place in their community within the last three years (R5). Across NI, physical violence leading to significant injury that requires an emergency response was observed as a daily occurrence. Injuries can include fractures, cuts, stab and gunshot wounds; at times they can be complicated and/or so severe they leave victims with enduring limitations/disabilities. There was a suggestion that PSA were recently somewhat more common in loyalist areas (R3).

Physical violence can serve the purpose of both recruiting new members into drug distribution/gangs (successional intimidation) as an initiation step as well as keeping those that are part of the distribution chain compliant with their role/orders (disciplinary intimidation). On occasion it may also function as an exit route out of gangs or paying off debt though this seems to be quite rare (R3). The nature of gunshot wounds has also changed over time, with far fewer joint injuries but more soft tissue injuries in recent years. This reveals some risk-benefit assessments by perpetrators, with less severe injuries allowing the victim to return to their role in drug distribution quicker and also resulting in potentially less severe court sentences if the perpetrator is caught (R3).

Figure 6. Types of intimidation and resultant forced behaviours reported in NI



Sexual violence was less reported by substance use/homeless services and staff indicated more uncertainty (R1). One in eight survey respondents suggested its occurrence in their community and over 14% of those with DRI experience stated this had happened to them (R5). Sexual violence/exploitation often serves the dual purpose of explicit intimidation but also as a forced behaviour (further described below) to repay drug debt.

Intimidation leads to **forced behaviours** among the victims (see Figure 6) and often leaves them trapped in cycles of DRI, keeping them compliant with demands from perpetrators. It's not uncommon for those affected by DRI to experience multiple incidences and multiple types (R2, 3).

With drug debt being the main driver for DRI, repayment of this debt will be enforced by dealers/gangs. PWUD and their families will use all resources to pay drug debt (eg weekly household budgets, savings, borrowing money, and even re-mortgaging homes) that can increase with extortionate interest rates. However, the ability to pay will not stop **financial extortion** as dealers/gangs will keep on supplying drugs and returning for further payments, even pursuing other family members (R2, 3). The need to pay drug debt can also lead to acquisitive crime that is not a forced behaviour (R4).

When drug debt cannot be serviced by individuals or their family, and aside of enduring any of the above listed intimidation types, they often are recruited into (criminal) behaviours they would not otherwise engage in.

One option is becoming **part of the drug distribution** chain by holding/storing, moving/transporting, or dealing drugs. Some may even be involved in the production of drugs (eg cannabis farms, drug labs). Their role may allow them a proportion of the drugs for personal use (R2, 3). However, the stress from DRI and being made to hold drugs has also led some people to start using these drugs, tying them further into debt (R3). Substance use/homeless services staff had very dispersed views on how common coercion to hold, transport or sell drugs was among their service users with DRI experience. About half did not know, a quarter thought it was common/very common, while another quarter considered this to be occurring occasionally or rarely (R1).

CASE STUDY 1

Liam, male who has experienced drug related intimidation

Liam is 21 years old and lives in an area where there is a known paramilitary and organised crime presence. He began taking drugs when he was 14. It started with smoking cannabis and then progressed to harder drugs such as cocaine. Liam initially got involved because of peer pressure and wanting to be accepted by the 'in crowd'.

Liam's behaviour was out of control by the time be turned 16; he was involved in crime in the area. Liam also owed money to his drug supplier which neither he nor his family were able to repay. This resulted in Liam being physically assaulted with a baseball bat and subjected to a mock punishment shooting when he thought he was going to be shot in an alley way. Liam was constantly threatened with further violence if he reported on the dealers and was unable to break free from the intimidation. He lived in constant fear for his safety and that of his family. He ended up drug running to work off his debt and was forced to keep drugs in his own home so that the dealers avoided getting caught with them.

Liam occasionally interacts with support services but finds it challenging to fully disclose his situation due to the intimidation tactics. He has considered trying to move away from the area but would need help and support to do this.

Another option is to **engage in other criminal activity** such as holding money/proceeds from drug sales or other criminal means and holding guns. (Female) PWUD may also be used for organised theft, for example of meat, laundry detergents, and Lego from supermarkets where they are trafficked between different areas (R3). Coercion into other criminal behaviour (eg theft, intimidation of others) was reported as common/very common by two thirds of substance use/homeless services (R1). Young people especially can become drawn into rioting or engaging in violent/threatening behaviour towards others (R2, 3). Such dynamics have been considered under the term child criminal exploitation (CCE)[13] (Walsh, 2022).

Sexual exploitation is another means to pay drug debt. While more often discussed in relation to females, it happens to both males and females (R2, 3). While survey respondents with DRI experience were primarily males, there was no difference among the proportion of males and females affected by sexual exploitation/violence in this group (R5).

13 Definition of Child Criminal Exploitation | Department of Justice

Though PWUD may be the main target, incidences have been shared where family members (eg parents, a sister) of young people have been forced to pay off the debt with sex (R2). Notable is also that in many cases PWUD, especially females, do not seem to be aware of being sexually exploited (R2, 3). For young people this also falls under child sexual exploitation (CSE).[14]

Overall, intimidation was described as *"a slow but escalating experience; it can build up slowly but then get out of control quickly."* (R2, p.22). Interviews with justice organisations also confirmed this (R3). There were few reports of PWUD managing to recover from drug addiction or being able to leave the intimidation as observed by substance use/homeless services and restorative justice organisations (R2). Moreover, becoming part of the drug supply chain or involved in further criminal activity tends to blur the boundaries of who is a victim or a perpetrator.

When discussing the experience of DRI, scepticism was voiced across different contributors (R3). There was a view that claims of paramilitary style intimidation can be fabricated as they used to earn higher housing points and led to a new home faster than for any other circumstances. NIHE data shows a discrepancy between those presenting due to intimidation and the number of cases where this had been accepted. PBNI staff also suggested that claims of DRI can be used by their service users to cut off any exploration of their circumstances and activities when probation officers assess them. In addition, some higher-ranking members of paramilitary/OC groups falsely claim intimidation to minimise their role in criminal activity and, hence, the punishment they can expect.

Who are the victims of or is affected by DRI?

Across the different reports and depending on the information source and their key focus, different victim groups were identified to varying degrees. For example, the survey of substance use services and homeless providers focussed on PWUD (R1). In contrast, the media analysis (R4) identified six victim types: (a) paramilitary, OC members and dealers, (b) people in debt; (c) trafficked and/or vulnerable victims; (d) family members; (e) local community members; and (f) professionals including business owners, journalists, judges, elected representatives and members of the police.

Media reporting suggests that the vast majority of victims (84%) were adults (aged 25+; children/young people aged 12-24 years: 16%) and males (81%; females: 19%; R4), resulting from the media's main focus on conflict between paramilitary/criminal groups. However, the qualitative study of service users and staff in community support roles (R2), in line with much other NI research on paramilitary activity (eg McAlister, 2018, 2022; Walsh 2022; Walsh and Cunningham, 2023; Walsh and Schubotz, 2019), showed that young people are at substantial risk of being targeted by paramilitaries.

14 Child Sexual Exploitation | Police Service of Northern Ireland

PWUD are a key target group of DRI (R1, 2, 3, 4, 5). Whilst it can affect all ages, the majority will be young people and younger adults (up to age 35) and the majority of victims are males. Across substance use/homeless services those aged 26-39 and aged 18-25 made up over half of their service users with DRI experience (R1).[15]

According to the media analysis, PWUD made up 26% of victims; these split into 78% male and 22% female and the majority were adults. Among these PWUD, 14% were involved in dealing drugs and over half (55%) owed money for drugs to dealers, paramilitary and/or OC groups. Moreover, *"44% were described as vulnerable, predominantly due to being children and young people aged under 25 years"* (R4, p.69).

Users of different drugs may become targets of DRI for different reasons. Accumulating drug debt was identified as the main cause for DRI (R1, 2, 3; Hamilton & Hammond, 2025, Niblock & Harris, 2025). PWUD using cocaine were seen as especially quickly running up drug debt (R3, Niblock & Harris, 2025) though the use of other drugs also contributes to drug debt (eg gabapentinoids, benzodiazepines, heroin, cannabis). With the strong anti-drug views held in communities, those using heroin or crack cocaine, or injecting drugs, will be targeted for their use of these drugs/method of use and the antisocial behaviour that can come with it (eg drug litter, 'drug dens'). As PWUD often also sell drugs to fund their own use, dealing drugs may also provoke community resentment in areas. Being a drug dealer or purchasing drugs from a dealer that was not 'approved of' by local paramilitary groups can also result in being targeted (R2, 3, 4).

It was further suggested that those who inject drugs (and are often homeless) do not make good candidates for recruitment into drug distribution networks because they are seen as chaotic and unreliable to store or sell drugs. In contrast, those who use/snort cocaine generally still have families, a home, a job and, therefore, something to lose, hence, are easier to threaten and coerce into activities they would not chose for themselves (R3, also R2).

People who sell drugs/drug dealers are another key target group for DRI (R1, 3, 4). Under the smoke screen of anti-drug attitudes, DRI may be targeted at dealers (eg threats to relocate/to life, publicising names) to apparently 'cleanse' communities though it may only hide a tactic of paramilitaries exerting control over their 'territory' regarding who has permission to sell drugs (see also IRC, 2025). This permission and aligned 'protection' come with the extortion of payments, ie 'taxes', that drug dealers have to pay. However, if dealers were initially independent they can also be 'brought' into paramilitary or OC operations, especially if they are involved in the high-profit market of cocaine and pills sales (R4, Niblock, forthcoming). Similar to PWUD, certain drug types (eg methamphetamine, heroin, crack cocaine) are more stigmatised and, hence, draw more attention for DRI.

15 But 21% said don't know for males and 25% stated this for females

Low-level drug dealers can also be victims of DRI from *"anti-drug vigilante groups and paramilitary factions opposed to the drug trade"* (R4, p79).

CASE STUDY 2

Tina, female who has experienced drug related intimidation

Tina is 16 years old. She lives in an urban area where drugs are readily available. She comes from a troubled home environment where her mother died from an overdose. Tina began taking drugs at the age of 14. This was to help her cope with the bereavement of losing her mum. She continued taking drugs by befriending an older group of girls and going to house parties with them. She moved from using cannabis to taking ecstasy and cocaine.

She met a drug dealer at one of these parties who gave her a supply 'on the house'. Eventually Tina became addicted and was unable to keep up the payment for the drugs she used. She was coerced into performing sexual acts for drug dealers as a means to pay off these debts. This became a regular expectation when she was unable to pay in cash. When Tina tried to refuse, the dealer threatened to harm her younger siblings. These experiences caused severe trauma leading to anxiety, depression and suicide attempts. She felt isolated from peers and considered that no-one was her friend as she did not know who she could trust.

Tina has sought help with her youth worker who has sourced counselling for her. Her youth worker helped her put together a safety plan and while the intimidation is still there Tina is hopeful that if she can get off the drugs, she might be able to move away from the threat of sexual exploitation.

Young people in areas with a historic paramilitary presence are also at increased risk of DRI. They often are drug naïve, ie have not used before, or had only recreationally experimented with drug use. Similar to the recruitment into county line operations in GB, these young people are befriended by older young people/peers or young adults, are provided with free drugs and are encouraged to help out/give favours. Lured into apparently supportive friendships, they are then pressured and eventually threatened into repaying drug debts. If they cannot meet this obligation, they are forced to become involved in drug market activity (holding, moving or selling drugs) and/or criminal activities such as rioting, intimidating others through low level threats, property damage, holding guns or money, or they can also be sexually exploited (R2, 3, 4; Kane & Chisholm, 2025; Walsh, 2022).

These young people often come with particular vulnerabilities (eg neurodiversity, parental substance use, care background) which increases their risk of being intimidated and exploited (R2, 3). The section on risk factors provides further details (p.38-40).

There were accounts of young people in care homes disappearing, being exploited for sex and being paid in drugs (R3). Female care leavers can receive material and/or financial supports to furnish their own homes; they are then indebted and threatened to hold drugs, with the stress from intimidation leading them into (further) drug use.

Similar mechanisms are applied to **people who have acquired debt through gambling or illegal money lending** from paramilitaries or other 'community members', for example to pay gambling debts or who are struggling due to poverty/low incomes (R4). Again, these victims can be forced to engage in drug market activity (eg storing, moving drugs, holding money from drug sales).

Family members can become affected by DRI due to the drug use and related debt or drug dealing of their relative. They can be indirectly affected due to threats and violence meted out on their relative or their shared home *("perpetual underlying terror",* Hamilton & Hammond, 2025, p.22), with the most extreme cases being parents who have brought their child for a PSA (R2, 3). Family members can become the target of DRI itself. Many try to support their relative in repaying drug debts, providing money and even re-mortgaging their home. When lacking financial resources, parents and siblings were forced into sexual or criminal activity to clear the debt (R2, 3). A trend was also reported by probation service users in Belfast, with threats of harm to female relatives being more effective in controlling them than violence targeting them directly (R3).

CASE STUDY 3

Mary, parent

Mary is aged 45 and a single parent to three children. Her eldest son, Jamie, who is now 17, started using cannabis when he was 15. He is now struggling with drug addiction having gradually moved to harder substances like cocaine. He has gone from being a fairly happy and content young person to displaying increased aggression, secrecy and withdrawal from family activities. As a result of his drug taking Jamie accrued significant drug debt, leading to threats from dealers. Knowing Jamie wouldn't have the money to pay back the debt, the dealers contacted Mary and threatened her, her son and other family members with physical violence if the debt was not paid. Mary subsequently had to pay off these debts multiple times to protect her family. Jamie has also been coerced into running drugs as a way of paying off his debt. There is now a cycle of fear and criminality within the family.

Mary has been reluctant to seek help due to fear of retaliation from dealers and she is worried that involving police could escalate the situation. She did reach out to community support services but found it challenging due to ongoing surveillance by the people intimidating her son. She found that support systems did not seem to know how to help with the complex needs of her situation given the drug related intimidation.

Mary feels isolated and unsure about who she can trust. She lives in constant fear for her family's safety, while experiencing severe anxiety about her son's drug taking. She suffers from guilt for not being able to protect her son from falling into drug taking and struggles watching him suffer. This all impacts on her ability to work and care for the rest of the family.

Mary has recently found an organisation which has given her hope through advice and support. She has been given a key worker and has been able to speak with others in a group setting who have had similar experiences as her, however, it has taken a while to be able to trust and be open in the group.

Members of paramilitary or OC gangs can also experience DRI, mainly due to disputes within and between groups or factions over territory and, specific to paramilitaries, among those operating in the drugs market versus those with an anti-drug stance wanting to shut down such operations.

In addition, further diverse groups of people can find themselves at risk of DRI:

- **Foreign nationals** (eg Lithuanian, Vietnamese, Chinese) brought into NI to participate in drug market activity under the guise of lawful employment but who are victims of human trafficking/modern slavery (eg personal documents held by gangs and coerced into illegal activity such as producing, storing, moving or selling drugs; R3, 4).
- **Vulnerable** individuals with significant mental illness, learning difficulties, or physical disability who are threatened and exploited to hold/store drugs or proceeds of drug sales (R3, 4). This also includes vulnerable older men in Fermanagh/rural areas who have been pressurised and intimidated to undertake bus journeys to Dublin and back, transporting drugs, who were targeted as they are considered unlikely drug couriers.[16]
- **Business owners** can be targeted for the purpose of transporting drugs and money but also to sell their business to organisation members (R4).
- **Other professionals** such as judges, journalists, elected representatives, and police officers can become targets of DRI when they are seen as a threat to drug market operations through criminal justice measures or even political and media coverage (R4). Staff working in health care and/or with PWUD can also become exposed to DRI (R3).
- **Community members** can be subjected to DRI to prevent their resistance to drug market activity in their area and any cooperation with police investigations (ie silencing) but also when voicing opposition or taking actions (individual, collective) against drug market operations (R4).

Who are the perpetrators?

Akin to victims, depending on information source, different perpetrator groups were mentioned across the investigations with the most diverse account presented by the media analysis (R2, 3, 4). Perpetrators are predominantly male – only the media analysis identified cases of female perpetrators (ie 3% of perpetrators) and mainly linked them to modern slavery/human trafficking of foreign nationals associated with the drug trade (R4). It is uncertain if female perpetrators are less visible or less likely to be recognised as such which could be due to the types of activities they engage in. Perpetrators ranged across all ages, with younger ones (ie children to young adults) being involved more in less severe forms of DRI (eg property damage, threats but also low-level violence) while severe threats (eg to leave an area, to life) or violence, especially PSA, are committed by more senior and older members (ie men in their 30s, 40s, and 50s; R1, 2, 3, 4).

16 Personal communication from DoJ representative based on feedback from Rural Community Network as part of the consultation for the Victims and Witnesses of Crime Strategy, email 23 June 2025.

The following perpetrator groups were identified across the different information sources:

Paramilitary groups were identified as the main perpetrators of DRI, loyalist paramilitaries even more so than republican ones in terms of being major operators in the drugs market (R2, 3, 4; for a list of all paramilitary groups mentioned in the media analysis (R4) see Appendix 1). Paramilitary groups especially engage in DRI in the areas where they have historically operated. They directly supply drugs in the NI market but also manage distribution networks indirectly by operating a system of permission and protection for lower level drug dealers and at times even for OC groups. DRI is applied to enforce payments (eg drug or other debts) and *"assert control through exploiting individuals into paying 'tax' or working for a paramilitary group."* (R4, p.49). Paramilitary groups are extensively fractured and experience internal conflict where DRI occurs between anti-drug and drug market involved factions (see example case study below). Reverse/inverted forms of DRI are to reinforce an anti-drug stance and intend to dismantle local drugs markets, this shows as intimidation of drug users as well as drug sellers but also by 'expelling' drug involved group members. Such action buys these groups a lot of sympathy and legitimacy from the communities they operate in as they are seen as addressing issues that the CJS fails to solve (eg rough but swift justice; R2, 3, 5; see also Sturgeon et al., 2024).

Across both loyalist and republican paramilitaries, the prime motivations are territorial control and internal discipline (in their operations) (R4), or put simply: power, control and money (R3, Niblock & Harris, 2025). Across different informants there was the view that paramilitaries are OC groups in all but the name and that the apparent anti-drug stance is a smokescreen for drug market involvement (R2, 3, Niblock & Harris, 2025) though the media analysis suggests that there appear to be splinter groups with sincere anti-drug intentions (R4).

CASE STUDY 4

Systemic DRI in Ards and North-Down: Loyalist enforcement and retaliation

In 2023, various media sources extensively reported on a loyalist paramilitary feud over drug markets and territory within the Ards and North Down area. This example illustrates the complexity of systemic DRI within Northern Ireland and involved implicit threats, explicit threats and forced behaviours.

The main conflict was between the Real Ulster Freedom Fighters (UFF) and the North Down UDA. Both groups had been forced to leave mainstream UDA organisations in West Belfast and South East Antrim and relocated to the Ards and North Down area.

The Real UFF emerged as an autonomous faction composed of up to 50 members after being expelled from the South East Antrim UDA allegedly due to selling heroin and a violent attack on a UDA member. This group were reportedly involved in exploiting housing points to obtain social housing within the Weavers Grange area of the West Winds Estate in Newtownards.

Tensions in the Newtownards and wider North Down area escalated primarily due to growing tensions between the Real UFF and the North Down UDA over drug territory and the announcement that the Real UFF no longer had protection from the South East Antrim UDA. The North Down UDA issued a statement through a restorative justice group demanding Real UFF members vacate the local area. However, several Real UFF members refused to relocate which resulted in multiple DRI attacks aiming to force Real UFF relocation and a series of retaliatory attacks.

The conflict affected Newtownards, Bangor, North Down, the Ards Peninsula and the wider County Down area. An estimated 120 incidents occurred and these included: arson and pipe bomb attacks on homes, commercial property and vehicles; unlawful gatherings; violence; implicit and explicit threats to organisational members, their families and local community members; and forced relocations of organisational members. Families and innocent community members were also victimised and 30 families had to relocate. A local judge dealing with charges relating to these incidents was also threatened through graffiti on a wall outside of the Newtownards Courthouse. Subsequently, multiple middle-aged men who were members of, or linked to, the two groups were charged with violence, criminal damage, affray and illegal gatherings. The sheer volume of DRI incidents linked to this feud resulted in considerable policing costs estimated at £476,000. Policing the situation was challenging due to multiple individuals and affected areas.

Other loyalist paramilitary organisations were connected to this conflict. These organisations refused to provide protection to the Real UFF and/or allow relocation of members into their areas. These organisations included the East Belfast UVF, West Belfast UDA, Red Hand Commandos and South East Antrim UDA. However, some individual actors within these organisations did eventually agree to some Real UFF members moving to their areas.

Community opposition toward the Real UFF and the DRI incidents was also clearly evident. A number of peaceful community protests were organised by the West Wind Residents Collective in opposition to drug markets and DRI. These protests were led by a group of local women despite threats of Real UFF violence if they participated in the parades. (Source: R4; p.34)

Organised crime groups were the second most identified perpetrator type, operating across all of NI (R2, 3, 4). The media analysis identified three groups by geographical origin: NI originating OCGs, ROI based OCGs, and international OCGs that operate in NI. ROI based OCGs are wholesalers of drugs for paramilitary and NI based OC groups while international OCGs appear to run independently of local set-ups and are involved in human trafficking[17] (R4). OCGs can be in conflict with paramilitary groups (both general DRI and its inverse form) and NI originating OCGs need permission from paramilitaries to operate in specific areas; members may even have a paramilitary background (eg The Firm based in the Southern HSCT area, R4). Apart from inter-group conflict, DRI is also meted out over drug debts.

Independent drug dealers are also known to intimidate PWUD or their families in pursuit of drug debt payments. Some have used the names of (loyalist) paramilitaries to lend their threats and intimidation more weight. Others may pursue debt recovery from customers as they are under pressure from higher level suppliers such as paramilitaries or OCGs.

CASE STUDY 5

Mark, perpetrator of drug related intimidation

Mark is 30 years old. He lives in an urban area with significant drug activity and presence of organised crime. He grew up in a low-income household and experienced early exposure to criminal activities and drug taking through family and community members. He started engaging in petty crimes during his teenage years.

He became involved in drug dealing to earn income and became known for distributing various substances including cannabis, cocaine and ecstasy. Mark is connected with a local gang/paramilitary group. He is often tasked with using intimidation to ensure drug debt is paid, this sometimes involves property damage or physical violence, including beatings, towards those in debt. He also threatens the family members of those who owe him money. He targets those already using drugs, exploiting their vulnerabilities by manipulating them into working on his behalf, making them deliver drugs, collect fees or engage in other crime such as theft. This has helped him avoid prison. He operates within communities where there is an acceptance of drug taking and where there is enough fear of intimidation that no one has reported him.

Mark had considered trying to stop these criminal activities as he would like to make sure his own children do not follow the same path, but he has found it too difficult to walk away. This is due to his inability to make the same amount of money as he does through dealing. In addition, when he has tried to stop dealing, others he collaborates with say that he knows too much, and they keep drawing him back in.

17 In an international sense of moving across borders. Others would argue that all exploitation of vulnerable individuals, but especially of children and young people, meet the definition of human trafficking (see Kane & Chisholm, 2025).

A fourth group are **anti-drug vigilante groups** that have frequently *"emerged from fractured republican and loyalist paramilitary organisations, or dissident groups, and enforce an anti-drug stance despite the wider or associated organisations having links to the drugs trade"*. (R4, p.64). Their aim is to discipline individuals and related organisations to cease operating in local drug supply chains, hence, asserting control over communities by enforcing social norms that are against drugs. Inverse forms of DRI still involve a variety of DRI types ranging from threats of publication to the actual publication of names of drug dealers, PSA, or forcing individuals to leave certain areas. Whilst many genuinely are anti-drug, similar to paramilitaries themselves, there are splinter groups within anti-drug vigilante groups that are involved in the drug trade and extort those in local drug distribution (R4).

Lastly, **community members** may also instigate intimidation of PWUD or drug dealers if they are angered by open drug use, dealing or drug related ASB or litter (R3). If community members are frustrated with/dissatisfied by the response from PSNI or other services to their complaints (or perceived lack of it), some may request support from paramilitary or associated anti-vigilante groups to address the drug issues. The general population survey (R5) showed that 37% of respondents felt unsafe due to drug use/dealing in their community, with twice as many (75%) viewing people with a drug problem as a moderate or big risk to the safety of others in their community. Moreover, over a quarter (27.5%) stated that they would consider talking to a paramilitary if they were bothered about drug issues/problems in their community.

Overall, the research has shown that the lines between victim and perpetrators are blurred. Victims can become perpetrators through exploitation. Perpetrators themselves can be victims when they are intimidated by those higher up or in other criminal groups.

A further characteristic of the intimidation is its hyperlocal occurrence/presentation – meaning that both victims and perpetrators often live in close proximity to each other and often are known to each other (R2, 3; Kane & Chisholm, 2025; Walsh, 2022). This can have significant implications for reporting and responding to DRI (eg Kane & Chisholm, 2025).

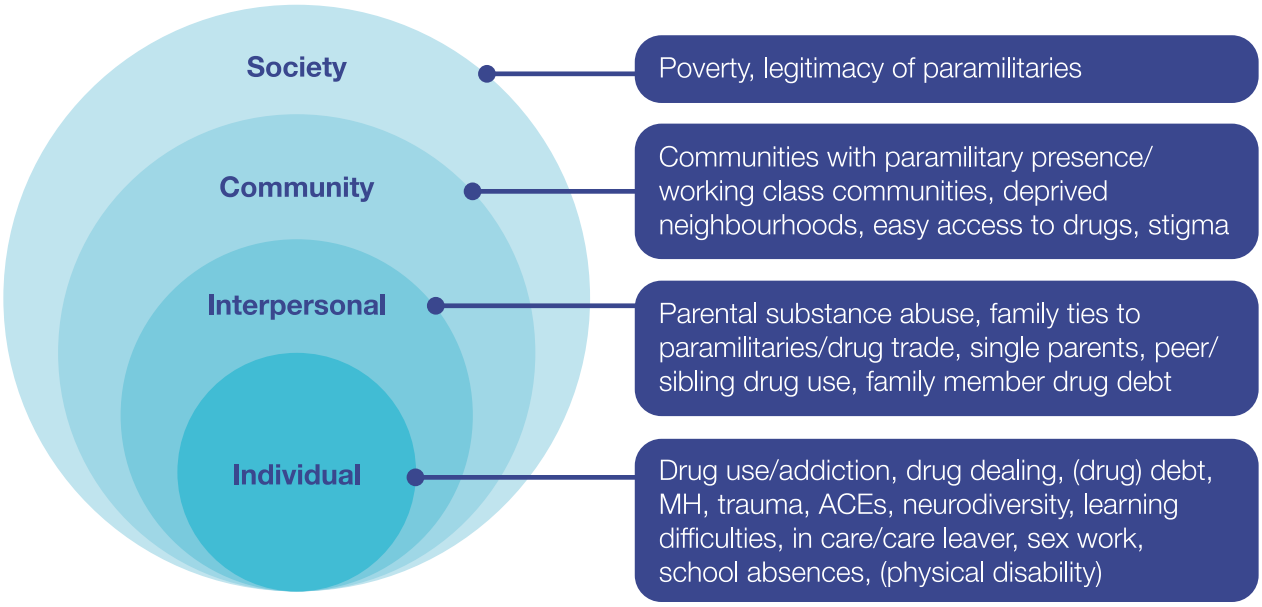
Risk and protective factors for DRI

Based on a public health approach (Bellis et al., 2017), an attempt was made to identify risk and protective factors for experiencing DRI. Across the different projects and information sources (R1, 2, 3 4), an extensive list of risk factors was identified as is shown in Figure 7.

Identified **risk factors** of DRI have been categorised based on a broadly ecological perspective (Bronfenbrenner, 1979) within which some factors sit within the individual,

others arise from their social/interpersonal networks they are embedded in, such as family, peer groups, schools, work places. Furthermore, some factors operate at the level of community or wider/whole society. Altogether, they provide the ecological context/ conditions for development.

Figure 7. Risk factors for DRI in NI



Risk factors identified for young people overlap significantly with those described in the literature on preventing drug use and other risk-taking behaviours, including delinquency (ACMD, 2022; UNODC & WHO, 2018). From this it is known that *"… marginalized youth in poor communities with little or no family support and limited access to education in school are especially at risk." (*UNODC & WHO 2018; p.3). There is also substantial similarity to risk factors described in relation to children and young adults who experience or are at risk of modern slavery in the UK (Celiksoy et al., 2024).

Specific to the circumstance of DRI, and very proximally linked, are drug use/addiction, drug debt, and drug dealing (please see earlier section on causes of DRI). Very specific to NI are such societal factors as the historical legitimacy of paramilitary groups and community level factors such as the presence of paramilitary groups in communities (and their involvement in drug markets) as well as the high tolerance of intimidation in general in many working class communities (eg normalisation of violence and exploitation; see also Kane & Chisholm, 2025; Sturgeon et al., 2024; Walsh & Cunningham, 2023). Whilst all communities set norms for acceptable behaviour, the role of paramilitaries and their associated anti-vigilante groups in this is again uniquely tied to the Northern Irish historical context.

The wide range of individual and interpersonal risk factors shows that perpetrators prey on very diverse vulnerabilities, even if the affected person is not involved in drug use (eg family member debt) or if the DRI risk factor is not related to drug use (eg a few people with physical disability were coerced into holding/storing drugs, R4). This shows that vulnerability can be wider than expected due to the aggressive marketing of drugs and recruitment into the drug market by paramilitary and OC groups (R4).

A recent report (Celiksoy et al., 2024) on child modern slavery in the UK concluded: *"A key risk factor of modern slavery of CYA [children and young adults] is the vulnerability of childhood, as many CYA are targeted simply by virtue of their age, experience, knowledge, and maturity level."* (p.18). They poignantly cite one of their interviewees stating: *"Any child from any community and any background is at risk of being exploited. Fundamentally, we can talk about communities that are more at risk of being exploited. But I think it's erroneous to suggest that there is only certain types of young people or certain situations. Fundamentally, child exploitation and human trafficking and modern slavery are often about sophisticated perpetrators, utilising techniques to coerce and manipulating control ..."* (p.18). There were many instances in the current research where this assessment of sophisticated perpetrators and skilful manipulation equally applied.

In relation to **protective factors**, which function to offset the impact of risk factors, far fewer emerged. The mentioned protective factors include:

- Youth work;
- Strong female leadership in communities/community resistance;
- Attachment to family, school;
- Opportunities: education, work, leisure.

Attachment to family (within the context of functioning families) and to school are well established protective (ie countering risks) and promotive (ie generally supportive even when no risk) factors for youth development (UNODC & WHO, 2018, p.2): *"... psychological and emotional well-being, personal and social competence, a strong attachment to caring and effective parents, attachment to schools and communities that are well organized and have enough appropriate resources are all factors that contribute to making young people less vulnerable to substance use and other risky behaviours.".*

This links in with opportunities for education, work, and leisure which are also features in the resilience and desistance from offending literature (see Bozick et al., 2018; Cordle & Gale, 2025; Fox et al., 2020; Kazemian, 2021 for reviews; example studies Coyle et al., 2024; Sampson & Laub, 1993). Youth work fits well within this configuration as being able to off-set other risks within family, peer, and community contexts (Walsh, 2022, 2023).

However, stakeholder engagement pointed to a few inconsistencies in respect to protective or desistance promotive factors. Having a partner/being married can help transition out of crime (eg McNeill et al., 2013; Solomon & Scherer, 2021) though cases where mentioned where female partners of drug dealers/OCG members were seen as encouraging persistence with crime to satisfy their material demands for a more lavish lifestyle.[18] Structured leisure activities such as sports clubs have been found to prevent engaging in antisocial behaviour (Mahoney & Stattin, 2000; Meenagh, 2011; Svensson et al., 2023). Rural sports clubs in the Western area of NI appear to be targeted by drug gangs with the aim of grooming young people into drug related activity, facilitated by much cross border activity which apparently is not being monitored.[19]

Strong female leadership as part of community resistance was an unexpected finding and emerged from the media analysis (R4) but also in the interviews/focus groups with people affected by DRI and staff in community support roles (R2).[20] There is some literature acknowledging the gendered impact of paramilitary violence which plays out primarily in the private/domestic sphere (McAlister et al, 2022; McMordie et al, 2025; Swaine, 2024). Violence towards women in open, public spaces seems to be much rarer and women tend not to be victims of extreme paramilitary violence (eg victims of PSA were nearly all reported to have been males in the current research; R3).

In addition, the media analysis highlighted that professional victims of DRI (eg judges, journalists, elected representatives, and police officers) *"appeared to be more resilient towards successional and disciplinary DRI"* which aimed to silence their opposition or involvement in policing operations/justice processes (R4). Ongoing research into the NI drug market is also uncovering resistance from those originating from areas without a historical paramilitary presence by not accepting the authority of paramilitary groups/ members (Niblock, forthcoming).

Although few, there are examples of individuals and/or whole communities standing up against the bullying and intimidation by paramilitaries.

18 This was mentioned by several justice based stakeholders from NI and Scotland (autumn, 2024).

19 This had emerged as part of the consultation exercises for the Victims and Witness of Crime Strategy. Personal communication DoJ representative 2 July 2025.

20 There is evidence though that women had leading/important roles in the anti-drugs movement in ROI **(51) 2008 Women's activism during Dublin's anti-drugs movement**

Objective 3: What are the needs of those affected by DRI and how are they currently addressed?

DRI has wide-ranging impacts for individuals, their families, and even communities. DRI is highly effective in instilling fear and losing a sense of safety among affected individuals in terms of their home and community, freedom from injury/their physical and mental intactness, and can drive (further) isolation from any possible supports (R1, 2, 3, 4). Table 4 summarises areas of need for the target individual and family members (being mindful that some family members can become the actual target, too) as well as what organisations/ services can currently be involved in a response. Yellow background signals that there is need for improving the response.

To assure **safety and protection** PSNI and PBNI/YJA, when informed of incidences, undertake risk assessments and provide safety/security advice and measures (including neighbourhood police increasing area patrols) to minimise impacts on those affected. Often this is more reactive than preventive (R3). If other services are the primary contact following a DRI incident – such as restorative justice organisations, NIAS and ED (in response to physical injury/PSA), or NIHE (eg especially property damage) – they must inform the PSNI. When children and young people (CYP) or vulnerable adults are involved, safeguarding procedures must be adhered to which will also involve social services; PSNI, NIAS and ED have direct referral pathways. For the specific circumstances of child sexual and/or criminal exploitation, new pathways have been set up though no detail on how they work in practice was provided (R3). Surprisingly, substance use and homeless services identified safety concerns to a far lesser degree (R1).

The lack of use of the National Referral Mechanism, as a UK wide process for supporting CYP that have been groomed by criminal gangs (ie CCE), was only raised in R2 but not by justice-based staff (R3), though other sources suggest minimal use in NI also (House of Commons NI Affairs Committee, 2024; Kane & Chisholm, 2025).

In terms of **physical health** needs, any injury would be attended to by health care professionals (eg paramedics, emergency department staff) if presented to these services, though service users may not reveal the origin of their injury (R3).

Mental health needs were identified as a major issue for those affected by DRI (R1, 2, 3). The experience of intimidation, violence, and exploitation were generally described as traumatic, leaving individuals hypervigilant, sleep-disturbed, anxious and depressed, and in extreme cases of entrapment this has led to attempted/completed suicide (R2, 3, 4).

For those caught up in the CJS (eg PBNI) personality disorders were also mentioned. Among family members direct and/or vicarious exposure to intimidation and the suffering of their loved one causes immense distress and trauma, they *"live in constant fear and vigilance"* (R2; p.26). Unaddressed mental health needs often result in 'self-medication' with drugs, leading to increasing drug debt which then further feeds the cycle of intimidation (R2, 3). The mental health impact of DRI was also mentioned as a reason for drug initiation among those who had not used before (R3). When support was provided, it came from community/voluntary sector counselling services and also restorative justice organisations, though some young people involved with YJA attended CAMHS (R2, 3). Within PBNI, the Aspire project (which is another EPPOC funded intervention) has built-in counselling. However, it was acknowledged that access to any but also higher intensity/more specialist mental health care was lacking especially for PWUD and probation service users (R2, 3).

Many DRI victims experience **harmful drug use or drug addiction**. The described mental health impact of DRI was often discussed as easily escalating drug use but also as a reason for drug initiation among those who had not used before (R2, 3). Young people especially are at risk of being groomed into drug use, through initially free supply, that can quickly manifest itself as problematic. Hence, drug use would need to be addressed via a broad range of interventions spanning selected/indicated prevention (especially CYP) but also harm reduction, treatment (including detoxification), and recovery support (R1, 2, 3). For family members, who will often already experience strained relationships with their PWUD, support in their own right is crucial to strengthen their personal coping behaviours and wellbeing (RFA, 2023). Support with a DRI focus has been provided to both PWUD and family members by restorative justice organisations (R2; Hamilton & Hammond, 2025). HSCT based and PHA commissioned substance use services also provide interventions for young people at risk, PWUD, and family members, though the uptake among the latter can be low. Again, YJA and PBNI have some internal provision with respect to substance use and good relationships with some statutory services (eg Opiate Substitution Therapy team) but PBNI can struggle to facilitate access to timely and/or higher intensity interventions for PWUD they work with (R3). For those who have comorbid substance use and mental health problems, even if not involved in the CJS, accessing treatment that addresses both is proving very challenging (R2; DoH, 2021). In the longer term, addressing harmful drug use/addiction and co-occurring mental health needs appear as a key component in preventing future DRI as drug debt but also drug related antisocial behaviour are major risk factors for DRI.

It is well established that addiction as well as criminal behaviour are associated with diminished social capital, where **supportive and nurturing social relationships** are few or missing altogether. DRI victims/PWUD and family members can find themselves socially isolated due to, for example, shame and stigma (for/of drug use, criminal behaviour; R2, 3; RFA, 2023). The general population survey suggested that nearly half of respondents (45%) thought that PWUD had only themselves to blame for experiencing DRI from paramilitary and OC groups but also high levels of perceived dangerousness and discomfort towards PWUD as neighbours.[21] For children and young people/siblings having a family member who uses drugs, has drug debt, is involved in or experiences DRI can result in bullying and shaming in their neighbourhood, increasing conflict with peers but also further in the home (R2). A wide range of supports can be useful in improving social support. Affected individuals and family members seem to value safe spaces where they can share their experiences without judgement, provided through peer support groups within and outside of substance use services including the restorative justice setting (R2; Hamilton & Hammond, 2025, RFA, 2023). For young people, support tends to come through youth work (R2; Walsh, 2020; Walsh, 2024), though it was raised that high intensity, long-term, tailored one-to-one support[22] is less available now (due to funding restrictions) but would be essential for those young people who have already become involved in criminal activity/ groups (R3). In addition, parenting support and training are needed to complement youth-focussed work to increase family functioning. This can vary from parenting skills training to more intensive work when parents use substances harmfully themselves.

Table 4. Support needs of people affected by DRI

Area of need	Target individual	Family	Currently addressed by
Safety & protection	Due to threats & violence	Due to threats & violence	PSNI PBNI/YJA Social Services Restorative justice Safeguarding (+CCE, CSE); risk assessment; safety/security advice/measures; prosecutions; NRM
Physical health	Injury		NIAS A&E/hospital (CONNECT: A&E + youth work)

21 People with problem drug use posing a moderate or big risk to others in their community: 75%; feeling uncomfortable about someone with a history of drug use/drug dependence living in your neighbourhood: 46%; R5

22 Such a high intensity model seems to be commissioned by England for County Line Support & Rescue County Lines Support and Rescue | Catch22

Area of need	Target individual	Family	Currently addressed by
Mental health	Trauma, hypervigilance, sleep problems, anxiety, depression to suicidality – *'self-medication'* **Personality disorder**	Distress, fear – emotional support needs	**HSCT MH** Community/voluntary MH services **Restorative justice** **PBNI Aspire**
Substance use	Addiction treatment – esp. detox facilities, harm reduction; MH comorbidity	Family support, strained family relationships	Community/voluntary SU services **OST** **HSCT CAT** **PBNI Aspire** **Restorative justice**
Social support	To cope with DRI and overcome addiction	Social isolation Bullying (CYP)	Youth work **Restorative justice**
Housing	Homelessness, unstable living conditions, emergency housing	Forced to leave – relocation assistance	NIHE Housing associations Refuges, hostels, shelters Secure accommodation
Debt/financial problems	Drug debt	Family member drug debt	**Restorative justice** **Advice NI**
Legal support	Advice on threats, coercion & legal consequences of drug debt		No detail provided
Education/ training	Left education; no qualifications; vocational options	N/A	Schools, EOTAS, post-16 education providers
Employment/ placements	Not able to go into employment	N/A	Local businesses/services

Please note: blue font = CJS organisation or aligned (eg RJO), green font – HSC provider, yellow background – gaps in provision; blue background – relevant to PBNI/YJA

Aside of psychosocial needs, there are also more material ones. Closely related to safety and protection is the issue of a **safe home**. Among substance use and homeless providers, housing issues were the second most frequently mentioned need and the most commonly undertaken referrals/signposting (R1). Housing need arises from not feeling safe due to property damage, ongoing surveillance and/or escalating threats to not being safe as explicit threats of being put out of an area or to the life of individuals or family members are made (R2, 3). Those experiencing DRI can be faced with homelessness and forced into emergency housing or unstable accommodation. The NIHE operated a points system that benefitted those under threat regarding housing allocation. When threats to life were made, some victims and the NIHE would not have received the confirmation from paramilitaries, preventing victims from moving more swiftly into a safer area (R3). Families owning their home have been forced to sell their house before they can relocate; the long sales process can leave them exposed to DRI for even longer periods. Worst affected though appear to be female PWUD involved in the CJS who are homeless with very few, if any, housing options available to them. Often, they can be refused accommodation in refuges as their chaotic lifestyle can pose a risk within the refuge (R3, see also McMordie et al., 2025). Housing vulnerable children and young people in secure accommodation can also lead to unintended consequences of encouragement of drug use and drug crime (R3).

With **debt** being a key driver for DRI, individuals and families need help regarding their finances. Debt from drug use or illegal money lending can swiftly incur disproportionate interest when payments are missed. Restorative justice organisations can negotiate with paramilitary and OC groups to cap debt and agree a payment plan (R2). Similar support is provided by Advice NI. EPPOC's campaign on illegal money lending recommends the use of Advice NI for help with general financial circumstances as these will often be strained for families due to substance use (eg see also RFA, 2023). However, showing ability of servicing a debt may still result in a pursuit of further demands from perpetrators, continuing the cycle of DRI (R2, 3).

Legal support is another area of need. Victims can themselves be at risk of criminal/legal proceedings (eg PWUD or street level dealers caught with illicit drugs; young people and other vulnerable people involved in criminal activity due to exploitation/forced behaviours; R2, 3). It is uncertain how this support could be sourced apart from involving a solicitor. In England and Wales, in cases of county line investigations and the use of the NRM, Section 45 of the 2015 Modern Slavery Act is used for legal defence when offences were committed under exploitation. Equivalent legislation in NI is the Human Trafficking and Exploitation (Criminal Justice and Support for Victims) Act (Northern Ireland) 2015,[23] in particular Section 22. This section, however, can be used without the NRM (which had been rarely used in these circumstances) to defend vulnerable individuals/CYP.

23 https://www.nilga.org/media/2000/nilga-modern-slavery-council-guide-04052020.pdf; Human Trafficking and Exploitation (Criminal Justice and Support for Victims) Act (Northern Ireland) 2015

Education/training and **employment/placements** were primarily mentioned by PBNI and YJA who both are tasked with offender rehabilitation/diversion from crime (R3). Education/training/employment are there to provide non-criminal opportunities that increase desistance from offending. YJA described a need for more vocational options available to young people already during their time in post-primary school and thereafter to give them opportunities to get onto a career pathway and earn money, hence, not being tempted by 'easy money' from drug crime. PBNI service users may often not be able to go into education or employment and would benefit from placements as a stepping stone. Placements allow for purposeful activity and give the day structure and routine, thus, reducing times of boredom and/or rumination which often lead those with substance use experience back into the cycle of drug use, drug debt, and then DRI. Although placements can be components of community orders, they tend to be of too low intensity (eg three hours per week) and PBNI can struggle with having sufficient numbers of employers/ businesses willing to accept their service users (R3).

Barriers to providing an effective response to DRI

The last section has demonstrated that a wide range of services/organisations are already involved in providing a response to those experiencing DRI. Out of 24 substance use or homeless providers that completed the survey only one stated providing support for those experiencing DRI was easy, 10 said it was difficult and 13 selected 'don't know' (R1). Moreover, almost all services believed that the response to DRI victims was not effective or they were uncertain about the effectiveness. Neighbourhood police officers as well as PBNI staff also noted difficulties in supporting those affected by DRI (R3).

In its simplest outline to provide effective support it needs to be known who has been affected by DRI and what their specific needs are. At all these stages, barriers can impair achieving the task.

Figure 8. Steps for tailored support

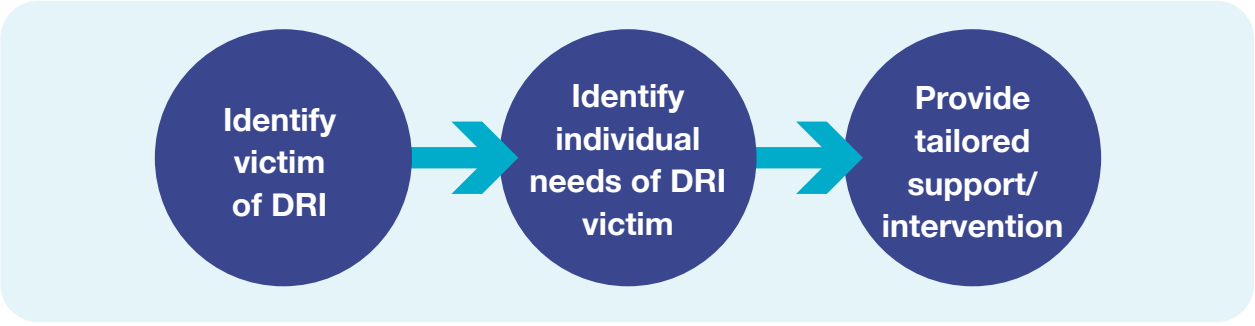


Table 5 summarises the main barriers that emerged from the five separate projects. Many of these are *related* to each other and provide specific dynamics at different stages.

Below, some further explanation on these barriers and their interplay is provided as various sectors/services where DRI victims are responded to experience their own nuanced differences.

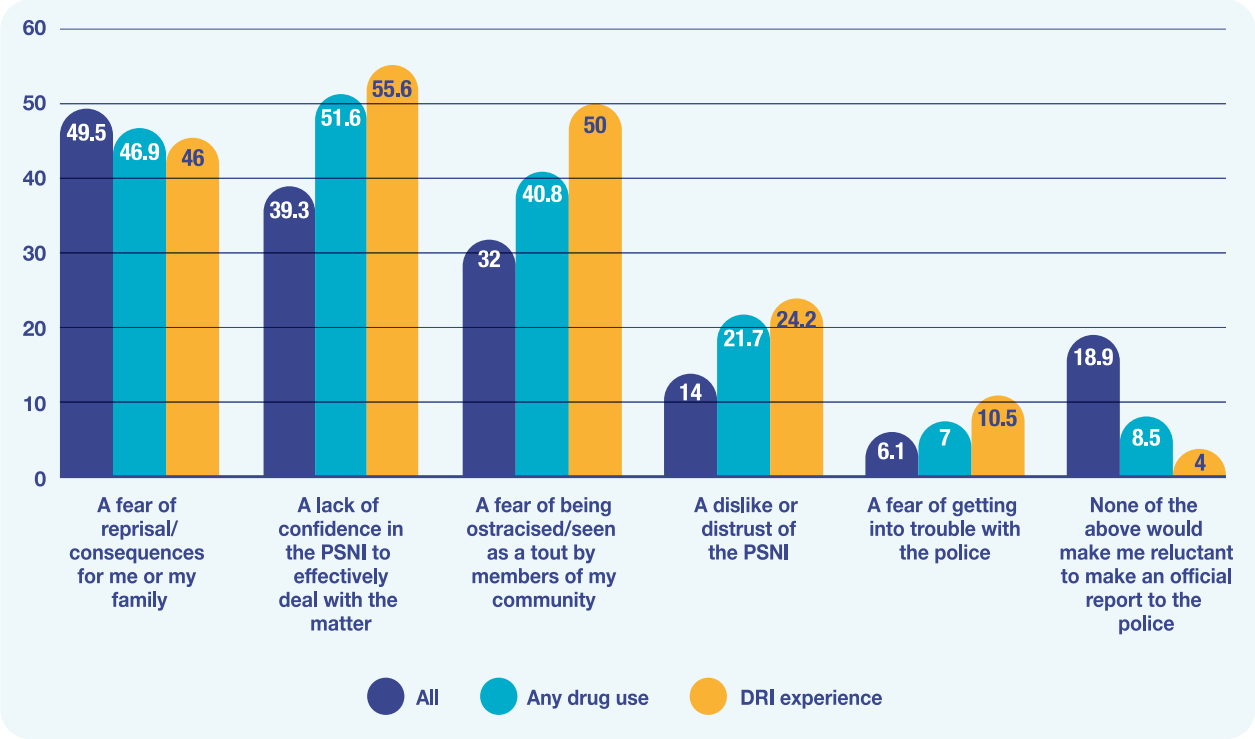
Table 5. Barriers to effectively responding to DRI

Fear of repercussions, being ostracised and incrimination	Loyalty to perpetrators/ legitimacy of paramilitaries	Perceived ineffectiveness of PSNI/CJS	Distrust in services (CJS, social services)
Lack of data & difficulties in data sharing (eg TTL)	Lack of resources (staff, long-term |funding, etc)	Attitudes to/lack of knowledge on PWUD/ DRI victims (services, public)	Complexity of DRI victims & support uptake
Lack of access/ higher intensity interventions (YW, MH + SU)	Lack of suitable & timely housing	Lack of sufficient meaningful/purposeful activity & supports	Lack of service coordination & timely responses

To know who is a victim, these individuals need to identify themselves to services or services may need to be sensitised to the issue and spot victims or screen for them. With the stigma and shame of drug use and DRI, many victims do not contact the PSNI (R2, 3). Those experiencing DRI are often overtaken by **fear of suffering repercussions** such as increasing violence and intimidation but also **fear of being ostracised** by their community for having 'touted' on the local paramilitary group or outed themselves as using drugs. PWUD and those involved in criminal activity also **fear incriminating** themselves (R2, 3, 5). These fears can be further cemented by **loyalty to perpetrators** (eg dependent on the drug dealer, OCG as their only social network) as well as the historically based **legitimacy** that **paramilitary groups** enjoy (R3).

In addition, many perceive the **PSNI and the wider justice system** to be **ineffective** (eg not doing something about drug dealers, not going for the 'big fish', slow court processes, sentencing) whilst some hold significant **distrust towards PSNI/CJS and social services** (often historically motivated and in very specific areas such as West Belfast, Derry/Londonderry, R2, 3). These fears and views are not only shared by DRI victims but also those in their communities (see Campbell et al., 2021), preventing witnesses from coming forward (eg Figure 9, R5; also R3, 4). The population survey (R5) showed that about two in five respondents thought the PSNI was ineffective in relation to drug use and drug related antisocial behaviour (41%) and DRI (41%). In contrast, paramilitaries were seen as more effective in dealing with drug problems (44%) and that they have community support (38%). When there is some intelligence about suspected victims, the PSNI has to be careful during their investigation in communities to not inadvertently draw unhelpful attention towards these potential victims, making their situation worse by triggering further intimidation (R3).

Figure 9. Reasons for being reluctant to make an official report to the police (%; R5)



Even when identified, victims may not fully reveal all their needs because of the above mentioned fears, distrust, etc., or due to **not recognising** that they are in fact being exploited and abused (eg especially in cases of sexual exploitation/CSE but also CCE; R1, 2, 3).

Overall, there is a **lack of data/information** of who is affected in terms of gathering, recording and analysing such data. Whilst NIHE seems to have good data from a housing perspective, no other service area/sector seems to hold a database of victims and so would not easily be able to produce numbers of those affected. This applies to the PSNI, PBNI, YJA, NIAS, hospital services (R3), substance use and homeless providers (R1). DRI is not a specific category in existing data systems even when statements are taken, crime/injury logs are processed (PSNI, NIAS, ED), risk assessments are undertaken (eg PBNI) or PWUD are assessed in support services – though non-coded, open text can be recorded (R3). One in five substance use/homeless providers stated they record in a structured manner (R1). In addition, there is limited data sharing between services which currently is mainly restricted to safeguarding processes (eg usually between PSNI, NIAS, medical services, PBNI/YJA to social services). NIHE and restorative justice organisations are also obliged to contact PSNI for safeguarding purposes, though NIHE will also call on them when suspecting offences. The impact of newly developed pathways/action plans of CSE and CCE is unknown in this respect.

Across services, **lack of sufficient resourcing** was mentioned. This can affect the staffing resource in terms of:

- not having adequate numbers to do their job, eg neighbourhood policing mentioned depleted teams covering larger areas, especially outside Belfast, which makes it difficult to build supportive community relations which form the basis of intelligence gathering (R3);
- not retaining experienced staff or passing on knowledge prior to staff leaving, eg YJA emphasised that experienced staff, in terms of the complexity of their young people and knowledge of the local set-ups, are their greatest resource and staff leaving critically impacts service provision (R3);
- not having staff with more specialist skills to provide a more robust service, eg PBNI would benefit from mental health nursing input in the supervision of service users in regard to violating probation conditions (eg distinguishing psychological impairment due to psychiatric medications versus illicit drug use) as they lack this expertise. The lack of drug testing for service users as a monitoring tool was also stressed (R3).

For others this referred to sufficient and longer-term funding to provide high-intensity, long-term interventions (eg one-to-one tailored support for victims of CCE) or ongoing (recovery) support for those with addiction and/or offending behaviour as change can be slow and relapse the norm (R1, 2, 3; see for example Farrall & Shapland, 2022). It could also mean greater capacity within services to cover underserved areas or populations.

CASE STUDY 6

Emma, Youth Worker

Emma has been a qualified youth worker for over 10 years. She works in an urban area which has significant drug activity and presence of organised crime. She has expertise in working with young people involved in drug taking and who are at risk of or who have been victims of child criminal exploitation. In her day-to-day work Emma facilitates intervention programmes aimed at educating young people about the risks of drug use and provides them with coping mechanisms and signposts to other helping agencies. Emma also provides emotional support and advocacy for the young people she works with. She also networks and partners where appropriate with other professionals such as social services and PSNI, to ensure the safety and wellbeing of the young people she supports.

Emma has witnessed a range of drug related intimidation experienced by the young people. This has included emotional manipulation where young people have been manipulated into believing they are part of the 'group' or 'gang' when they are actually being exploited for example by having to encourage other young people to get involved, deliver drug packages or collect debt. The young people are often bribed through extra drugs for themselves, increasing their chance of becoming addicted. Young people have also conveyed to Emma that they have been beaten as punishment for not complying with the demands of drug dealers and she has encountered cases where young people have been coerced into sex work to pay off drug debts. This has included working with young people who have been manipulated by older males presenting themselves as protectors.

Emma supports young people by building trust through a non-judgmental approach, being compassionate and genuine with them. One of her greatest concerns is for those young people who make no connections with youth workers such as herself, the unseen young person under the radar who has little hope of getting the help they need. She understands that many young people are reluctant to disclose their full experience due to fear of retaliation. Emma is intentional about educating young people about their rights and provides them with awareness and tools to recognise exploitation. She empowers them to make informed decisions about their lives. She also supports them to develop safety plans ensuring the young person has strategies in place to protect themselves from immediate harm. She works tirelessly to break the cycle of drug related intimidation by providing consistent support and helping them find alternative paths away from criminal activities. She addresses the psychological impact of drug related intimidation by connecting young people with mental health services, although she is highly frustrated with the lack of provision, resources and funding for this to adequately meet the needs of the young people she works with. She often has to fill the wide gap in terms of waiting times and adequate access to specialised support.

Another of Emma's greatest concerns is the losing battle with drug related intimidation where it has become normalised within communities. She tries to change this perception by raising awareness about the severity of these issues among community members.

Staff attitudes towards, and knowledge of circumstances of PWUD and DRI can also impede the provision and uptake of support. PBNI identified that GPs, mental health professionals and housing staff would benefit from better knowledge of and understanding around addiction and DRI as their service users feel discriminated against by these services which can show as not being able to get services or a lack of a timely response, eg housing relocation not considered urgent (R3). Neighbourhood policing admitted that with

better understanding of addiction/substance use and available options for it, they would be able to provide a more suitable response to DRI from a justice perspective but also in their role of signposting to other services (R3).

Across services the **complexity of DRI victims** has been highlighted as making it difficult to provide effective support. Those affected by DRI come with many different and often long-standing vulnerabilities (eg addiction, co-occurring mental health issues, exploitation/offending, care background, difficult social and economic circumstances, 'chaotic lifestyles'), for many the boundaries between victim and perpetrator have been blurred, further complicating their circumstances. A multi-service/multi-pronged response to protect and support them is required (R1, 2, 3). YJA staff described that addressing the diverse issues of young people simultaneously can overwhelm them and, hence, requires smaller steps over longer time periods (ie sequential; R3). PBNI highlighted that the extent of mental health and substance use need among their service users, especially those with DRI experience, often goes beyond what their in-house specialist staff or community/voluntary services can meaningfully address. Both PSNI & PBNI staff noted that PWUD/service users struggle to navigate service access where they need to present themselves (ie no referral pathways from CJS) as they lack social skills and, through life circumstances, seem to have a 'learned helplessness' (R3).

The identification of the **lack of access and existence of higher-end/intensity interventions**, especially for substance use and mental health issues, both in their single form as well as co-occurring, is not unique to DRI (eg DoH, 2021). There was concern that self-harm, suicidality, and extensive substance use in young people are not taken seriously enough and those seeking help are dealt with too swiftly or have no access to specialist services (eg detoxification, R2). PBNI struggle, and often do not succeed, to get service users into statutory addiction and/or mental health services, including personality disorder services, although these are more common in offender populations and among people with substance use problems (R3). For young people being groomed into drug supply networks/exploited, high-intensity, one-to-one youth work that 'sticks' to those who refuse to engage also seemed to be lacking (R3).

Meeting **housing** need is often hampered by the **lack of suitable and timely options**. This is particularly critical when threats to life or to be 'put out' of an area were issued but also for those who are involved in the CJS (eg on prison release). PBNI reported the greatest difficulty with getting female PWUD with offending histories, who have experienced exploitation and are homeless into some kind of safe accommodation as women's refuges refused to take them in and very few female specific hostel options exist. Large, male dominated hostels leave them vulnerable to further exploitation, hence, undermining any rehabilitation efforts. Emergency housing can also locate PBNI service users in another HSCT area which will require lengthy daily commutes if they are trying to access their medication from OST services, risking cessation of substance use treatment (R3).

Similar to housing, a **lack of sufficient meaningful/purposeful activity** and supports can jeopardise recovery, rehabilitation and desistance from crime. For PBNI service users the low level of community placement provision was seen as insufficient to establish routine and structure, leaving too much time without purposeful activity which can result in drug use and then the cycle of debt and DRI. Placement options are also limited in type and will benefit from greater variety to provide real-world work experience. A similar issue is the restricted vocational options for young people/school leavers (R3).

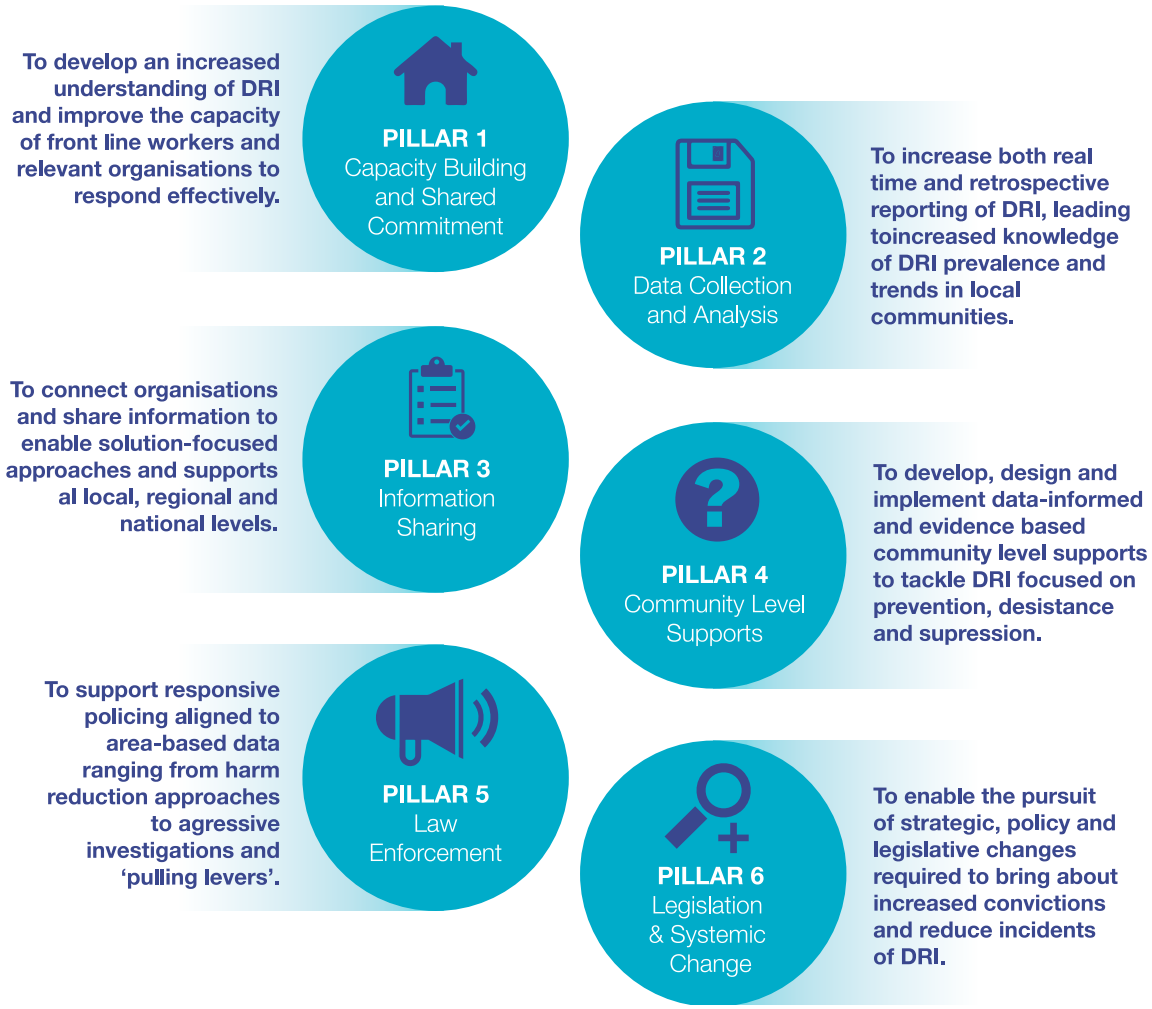
The range of needs arising from DRI require a response from several different services. **Lack of service coordination and access in a timely manner** impacts the effectiveness of support provided. YJA noted significant delays in the initiation or implementation of threats to life processes by social services as well as receiving information back to provide an appropriate response (R3). CJS organisations also do not appear to have referral pathways that go beyond safeguarding, leaving them only the option of signposting DRI victims to other services that require them to show agency in accessing and navigating different supports which they may not have the capacity or disposition to do so.

A summary of how the different challenges and barriers apply to the different services potentially involved in a response, ie the needs these services have to provide a sufficient response to DRI, is included in Appendices 2 and 3.

Objective 4: What supports are needed for those affected by DRI?

An effective model of responding to DRI must address the needs of DRI victims but also the barriers currently experienced by both those affected by DRI and the services trying to provide support. The DRIVE intervention model in ROI, shown in Figure 10, provides a useful and comprehensive framework for developing an evidence based and collaborative approach. The six pillars of the model encompass multiple tasks within justice (eg policing, legislation, courts and sentencing, desistance, suppression) but also the wider service sector, especially the health sector (eg substance use services), to provide the community-based supports in a joined-up fashion with a shared understanding of DRI and in the context of current and shared data. In broad terms, the six pillars are relevant to the NI context though differences in service commissioning and infrastructure, legislation, and historical context need to be considered.

Figure 10. The DRIVE intervention model (S3 Solutions, 2021; p.46)



In comparison, England and Wales use a different approach to the complex problems of DRI. They do not use the terminology of DRI but instead refer to specific components of drug operations which are prevalent in GB, such as County Lines in respect to the CCE element of DRI, and cuckooing when homes of vulnerable people are used for drug storage/distribution. All other criminal activity of drug operations and the violence and intimidation that come with it are subsumed under drug/organised crime. Box 6 provides a brief overview of current responses to and developments in respect of County Lines and drug crimes. Similar to DRIVE, the programme of interventions covers extensive approaches within justice (eg policing, legislation, rehabilitation), substance use treatment and wider recovery support, using partnership working across sectors that is led by steering/task groups. While the English/Welsh programmes also include staff awareness/capacity building, there seemed less focus on new data systems (though extensive data is collected via existing systems, eg National Drug Treatment Monitoring System, and has been used in, for example, the Project Adder evaluation).

Box 6: England and Wales – Tackling County Lines, cuckooing and drug crime

Legislation, law enforcement/policing, rehabilitation (**No place to hide: serious and organised crime strategy 2023 to 2028 (accessible version) - GOV.UK**)

Focus – County Lines and cuckooing

- County Lines involves the transport of illegal drugs across areas usually by children, young people and other vulnerable people who were coerced or intimidated (eg including physical or sexual violence) to do so. A mobile phone line, used for drug orders, is the 'County Line' (**County Lines – National Crime Agency**)
- The UK Home Office operates a County Lines programme **County lines: criminal exploitation of children and vulnerable adults – GOV.UK**) which is interlinked with the Drug Strategy and the Serious Violence Strategy. This programme includes awareness raising for frontline staff and working in partnership, a national co-ordination centre and County Line Taskforces in 4 major exporting areas.
- The usual police/emergency contact numbers, 101 and 999, as well as Crimestoppers are used and promoted to report incidences.
- The National Referral Mechanism **National referral mechanism guidance: adult (England and Wales) – GOV.UK** is used, in combination with S45 of the Modern Slavery Act, 2015, to remove young people and other vulnerable people from County Lines/CCE and to support them as victims of modern slavery/human trafficking.

- A specific County Lines support and rescue service is commissioned (to Catch 22 – **Catch22 to provide support for victims of County Lines exploitation | Catch22**) – it provides one-to-one support for young people (<25 years) with the aim to exit County Lines and it also involves physical rescue, a caseworker, mental health support and counselling for young people and their families (addressing trauma).
- The new Crime & Policing Bill includes CCE and cuckooing offences, etc. (**Crime and Policing Bill: Child criminal exploitation and 'cuckooing' factsheet - GOV.UK**).

Focus – drug crime/OCGs

- *"Clear, Hold, Build (CHB) is a place-based, 3-phase operational framework designed by the Home Office to reduce serious and organised crime (SOC) threats and crime levels in high-harm local areas and tackle the drivers of crime to prevent this harm returning. It relies on effective neighbourhood policing and partnership working, providing a model to coordinate and connect existing capabilities from across police, statutory and non-statutory agencies as part of a whole-system approach."* (**Evaluation of Clear, Hold, Build - GOV.UK**). This work also draws in Regional Organised Crime Units into the work with local partners (**Clear, Hold, Build tactic to tackle serious and organised crime**).
- Project ADDER (Addiction, Diversion, Disruption. Enforcement and Recovery) and Place-based Accelerators – *"Both programmes are aimed at integrating enforcement, diversion, treatment, and recovery services to reduce drug misuse, drug-related offending, and drug-related deaths. … Place-based Accelerators … is building on the work of Project ADDER. Place-based Accelerators differs from Project ADDER in its whole-system and whole-of-Government approach, and its inclusion of Individual Placement Support (IPS), as well as working in more complex local environments than the Project ADDER pilot."* (**Project ADDER and Place-based Accelerators Evaluation | Institute for Criminal Policy Research**; **Project ADDER: Impact evaluation - GOV.UK**).
- The evaluation of Project ADDER identified several best practice activities: establishing steering/task groups; setting up strong partnerships and multi-disciplinary teams; designating funding for ADDER-specific personnel, services and equipment; reducing caseloads and providing assertive outreach; and establishing a trauma-informed and client-centred approach (**Project ADDER evaluation: Report for practitioners - GOV.UK**)
- Focussed deterrence is a strategy employed with prolific or repeat offenders with the aim to reduce crime; it *"combines strict enforcement with improved access to support"* (**Focused deterrence strategies | College of Policing**; **Focused deterrence guidance | Youth Endowment Fund**; **Focused deterrence strategies effects on crime: A systematic review - Braga - 2019 - Campbell Systematic Reviews - Wiley Online Library**)

Note: For simplicity we include England/Wales. Many of the listed approaches are implemented in both England and Wales but not all (eg Catch 22 support is England only).

To inform interventions from a criminal justice perspective the Health Research Board in Ireland had included an extensive review of the literature (Murphy et al., 2017), exploring prevention, desistance and disruption mechanisms to reduce DRI. A key focus of the desistance literature is the measured application of sanctions with simultaneous provision of supports so that individuals can move out of crime (Kazemian, 2021). This literature emphasises the need for justice to work in structured partnerships with other systems that support individuals' wellbeing in broad terms such as mental, social, educational and economical (Kazemian, 2021; Cordle & Gale, 2025).

Most offending is restricted to adolescence and young adulthood, with desistance being achieved generally by age 40. Desistance is not a linear process in a fixed pattern; it is difficult to predict who will respond to what type of promotive and/or protective factors (Farrall & Shapland, 2022; Kazemian, 2021). People may need several opportunities to turn their life away from offending, especially those with substance use disorders (Farrall & Shapland, 2022).

However, the desistance literature has its limitations: *"…a small proportion of individuals who will defy the predictions of the age-crime curve and remain active in crime later in life. We cannot ignore the risk that these individuals pose to public safety, and they should be assessed on a case-by-case basis."* (Kazemian, 2021, p.20). The current research showed that the most serious intimidations/offences were carried out by men in their 30s, 40s, and 50s (R1, 2, 3, 4; see p. 9, 36, 70, and 36, respectively).

In addition, research on organised crime suggests that desistance is less applicable for this type of offending and criminal career (Campana et al., 2025; Kleemand & van Koppen, 2020) which can limit the reach of rehabilitative efforts, hence, requiring a more punitive response to protect public safety. A substantial proportion of the perpetrators of DRI in NI, especially the more senior members in paramilitary and OC groups, fall into this category. Moreover, NI's *Serious and Organised Crime Strategy 2022-23* (PSNI, 2022) stresses that material gain and community control are main motivators for criminal activity by OC and paramilitary groups. To replace the incentives of wealth and power/status in a drive to desistance is a difficult task.

Overall, core components of a response include a robust criminal justice approach in combination with community-based supports providing diversion, tackling substance use and poor mental health, and facilitating recovery/rehabilitation/desistance. This happens within a context of strengthened legal powers, extensive and timely data, and a shared commitment to understand and address DRI. For NI, this will pose several challenges though there is movement on legislation and specific safeguarding provisions:

1. NI does not currently have the same legal provision (eg ROI for coercive control outside of the domestic setting; England and Wales new Crime and Policing Bill) and law enforcement options (eg extent of asset recovery[24]) to effectively respond to DRI compared to ROI and England and Wales. However, legislation is in development to achieve comparable status to other jurisdictions which will lead to/support a more robust and wider reaching criminal justice response (see Box 7).

Box 7: Legislation in development in NI

Serious Organised Crime legislation is to be included in the forthcoming Justice Bill (NI Assembly). Draft clauses are being scrutinised by the Committee for the proposed legislation which will create two new offences:

- Participating in the criminal activities of an organised crime group; and
- Directing the criminal activities of an organised crime group.

This new legislation will strengthen the powers on charging and prosecuting for organised crime involvement beyond the current charges of, for example, drug trafficking or money laundering. The introduction of the new offences and the associated penalties will accurately reflect the serious nature of this type of criminal activity and may act as a deterrent - it also sends a strong message that there are no individuals who are deemed to be untouchable from their criminality.

Work is also being undertaken to extend the **Crime and Policing Bill** to NI **via Legislative Consent Motion** (LCM; **Crime and Policing Bill**). Among the range of measures considered for NI are Cuckooing offences and the reform of existing confiscation regimes relating to proceeds of crime; the latter is relevant for DRI in terms of asset recovery [with 50% of criminal confiscation proceeds made available for the Asset Recovery Community Scheme **Assets Recovery Community Scheme | Department of Justice**] . LCM may also be used to extend the Child Criminal Exploitation offence.

The **Border Security, Asylum and Immigration Bill** also contains measures relevant to NI and it is envisaged to extend these to NI via LCM **20250514_lcm_doj_border_security_bill.pdf.**

(Source: Organised Crime Branch, DoJ)

24 ROI: **Home - Criminal Assets Bureau** ; see also **Unexplained Wealth Orders | Northern Ireland Policing Board**

2. Like GB, NI has implemented the National Referral Mechanism (NRM, see Box 8) as a process for safeguarding children/young people and other vulnerable individuals from exploitation and prevent criminalisation.[25] In contrast to GB, the NRM has been rarely used in relation to UK/Irish young people in NI (House of Commons NI Affairs Committee, 2024; Kane & Chisholm, 2025) though some more cases of young people are starting to be identified.[26] There are some differences in legal frameworks and their application in NI and the lack of having had an NRM pilot in NI appears to have led to a different implementation (ie primarily with non-UK/Irish nationals). A recent research report (Kane & Chisholm, 2025) usefully summarises the challenges in NI and what action needs to be taken; information from the DoJ Modern Slavery, Human Trafficking and Criminal Exploitation Branch outlined ongoing work to progress NRM use, please see Box 8 for some further detail.

3. Both ROI and England/Wales seemed to have had additional financial resources made available to provide the specialist programmes. In general, England[27] provides more extensive funding for both their mental health and substance use services than NI which impacts range of and capacity within services (NI Audit Office, 2023; Public Accounts Committee, 2022 [sections 34-36]).

4. Reporting of incidences needs to consider mechanisms that go beyond the PSNI/ Crimestoppers due to the current lack of confidence/trust in policing and the preference of talking to non-police organisations. The population survey (R5; Figure 11 below) showed that, as a victim or witness, about three in five respondents would be very likely/likely to contact the PSNI (65%) or Crimestoppers (60%), restorative justice organisations fared the lowest proportion (27%) while community organisations (43%) and substance use services (42%) were slightly more popular than NIHE (38%).

25 Using section S22 of the Human Trafficking and Exploitation (Criminal Justice and Support for Victims) Act (NI) 2015
26 Based on information provided DoJ Modern Slavery, Human Trafficking and Child Exploitation Branch
27 **Extra funding for drug and alcohol treatment: 2023 to 2025 - GOV.UK**

Box 8: Realising the potential of the NRM

Kane and Chisholm's (2025) research identified several challenges in the use of the NRM in relation to CCE that overlap with the findings on DRI in general:

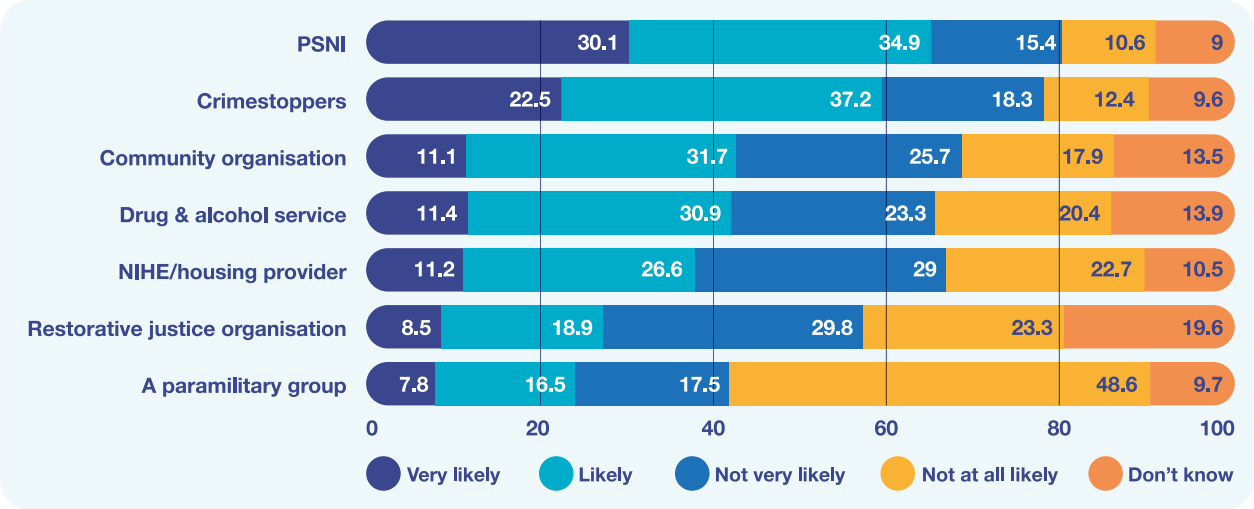
- a large proportion of survey respondents had encountered CCE (largely related to drugs, paramilitary activity, and anti-social behaviour);
- a lack of awareness and understanding of the NRM and confidence in using it among frontline staff;
- fear of repercussions for young people/their families should an NRM referral be made in the climate of hyperlocal and normalised harm;
- the need for capacity building (lack of confidence in making referrals, benefits of using the mechanism for CCE);
- amending relevant legislation to be aligned with GB and international laws/ procedures.

Some of this work is already being taken forward by DoJ, SBNI, and partners, covering different aspects:

- A funding bid for an NRM pilot in NI had been submitted with the intention to employ an NRM coordinator in SPPG to increase awareness, referrals and faster decisions. It is expected that this pilot would start later this year.
- The CCE action plan (**Child Criminal Exploitation (CCE) Action Plan | The Northern Ireland Executive**) was published and a response pathway is being developed, including guidance and a toolkit. Increasing experience in dealing with more CCE referrals via NRM among practitioners, lived experience voices, and learning from the GB experience will inform what makes good safeguarding in the NI context.
- The 'duty to notify' will also be introduced into NI and will require statutory services and first responders[28] to make referrals to the NRM. This will be accompanied by an accountability mechanism.
- The ongoing UK Home Office review of the NRM will also feed into the NI practice developments.

28 First responders are those organisations that are authorised to make a referral to the NRM **National referral mechanism guidance: adult (Northern Ireland and Scotland) - GOV.UK**

Figure 11. Likelihood of contacting certain organisations/groups after experiencing or witnessing DRI in their community (%; R5)



5. In terms of local commissioning structures, Local Authorities (England and Wales) and Drug and Alcohol Task Forces (DATFs, ROI) may find it easier in establishing DRI focused partnerships between services and sectors and designating financial resources while the Drug and Alcohol Coordination Teams (DACTs) in NI do not have such powers.

6. The range of substance use services in NI is more limited compared to England and Wales and ROI; higher intensity treatment options seem to be less available in NI. In particular, there are no family member specific support organisations and Lived Experience and Recovery Organisations (LEROs, apart from Narcotics Anonymous) in NI which impacts the uptake of specific supports such as by family members or some PWUD who do not want to attend certain treatment services[29] (eg see RFA, 2023). Non-substance use community services may be able to provide some of this support specific to DRI as has been shown in a recent evaluation (Hamilton & Hammond, 2025) but this is based in one location only.

Of further relevance is the Victim and Witness of Crime Strategy 2025-30[30] which is being consulted on. This strategy emphasises the need for tailored support and relevant information to be provided to victims and witnesses of crime to build and retain their trust in the justice system. The victim and witness charters[31] also enshrine these entitlements.

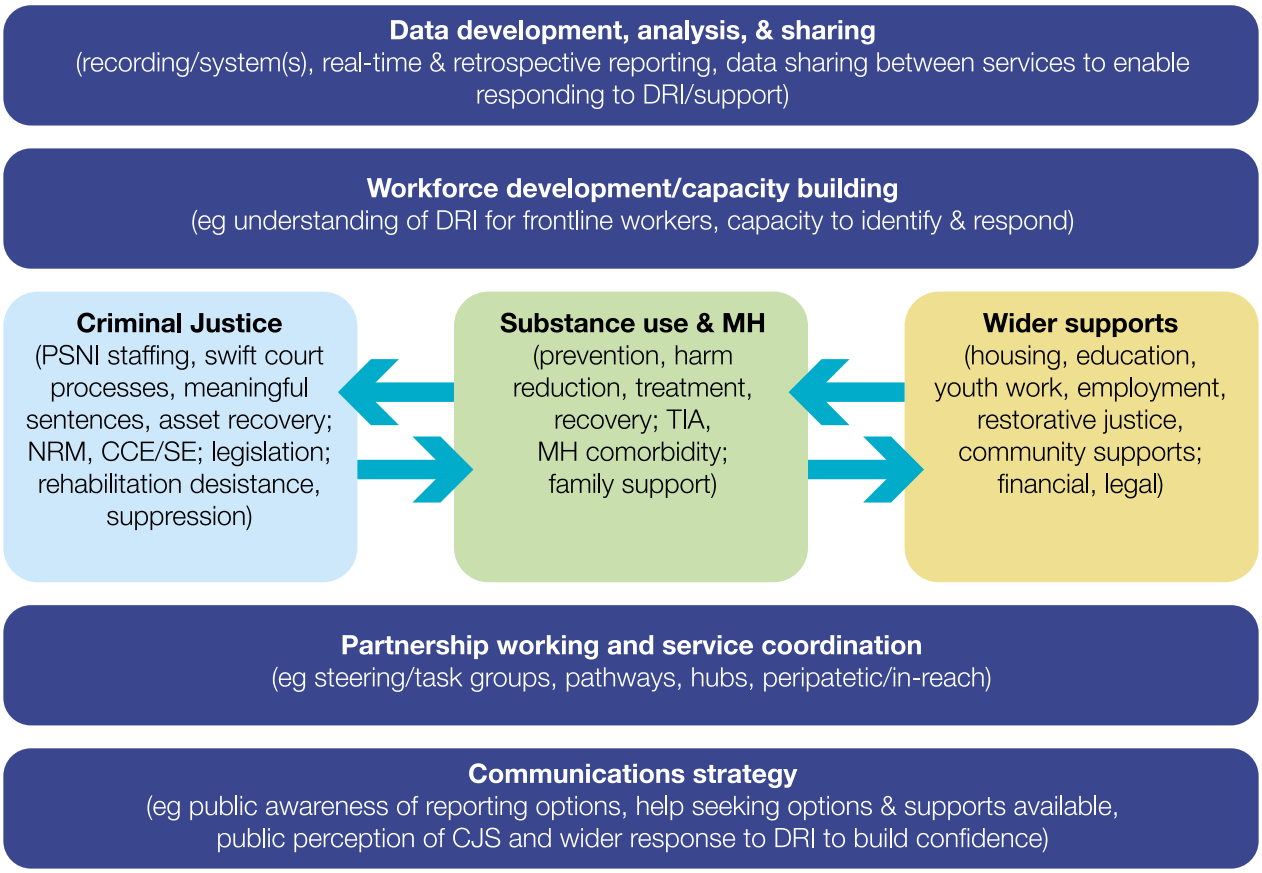
The research produced a raft of recommendations on how best to address the challenges they face in providing optimal support to individuals, families and communities affected by DRI. For ease, these are included in Appendix 4, listed by the specific reports.

29 Both PHA commissioned and HSCT based substance use services also provide family member support.
30 Draft Victims and Witnesses of Crime Strategy 2025 – 2030 | Department of Justice
31 Victim Charter | Department of Justice ; Witness Charter | Department of Justice

Objective 5: What could a response model to support needs following DRI look like?

Joining the evidence on the experience of both those affected by DRI and the services involved in responding to DRI (R1, 2, 3, 4, 5) with the concepts from the Irish DRIVE model and the English/Welsh approach, the following response model, as shown in Figure 12, is suggested. The model centres around the key areas of (criminal) justice, health (especially substance use and mental health), and wider supports, following a social determinants of health approach, as the critical settings of intervention (Cordle & Gale, 2025; Kazemian, 2021). These are underpinned by cross-cutting areas of data for action, workforce development/capacity building, partnership working and service coordination, as well as a communications strategy. All components must function in an interconnected fashion to effectively address DRI. The following sections describe the different components in more detail.

Figure 12. Proposed response model for DRI in NI



Data development, analysis and sharing

The lack of data to provide any quantitative basis of need, apart from housing need as per NIHE, must be urgently addressed. This requires the development of a minimally necessary dataset with a relevant IT system (eg platform) to enter data and access them for analysis. Multiple datasets may be needed depending on the settings such as the justice, health or other sectors which will need to be involved in/responsible for the development. The current introduction of Encompass, the digital health and care record,[32] and a new monitoring system for substance use treatment may allow for a DRI module. Non-justice settings must be considered for reporting due to the reluctance of a substantial proportion of the population to contact the PSNI. Data systems need to be accessible for both statutory and community/voluntary services and relevant data sharing agreements need to be established to allow the timely sharing of information as a basis for decision making and tailored support.

Workforce development/capacity building

Frontline workers in the different services that will come into contact with people affected by DRI need to be provided with training so they develop an appropriate understanding of DRI, have increased knowledge and skills to identify victims of DRI, and provide them with the relevant support (this includes where to refer and signpost to). All relevant organisations/services will need to demonstrate a shared commitment to respond to DRI.

For some sectors/services further specific training (modules) on issues beyond DRI should be considered as these were highlighted as gaps by/in these services. For example, neighbourhood police officers identified a need for training on substance use/addiction and on mental health to be better able to respond to incidences involving persons presenting with such problems. Housing officers had also been identified as a group with such need. The PHA, as a commissioner for training on substance use, may wish to review the menu of courses suitable to such allied services that also come into contact with PWUD.

Criminal justice

Within the justice sector, and beyond, EPPOC has already established many work strands and projects to target organised crime (eg Paramilitary Crime Task Force) but also desistance and suppression of crime (eg Aspire, Another Way, ENGAGE, InSync[33]). Such initiatives need to be sustained, based on evaluation, and, if demand requires, expanded. A realistic expectation of long-term and repeated participation in programmes is required as desistance processes are often not linear or easily predictable (Farral & Shapland, 2021, Kazemian, 2021).

32 encompass – DHCNI
33 EPPOC-Investment-2526-final.pdf

Other prominent issues for the CJS in relation to DRI are its perceived ineffectiveness in addressing drug problems and crime and as well as the lack of reporting of incidences so police can take action. Practical suggestions were made to increase the reporting of DRI incidences to the PSNI without jeopardising the safety of victims and/or witnesses (please see Box 9; R3).

Alternative points of contact for reporting of incidences, with agreed processes to feed into police procedures, will also need to be expanded. They currently exist for restorative justice organisations and NIHE but other options such as via substance use and other services need to be considered.

Strengthening the presence of neighbourhood police officers in communities would allow greater community engagement and relationship building as a basis for confidence in policing (see also HMICFRS, 2025; NI Executive, 2024). However, to increase faith into the effectiveness of the PSNI and the wider criminal justice processes, it is critical the CJS and legislature:

Box 9: Practical solutions to increase reporting of DRI – PSNI (R3):

- Provide a safe and confidential space;
- Offer alternative phone or online option to face-to-face contact with PSNI to report incidences;
- When in person contact is required, plain clothed officers in unmarked cars should meet victims/visit homes;
- Offer alternative organisations for reporting of incidences or as peripatetic settings for PSNI;
- Have a known, local police contact and a direct line for communication;
- Have regular communication and check-in with victims;
- Provide stronger presence of policing in the local community.

- Progress the in Box 7 outlined legislation in development to strengthen the criminal justice response to paramilitarism and organised crime, utilising a wide range of measures to bring perpetrators to justice and seize proceeds of crime (eg criminal and civil recovery);
- Address the challenges in the use of the NRM (as outlined in Kane & Chisholm, 2025), aligned with the new CCE and CSE pathways/action plans, to sufficiently safeguard and support victims of exploitation/modern slavery and progress at speed the already started actions detailed in Box 8;
- Pilot and implement further Clear Hold Build accompanied by a robust evaluation;
- Deliver on the Programme for Government commitment to the *Speeding Up Justice Programme* (eg *"getting the more serious cases to court more quickly"*, NI Executive, 2024; p.48);
- Review sentencing (in its broadest terms, including community orders) to ensure it reflects the nature/severity of the crime and provides a meaningful and resourced opportunity for rehabilitation (see also R3).

Regarding the latter point of sentencing, the research demonstrated a clear perception from various sources that many (senior) paramilitary/OCG group members are able to commit single or even multiple acts of serious sexual and/or physical violence without facing prosecution, or if prosecuted, appear to face unduly lenient sentences, as the culture of fear they create makes witnesses unlikely to come forward. Communities then have even less faith in the criminal justice system. Another aspect is the intensity of community placements for community orders which needs to be increased to be an effective mechanism.

Overall, the outlined changes/developments would provide a clearer signal that the justice system overall is making DRI a priority.

Substance use and mental health

Within the substance use sector, it is imperative that evidence-based prevention, harm reduction, treatment, and recovery interventions are available at sufficient capacity and in a timely manner. Such interventions should be based on NICE and treatment guidelines for substance use. Long waits and less intensive interventions than needed can prove harmful for DRI victims who are trying to cease/reduce their substance use and, thus, continue the cycle of use, debt, and intimidation. This also applies for those requiring such interventions as part of their sentence or who have been diverted into treatment.

The access to mental health interventions among PWUD with co-occurring mental health needs must be improved to provide holistic support. The continued roll out of a trauma informed approach in all services remains imperative in the context of DRI.

For family members seeking support in their own right, wider options of providing safe spaces for formal and informal support merit exploration. Provision within substance use services must be strengthened but alternative options in non-addiction settings may be more attractive or accessible safe spaces for family members to seek formal and informal support (eg see Hamilton & Hammond, 2025; RFA, 2023).

Stigma of substance use is at least in part a driver for some DRI. Any comprehensive approach must address such stigma.

In terms of preventing drug use in the first place, or its escalation, the provision of prevention activities must be reviewed, especially in relation to universal and selective prevention. However, the Advisory Council for the Misuse of Drugs (ACMD, 2022) review did not identify many programmes for children and young people, and none for adults though their most recent report (2025) outlines principles for a whole system approach to prevention.

Within the prevention space, parental substance use deserves special focus (and is already identified as an area for action in the Substance Use Strategy; DoH 2021). Problematic parental substance use is the adverse childhood experience (ACE) most strongly associated with (early initiation of) drug use among young people according to longitudinal research in the UK (Hines et al., 2023; Houtepen et al., 2020; Karamanos et al., 2022). The current research seemed to suggest that only some children/young people living with problematic parental substance use were identified and supported by family/children's services (R3).

Wider supports

Wider supports encompass those addressing needs in terms of housing, education, work, but also financial and legal. It also spans youth work and restorative justice which are deeply involved in responding to DRI and preventing engagement and progression into crime. In this space, EPPOC has already funded projects/services that are relevant to DRI and strengthen protective factors and rehabilitative efforts (eg Developing Women in the Community Programme, Communities in Transition, youth service projects, WRAP family and educational support[34]). However, there remain issues that can be improved to support a more tailored approach to recovery/rehabilitation/desistance:

- Suitable housing options for those affected by DRI and especially those with complex needs (eg female PWUD with offending history and homelessness) must be better resourced.
- Advice needs to be further developed in relation to financial and legal issues, eg how to deal with drug debts, legal support for exploitation/when NRM is applied but also outside of it.
- Within the rich and diverse community/voluntary sector in NI further options for supporting recovery/rehabilitation/desistance need to be explored that can provide meaningful and purposeful activity and be joined up with the primary service providers (substance use, probation/youth justice).
- An exploration is needed of what mediation options can be offered in circumstances where communities struggle with drug use/drug dealing issues if the current alerting/calling in of paramilitaries to 'sort' such issues is to be eliminated. Policing may only be part of such an approach.

Across all services it is imperative that a suite of options is available to allow for a tailored approach to individual need.

34 EPPOC-Investment-2526-final.pdf

The provision of interventions/supports/services needs to be cognisant of the rural/urban divide regarding equitable access as support services are sparse in rural areas and members of small tight-knit communities by be reluctant to seek help (Figure 8 Consultancy Service Ltd, 2023).[35]

Partnership working and service coordination

An effective response to DRI requires a collaborative approach. Partnership working demands thorough engagement and clear roles and responsibilities. In NI, Drug and Alcohol Coordination Teams (DACTs) have such a remit for substance use and Policing and Community Safety Partnerships (PCSPs) in respect to crime and community safety; there is cross-representation between both structures. Either DACTs or PCSPs, or a subset of both, could be tasked with taking the lead in the coordination of a local/regional response to DRI. Local coordination is required to establish referral pathways or specific delivery approaches like hubs or peripatetic delivery within suitable services. Such options become relevant to the uptake of services as many PWUD and other victims of DRI struggle with navigating the wider service landscape. For some the effect of DRI has left them so fearful and isolated, trusting very few services which could provide settings for receiving more specialist intervention in easily accessible locations. Local steering groups could also assist in bringing different service providers in smaller localities together, broadening support options for those in need.

In addition, there are already Support Hubs providing a multi-agency approach to individual circumstances but these seem to mainly involve statutory services.

Communications strategy

When implementing a response model, a diverse communication plan is required which has several functions:

- To raise awareness among the general population of DRI and all reporting options,
- To communicate what help seeking options and supports are available,
- To share successes of criminal investigations/convictions in relation to DRI to shape public perception of and to build confidence and trust in policing/wider CJ.

Overall, the model combines the improved and more purposive coordination of existing community-based interventions with new and especially developed interventions/activities and processes/pathways.

35 Also: Personal communication from DoJ representative based on feedback from Rural Community Network as part of the consultation for the Victims and Witnesses of Crime Strategy, email 23 June 2025

References

ACMD (Advisory Committee on the Misuse of Drugs) (2022). *Drug misuse prevention review*. **ACMD Drug Misuse Prevention Report**

ACMD (2025). *The whole system response to drug prevention in the UK*. **A whole system response to drug prevention in the UK**

Bellis, M.A., Hardcastle, K.A., Hughes, K. & Wood, S. (2017). *Preventing violence, promoting peace: a policy toolkit for preventing interpersonal, collective and extremist violence*. Cardiff: The Commonwealth Secretariat. **Violence-prevention.pdf**

Bozick, R., Steele, J., Davis, L. & Turner, S. (2018). Does providing inmates with education improve postrelease outcomes? A meta-analysis of correctional education programs in the United States. *Journal of Experimental Criminology*, *14*, 389-428.

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.

Campana, P., Meneghini, C., & Knisley, A. (2025). Organized crime and violence in local communities: A study of an 'ordinary' setting in the United Kingdom. *The British Journal of Criminology, XX*, 1-20. **Organized Crime and Violence in Local Communities: A Study of an 'Ordinary' Setting in the United Kingdom**

Campbell, P., Ross, K. & Rice, A. (2021). *Perceptions of policing and justice: Findings from the 2019/20 Northern Ireland Safe Community Survey*. Belfast: NISRA. **Perceptions of Policing and Justice Findings from the 2019/20 Northern Ireland Safe Community Surve**

Celiksoy, E., Schwarz, K., Sawyer, L., Vargas-Goren, P., Ciucci, S., Yin, S. & Duran, L. (2024). *Prevention and identification of children and young adults experiencing, or at risk of, modern slavery in the UK*. University of Nottingham Rights Lab & ECPAT UK. **Download.ashx**

Cordle, R. & Gale, E. (2025). *Reducing Reoffending A Synthesis of Evidence on Effectiveness of Interventions*. Ministry of Justice UK.

Coyle, B., Murray, C., Niblock, T., & Walsh, C. (2024). *"Getting the Ball Moving": An Evaluation of Fresh Start Through Sport 2023-24*. Belfast: Irish Football Association. **https://pure.ulster.ac.uk/files/213834136/FSTS_23-24_FINAL_.pdf**

DoH (2021). *Preventing Harm, Empowering Recovery 2021-2031.Substance use strategy for Northern Ireland.* Belfast: DoH. **Preventing Harm, Empowering Recovery - Substance Use Strategy | Department of Health (health-ni.gov.uk)**

EPPOC (2023). *Keeping People Safe Benefits Realisation Group. Analysis and discussion paper: Reduction in paramilitary intimidations (KPS2)*.

EPPOC (2024). *Programme outcomes and impact report*.

Farrall, S. & Shapland, J. (2022). Do the reasons why people desist from crime vary by age, length of offending career or lifestyle factors? *Howard Journal of Crime and Justice, 61*:519–539. **https://doi.org/10.1111/hojo.12494**

Figure 8 Consultancy Services Ltd (2023). *HSC Substance use needs assessment for the population of the Western Health and Social Care Trust, Northern Ireland*. Executive Summary. **Western Trust Area Substance Use NA - EXECUTIVE SUMMARY - August 2023.pdf**

Fox, C., Harrison, J., Hothersall, G. & Smith, A. (2020*). A rapid evidence assessment to assess the outcomes of community and custody delivered vocational training and employment programmes on reoffending*, Manchester Metropolitan University.

Hamilton, A. & Hammond, M. (2025). V*ital connections: Community-led insights on improving drug and alcohol support services in East Belfast and beyond*. Ulster University. **Vital_Connections_Report_1_.pdf**

Harris, J & Niblock, T. (2025). *Media analysis of systemic drug-related intimidation in Northern Ireland*. Ulster University & PHA.

Higgins, K. & Kilpatrick, R. (2005). The impact of paramilitary violence against a heroin-user community in Northern Ireland: A qualitative analysis. *International Journal of Drug Policy, 16*, 334-342.

Hines, L. A., Jones, H. J., Hickman, M., Lynskey, M., Howe, L. D., Zammit, S., & Heron, J. (2023). Adverse childhood experiences and adolescent cannabis use trajectories: findings from a longitudinal UK birth cohort. *The Lancet. Public Health*, *8*, e442–e452. **https://doi.org/10.1016/S2468-2667(23)00095-6**

HMICFRS, (2025). *The Police Service of Northern Ireland: An inspection of police effectiveness and efficiency*. **The Police Service of Northern Ireland: An inspection of police effectiveness and efficiency**

House of Commons NI Affairs Committee (2024). *The effect of paramilitary activity and organised crime on society in Northern Ireland. Second report of session 2023-24*. **The effect of paramilitary activity and organised crime on society in Northern Ireland**

Houtepen, L. C., Heron, J., Suderman, M. J., Fraser, A., Chittleborough, C. R., & Howe, L. D. (2020). Associations of adverse childhood experiences with educational attainment and adolescent health and the role of family and socioeconomic factors: A prospective cohort study in the UK. *PLoS medicine*,*17*, e1003031. **https://doi.org/10.1371/journal.pmed.1003031**

Ipsos European Public Affairs (2022). *Flash Eurobarometer 493. Impact of drugs on communities*. Brussels: European Commission. **Report Flash Eurobarometer 493 Impact of drugs on communities**

IRC (Independent Reporting Commission) (2025). *Seventh Report. February 2025*. **Independent Reporting Commission Seventh Report**

Johnson, S. & Blenkinsopp, J. (2024). *Hard edges: The reality for women affected by severe and multiple disadvantage*. Heriot-Watt University. **HardEdges-RealityForWomen_FullReport_logo_.pdf**

Kane, G. & Chisholm, A. (2025). *Identifying modern slavery and human trafficking in the context of child criminal exploitation in Norther Ireland*. Modern Slavery and Human Rights Policy Evidence Centre & DoJ. **Identifying Modern Slavery and Human Trafficking in the Context of Child Criminal Exploitation in Northern Ireland**

Karamanos, A., Stewart, K., Harding, S., Kelly, Y. & Lacey, R.E. (2022). Adverse childhood experiences and adolescent drug use in the UK: The moderating role of socioeconomic position and ethnicity. *SSM - Population Health*, *19*, 101142. **https://doi.org/10.1016/j.ssmph.2022.101142**

Kazemian, L. (2021). *Pathways to Desistance from Crime Among Juveniles and Adults: Applications to Criminal Justice Policy and Practice*. National Institute of Justice, Washington D.C. **Pathways to Desistance From Crime Among Juveniles and Adults: Applications to Criminal Justice Policy and Practice**

Kleemand, E. & van Koppen, V. (2020). Organized Crime and Criminal Careers. *Crime and Justice*, 49 (1). The University of Chicago. **https://doi.org/10.1086/707318**

Mahoney, J.L. & Stattin, H. (2000). Leisure activities and adolescent antisocial behaviour: the role of structure and social context. *Journal of Adolescence, 233*, 113-127.

McAlister, S., Dwyer, C., & Carr, N. (2018). *Experiencing Paramilitarism: Understanding the Impact of Paramilitaries on Young People in Northern Ireland*. (Centre for Children's Rights Research Findings). **https://www.qub.ac.uk/research-centres/CentreforChildrensRights/**

McAlister, S., Neill, G., Carr, N., & Dwyer, C. (2022). Gender, Violence and Cultures of Silence: Young Women and Paramilitary Violence. *Journal of Youth Studies*, *25*(8), 1148-1163. **https://doi.org/10.1080/13676261.2021.1942807**

McElrath, K. (2004). Drug use and drug markets in the context of political conflict: The case of Northern Ireland*. Addiction Research and Theory, 12*, 577-590.

McMordie, L., Fitzpatrick, S., & Johnsen, S. (2025). *Violence against women and homelessness*. Heriot-Watt University. **https://doi.org/10.17861/8E4R-K606**

McNeill, F., Farrall, S., Lightowler, C., & Maruna, S. (2012). *How and why people stop offending: Discovering desistance*. Institute for research and Innovation in Social Services, University of Glasgow. **how and why people stop offending: discovering desistance**

Meenagh, A.: *Leisure, Organised Sport and Antisocial Behaviour An Examination of Youth's Involvement in Leisure, Organised Sports and its Effect on Antisocial Behaviour*. Masters Dissertations. Technological University Dublin. 2011.

Murphy, L., Farragher, L., Keane, M., Galvin, B. & Long, J. (2017). *Drug-related intimidation. The Irish Situation and International Responses: An Evidence Review*. Dublin, Ireland: Health Research Board. **https://www.drugsandalcohol.ie/27333/**

NI Audit Office (2023). *Mental health services in Northern Ireland*. Report by the Controller and Auditor General. **00293490 - Mental Health Report_WEB.pdf**

Niblock, T. (forthcoming). *Exploring young people's involvement in drug distribution in Northern Ireland*. UU: Ph.D. Thesis.

Niblock, T. & Harris, J. (2025). Risk environment influences affecting cocaine market extension within post-conflict Northern Ireland. *International Journal of Drug Policy, 138*. Epub Feb 28. **https://www.sciencedirect.com/science/article/pii/S0955395925000593?via**

NI Executive (2024). Programme for Government 2024-2027 'Our Plan: Doing What Matters Most'. *Northern Ireland Executive*. **Programme for Government 2024-2027 'Our Plan: Doing What Matters Most'- Documents | The Northern Ireland Executive**

PHA (2025a). *Experience of drug related intimidation: views from people who use drugs, families and staff working in community support roles. A qualitative exploration.* PHA.

PHA (2025b). *Drug related intimidation in NI – perspectives from criminal justice and ambulance/emergency medicine staff.* PHA.

PHA (2025c). *Views on drug use, drug related intimidation, and reporting of incidences in Northern Ireland. A survey of the general population*. PHA.

PSNI (2022). Serious and Organised Crime Strategy 2022 - 2023. *Police Service of Northern Ireland.* **serious-and-organised-crime-strategy-spreads-.pdf**

Public Accounts Committee (2022). *Addiction Services in Northern Ireland*. Northern Ireland Assembly. **Public Accounts Committee - Addiction Services in Northern Ireland**

RFA (Ruth Flood Associates) (2022). *An exploration of the experience of people affected by chronic homelessness in Belfast: Lived experiences, access to support, and insights for system change.* Report prepared for the Public Health Agency.

RFA (2023). *In their own right: Exploring the needs and experiences of support among family members of adults/young people who use alcohol and/or drugs*. Report prepared for the PHA.

Ross, K. & Campbell, P (2021), *Perceptions of crime: Findings from the 2019/20 Northern Ireland Safe Community Survey*. Belfast: NISRA. **NISCS Perceptions of Crime: findings from 2019/20**

S3 Solutions (2021). *DRVE Drug related intimidation and violence engagement. A data-driven intervention to respond effectively to drug related intimidation and violence in communities in Ireland*. **DRIVE-Report.pdf**

Sampson, R. J. & Laub, J. H. (1993). *Crime in the making: Pathways and turning points through life.* Harvard University Press.

SMR (2025). *Exploring drug related intimidation: A survey of substance use and homeless services*. PHA.

Solomon, A.L. & Scherer, J. (2021). *Desistance from crime. Implications for research, policy and practice. National Institute of Justice*. **Desistance From Crime: Implications for Research, Policy, and Practice**

Sturgeon, B. & Bryan, D. (2023). *Communities in Transition. Summary report*. Belfast: QUB. **Communities in Transition Area Reports - Co-operation Ireland**

Sturgeon, B., Morrow, D., Geddes, L., Bryan, D., McAlsiter, S., Hazelden, C., & Sheridan, P. (2024). *Understanding the persistence of armed/paramilitary groups in Northern Ireland*, (ARK Working Papers). Access Research Knowledge (ARK). **Ark_Working_Paper_-_Paramilitary_Groups_in_NI_A4_v3.pdf**

Svensson, R., Moeller, K., Johnson, B., & Shannon, D. (2023). For whom do unstructured activities matter? The interaction between unstructured and structured activities with delinquency and cannabis use: A national self-report study. *Crime & Delinquency, 69*, 2022-2045. **For Whom Do Unstructured Activities Matters? The Interaction Between Unstructured and Structured Activities in Delinquency and Cannabis Use: A National Self-Report Study**

Swaine, A. (2024). *'When you know what they are capable of': Paramilitary-related gendered coercive control*. Foyle Family Justice Centre & University College Dublin. **Full-Report_Para-Coer-Control_Swaine-FWA.pdf**

UNODC & WHO (2018) *International standards for drug use prevention*. Second updated edition. **International Standards on Drug Use Prevention**

Walsh, C. (2022). *Developing Women in the Community. A formative pre/post test evaluation*. Belfast: QUB.

Walsh, C. (2023). *From contextual to criminal harm: Young people's perceptions and experiences of child criminal exploitation (CCE) in Northern Ireland*. Department of Justice (Northern Ireland). **https://www.endingtheharm.com/research-papers/from-contextual-to-criminal-harm/**

Walsh, C.(2024). *CONNECT: A relational youth work hospital based violence intervention in Northern Ireland.* Education Authority for Northern Ireland. **https://www.safeguardingni.org/resources/connect-relational-youth-work-hospital-based-violence-intervention-programme-northern**

Walsh, C. & Cunningham, T. (2023). The pains of paramilitarism: The latent criminogenic effects of exposure to paramilitary violence among young men in a post-conflict society. *Journal of Child & Adolescent Trauma* (10). **https://doi.org/10.1080/13676261.2021.1942807**

Walsh, C., & Schubotz, D. (2019). Young men's experiences of violence and crime in a society emerging from conflict. *Journal of Youth Studies*, 23(5), 650-666. **https://doi.org/10.1080/13676261.2019.1636012**

Walsh, C., Bunting, L., Davidson, G., Doherty, N., McCartan, C., Mulholland, C., & Shevlin, M. (2025*). The prevalence and impact of adverse childhood experiences in Northern Ireland*. The Executive Programme on Paramilitarism and Organised Crime. **https://www.drugsandalcohol.ie/42643**

Appendix 1: Table A1. List of perpetrators (R4)

Loyalist	Republican	Independent	Anti-drug vigilante groups
South East Antrim Ulster Defence Association (UDA)	Irish National Liberation Army (INLA)	The Firm	Direct Action Against Drugs
Ulster Volunteer Force (UVF)	Dissident Republicans Unspecified	Other NI-based OCGs (unspecified)	Action Against Drugs
East Belfast UVF	Irish Republican Army (IRA)	Drogheda-based OCGs	Republican Action Against Drugs
Real Ulster Freedom Fighters (UFF)	New IRA	Dublin-based OCGs	Loyalist Action Against Drugs
UDA	Òglaigh na hÉireann	Limerick-based OCGs	Irish Republican Socialist Party (involved in anti-drugs protest)
North Down UDA	Real IRA	Lithuanian OCG	
Loyalist Paramilitaries Unspecified	Republican Paramilitaries Unspecified	Eastern European OCG	
West Belfast UDA	Provisional IRA	Western Balkans OCG	
North Antrim UDA			
Loyalist Volunteer Force (LVF)			
North Belfast UDA			
UDA other			
South Belfast UDA			
Lower Shankill UDA			
Mount Vernon UVF			

Appendix 2: Table A2. Areas of need for Criminal Justice organisations

	PSNI			PBNI			YJA		
Knowledge of DRI	Greater understanding of DRI, capacity to identify & respond			Greater understanding of DRI, capacity to identify & respond			Greater understanding of DRI, capacity to identify & respond		
Knowledge of complex needs	Training provision on addiction, mental health & trauma to gain better knowledge/understanding and ability to relate to victims' complex needs			Better knowledge of & understanding around complex needs such as addiction and mental health			Better knowledge of & understanding around complex needs such as addiction and mental health		
Response	Relationship building with community re pre-emptive and post incident response to DRI	Provision of safe, confidential spaces to report DRI/ non in-person reporting. Plain-clothed officers.	Responses to DRI to incl direct line of communication with victims/ families, regular contact & check-ins	More timely responses/ referral pathways to service providers (social work, SU, MH). Persistant approach	Access to varied housing options re complex needs (gender specific)	Appropriate sentencing for drug related crimes to reinforce deterrent effect	More timely responses/ referral pathways to service providers (social work re TTL, SU & MH)	Consistency & dedicated persistence with YP to build up trust & help them buy into services	Appropriate secure accommodation for YP which involves appropriately addressing any SU & MH issues
Intervention	Ensure victims of DRI are treated as victims rather than suspects. Ensure all officers have knowledge of/utilise referral pathways to appropriate MH, SU, housing, etc support services. Ensure adequate provision of information/ support on Threats to Life process so victims feel appropriately supported and protected.			Access to higher end/ intensity interventions (eg SU & MH)	Better options for community service placements &/ meaningful/ purposeful activities	Debt/ financial support for victims/ families dealing with drug debt	Preventative intervention in schools re CCE/CSE/drugs. School absenses followed up.	Provision of pathways into vocational employment in schools	Existence of/ access to higher end/ intensity interventions (eg SU & MH). Ongoing support after age 18
Cooperative working	Stronger engagement/ working with community including attendance at events, meet & greets, community centres, youth groups, & engagement with community representatives			Better interagency working for more holistic response (especially with social work colleagues; also MH & SU services)	Regular multi-agency meetings to share/ review issues & required processes are followed up, & to ensure safety	Better prison release preparation incl links to GP re meds etc, benefits, housing, SU & MH services provision	Better interagency working for a more holistic response (especially with social work colleagues; also, MH & SU)	Regular multi-agency meetings to share info/ review issues to ensure required processes are appropriately followed up & safety of service users & providers	
Staff resources/ funding	Greater number of neighbourhood policing staff/ smaller case loads needed to adequately respond to DRI and support those impacted in the comunity			Greater number of probation staff/ smaller case loads to deliver adequate services. Retention of existing staff	Consistent support & funding of services which probation staff link service users to re their rehabilitation	Longer term funding models for delivery of programmes service users need for rehabilitation	Consistent support & funding of services which YJA staff link service users to re their rehabilitation	Greater number of YJA staff/ smaller case loads to deliver adequate services. Retention of existing experienced staff.	
Recording/ data collection	Recording of DRI incidents under a specific DRI category on PSNI system	Option to record officer perceptions of incident being DRI-related (similar to hate crimes)		DRI as a specific category on record system to record incidents of DRI			DRI as a specific category on record system to record incidents of DRI		

Appendix 3: Table A3. Areas of need for HSC, community/voluntary sector, youth work and housing/ homelessness organisations

	NIAS	Emergency Dept	Social Services	Statutory substance use services	C/V sector - Substance use & Mental health services	Youth work	NIHE/Housing associations	Homelessness services
Knowledge of DRI	Greater understanding of DRI, capacity to identify & respond	Greater understanding of DRI, capacity to identify & respond	Greater understanding of DRI, capacity to identify & respond	Greater understanding of DRI, capacity to identify & respond	Greater understanding of DRI, capacity to identify & respond	Greater understanding of DRI, capacity to identify & respond	Greater understanding of DRI, capacity to identify & respond	Greater understanding of DRI, capacity to identify & respond
Knowledge of complex needs of victims	Better knowledge & understanding around complex needs such as addiction and mental health	Better knowledge & understanding around complex needs such as addiction and mental health	Better knowledge & understanding around complex needs such as addiction and mental health	Better knowledge & understanding around victims' complex needs	Better knowledge & understanding around the complex needs of those experiencing DRI	Better knowledge & understanding around complex needs such as drug use, addiction and mental health	Better knowledge & understanding around complex needs such as addiction and mental health	Better knowledge & understanding around victims' complex needs
Response	More timely ambulance crew responses to urgent care calls incl DRI/PSA		More timely responses required when referrals made from other orgs eg PBNI/YJA re family court info, TTL, etc	Peripatetic delivery of statutory SU services	Peripatetic delivery of SU & MH services in the community	Peripatetic delivery of YW services. Access/ referral pathways to CAMHS/MH/SU support services	More timely responses. Develop variety/capacity for housing options	More timely responses. Develop variety/capacity for housing options
Interventions		Provision of youth services eg EA *Connections* project for YP in ED re mentoring & service engagement	Ensure relevant procedures put in place/followed up for those at risk re CCE, CSE, TTL, etc	Evidence-based prevention, harm reduction, treatment & recovery interventions at sufficient capacity	Evidence-based prevention, harm reduction, treatment & recovery interventions at sufficient capacity	Evidence-based prevention, harm reduction, treatment & recovery interventions at sufficient capacity	Timely provision of emergency/ temporary/ permanent housing in cases of TTL/DRI	Provision of emergency/ temporary accommodation options
Cooperative working	Development of partnerships & direct referral routes to SU & MH services	Development of partnerships & direct referral routes to SU & MH services	Regular multi-agency meetings to share info/review issues & to ensure required processes are followed up	Better interagency working especially w/MH services for a more holistic response. Multi-agency meetings	Better interagency working for a more holistic response (eg with statutory SU & MH services)	Better interagency working for a more holistic response (eg with social services, SU & MH, YJA, etc)	Develop partnerships & direct referral routes to SU & MH services	Better interagency working for a more holistic response (eg with SU & MH services)
Staff resources/ funding	Greater funding for increased number of NIAS staff to adequately respond to DRI/PSA incidents	More staff needed in youth work/service orgs to prevent involvement by YP in drug activity/crime	Greater number of social work staff/smaller case loads needed to adequately respond to referrals	Longer term funding models for adequate delivery of programmes supporting those with SU issues	Longer term funding models for adequate delivery of programmes supporting those with SU & MH issues	Greater number of youth work staff needed to increase delivery/ reach of interventions	Increased funding & staff for delivery of appropriate services re accommodation	Increased funding & staff for delivery of appropriate services re accommodation
Recording/ data collection	DRI as a specific category on system to record incidents of DRI	DRI as a specific category on system to record incidents of DRI	DRI as a specific category on system to record incidents of DRI	DRI as a specific category on system to record incidents of DRI	DRI as a specific category on system to record incidents of DRI	DRI as a specific category on system to record incidents of DRI	DRI as a specific category on system to record incidents of DRI (not just intimidation as a whole)	DRI as a specific category on system to record incidents of DRI

Appendix 4: Recommendations from research component reports

R1: Survey of substance use and homelessness services

Support services offer advice and risk reduction plans, and referrals to housing and debt services. However, only one of the organisations finds it easy to support affected individuals, and just one said that the support they provide to clients is effective. This suggests gaps in expertise, resources, and inter-agency coordination, making it difficult for organisations to adequately intervene. DRI is a critical, ongoing issue deeply embedded in the substance use landscape of Northern Ireland. The combination of drug debt, organised crime, and social vulnerability makes addressing DRI complex and challenging. ***More robust interventions, such as targeted support for victims and improved inter-agency collaboration, are urgently needed.***

R2: A qualitative exploration of the experience of drug related intimidation from people who use drugs, families and staff working in community support roles.

1. **Support communities: How can communities be enabled to stand up to drugs in their areas?**
   Efforts need to be made to break the silence around intimidation at a community level. The research has suggested that areas that have strong female groups are able to stand up to DRI in their local area, so it is important to consider how can these groups be developed and how can women be supported in the most vulnerable communities? But what else can be learnt from initiatives outside of Northern Ireland that have tackled DRI and understand how change can be achieved at a community level? Given that restorative justice organisations seem to be the main organisations providing support to those dealing with DRI it would seem appropriate to suggest that more support and services be offered through these organisations to families experiencing DRI.

2. **Enable policing: How can the stigma around seeking police support be addressed?**
   The research suggests the need for more confidentiality and safety to allow PWUD and their families to come forward to give information, feel they can trust the police and feel safe from the perpetrator of the intimidation. Some PWUD will already be accessing health services to deal with their addiction but will still be experiencing DRI that in some way negates the general health and wellbeing benefits of accessing these health services. Finding a way to address the ‘intimidation’ element of their drug addiction is then the conundrum as they will be too fearful to report the intimidation.

A confidential reporting line was frequently suggested but there was a healthy scepticism that this would be effective. Are there other ways to enable the PSNI to be trusted and allow policing to do more to help those who are victims of DRI?

It was also suggested that there is a very poor level of knowledge of Criminal Child Exploitation (CCE) within the PSNI as well as within services/CVS generally. There may be an opportunity to educate and communicate about what CCE is and the ramifications of it.

3. Empower young people: How can the cycle of attracting young people into the drugs world be broken early?

The research suggested that providing support in vulnerable communities for young people was a significant step in the right direction. This would include for example access to diversionary programmes, awareness raising and education about the spiral that getting involved in drugs could lead to, counselling services to support existing trauma and discourage self-medication.

4. Increase addiction and mental health services: How can the barriers to accessing services that will support PWUD, and their families be removed?

The research suggests there are specific services that would help those who are experiencing DRI including mental health support, addiction treatment, debt assistance, legal aid, and housing support. Some of these services exist but are under pressure or are difficult for PWUD and their family members to access. The development of specific supports offered through restorative justice organisations may be one way to support PWUD and their families more effectively.

R3: Perspectives from criminal justice and ambulance/emergency medicine staff on drug related intimidation in Northern Ireland

1. Data collection on DRI

The prevalence of DRI in NI is currently unknown. Frontline organisations in NI, such as the PSNI, PBNI and YJA, as well as HSCTs, youth work and community and voluntary sector services, are often the first point of contact for victims of DRI. This lack of data needs to be urgently addressed and therefore, it is recommended that these organisations have the capacity to record specific incidents of DRI on their relevant systems. This would contribute to a clearer picture of DRI in terms of the overall number of incidents, location of incidents, and the types of victims and perpetrators involved, etc. This information could ultimately help organisations respond better to the issue of DRI.

2. Greater knowledge and understanding of DRI and complex needs of victims

Organisations should be provided with training in relation to increasing staff understanding of DRI, the complex issues which victims of DRI may present with including trauma, mental health issues and substance use, and the referral pathways available for victims. This would facilitate identification of cases of DRI and allow victims to be referred onto appropriate support (eg mental health, trauma, substance use, housing, etc).

3. Multi-agency collaboration and timely responses by service providers

Regular multi-agency meetings/collaboration between professionals supporting DRI victims (or those at risk of becoming victims) should be facilitated to allow open communication, sharing of information and reviewing of any issues. This requires establishing clear referrals pathways with mental health and substance use services, social work services including in relation to threats to life, or housing services. It would help to ensure required processes in relation to critical support are followed up/ honoured in a timely manner, as well as ensuring the safety of victims and the staff who support them. Altogether this should protect victims from lengthy waits for services and, hence, from further risk of physical and psychological harm.

4. Building trust in the police service

Developing positive relationships between the police and the community they serve would help build trust as well as establishing better pre-emptive responses to DRI (eg acting on intelligence/reports of a threat so that officers could intervene before an incident takes place, or warning an individual they are at risk and taking actions to minimise the risk). This could be developed through establishing stronger engagement in the community including attendance at community events, youth groups, community centres, organising meet and greet events and engaging with local community representatives. Building trust could also be developed through the community seeing the police taking action on issues related to drug criminality and the perpetrators of this. For this to be achieved it will require the PSNI to be properly resourced, especially addressing the staffing shortages in neighbourhood policing.

5. Adapting police practices to provide safe and confidential means of reporting DRI and liaising with DRI victims/families

To minimise the fear victims often have around reporting incidents of DRI, police practices could be adapted which include: providing verbal reassurance to victims in that they will be treated as a victim and not a suspect; offering alternative means of reporting incidents including the use of confidential spaces (eg at third party organisations); or reporting which does not require in-person contact (eg by alternative means such as telephone). Whenever in-person contact is required, plain clothed police officers in unmarked cars should work with victims of DRI rather than uniformed officers.

Having a single point of contact (eg a lead officer) in communities was found to be beneficial in ROI.

When investigating, police responses to DRI incidents should include a direct line of communication between the corresponding officer overseeing the case and the victim and their family. This should include regular contact and check-ins with the victim/family which would not only allow the victim to be kept up-to-date with the how the case is progressing, but it would also help establish trust and confidence in the police response.

6. Addressing gaps in supportive services

Across the range of support services gaps in the capacity, reach and intensity of interventions/services were identified and need to be addressed to comprehensively support those affected by DRI to break the cycle of drug use, debt, and intimidation. This encompasses:

- Access to higher tier/intensity substance use and mental health interventions for DRI victims to adequately address these (often co-occurring) issues.
- Provision of appropriate housing options that are gender specific and cater for different levels of need and/or urgency (eg emergency accommodation, different levels of supported housing for those with substance use issues and/or those who have been offenders).
- Provision of meaningful/purposeful activity/community service placements as a means of recovery support which provide service users with valuable opportunities to have purpose, routine and structure to their day, learn new skills, and gain work experience.
- Greater resources and provision/sufficient capacity of youth services to increase delivery and reach of vital educational, prevention and desistance programmes to young people at risk of becoming involved in drug use and crime, ultimately helping prevent individuals from experiencing DRI. To provide the required capacity and intensity of critical supports for DRI victims, sufficient and longer term funding needs to be secured.

7. Ongoing support for young people after age 18

Young people at risk of DRI require ongoing support after they turn 18 years old. Extremely vulnerable and high-risk individuals (including those at risk from drug overdoses or suicide) over 18 years old are often not prioritised for support because of their age (with a significant gap in support between18 to 21 years old). Staff also mentioned that service users should be offered Leaving Care and After Care (LCAC) services when they meet the criteria as this is not always put in place.

8. Intervention/prevention in schools

Intervention/prevention from becoming involved in drug criminality should start at an early stage and include provision of awareness/education programmes in schools in relation to substance use, grooming, coercion (including CCE and CSE), intimidation and drug criminality. Young people at risk of DRI, or who are victims of DRI, will often be absent from school, therefore, absences should be picked up and followed up on by the school. Provision of vocational training in school would also allow young people opportunities to learn a trade or skills and get onto a career pathway before they leave school to help deter them from seeking financial resources from other avenues such as drug crime in the first place.

9. Appropriate sentencing for DRI

More appropriate sentencing is needed for those carrying out or orchestrating intimidation associated with drug criminality. This would not only help to reinforce a deterrent effect, but meaningful consequences for perpetrators would also help build public trust and confidence in the PSNI and the wider criminal justice system meaning that victims and witnesses of DRI would feel more encouraged to come forward to report incidents allowing parts of the cycle of drug intimidation to be disrupted/broken. For those coerced into committing criminal activity it is critical that the relevant pathways regarding exploitation/modern slavery (eg NRM, CCE, CSE) are followed to prevent unnecessary criminalisation.

10. Better prison release preparation for offenders

PBNI staff stated a need for better prison release preparation for offenders before they re-enter the community to reduce the likelihood of them returning to drug criminality. This should comprise support for housing, benefits set-up, and GP involvement in relation to medication and other health and social care requirements.

R5: A general population survey on drug use, drug related intimidation, and reporting of incidences in Northern Ireland.

Overall, findings suggest that awareness of DRI is widespread and, in some cases, it appears to be the result of drug use/dealing/ASB and the unsatisfactory response given to these issues as perceived by community members. This would suggest that ***more efficient ways of responding to public concerns need to be explored***. However, much DRI has other causes (eg drug debt) and provides a threat within communities itself. Certainly, the ***confidence in the PSNI must be increased and their role strengthened to be able to address such community concerns***.

The Executive Programme on Paramilitarism & Organised Crime

HSC Public Health Agency