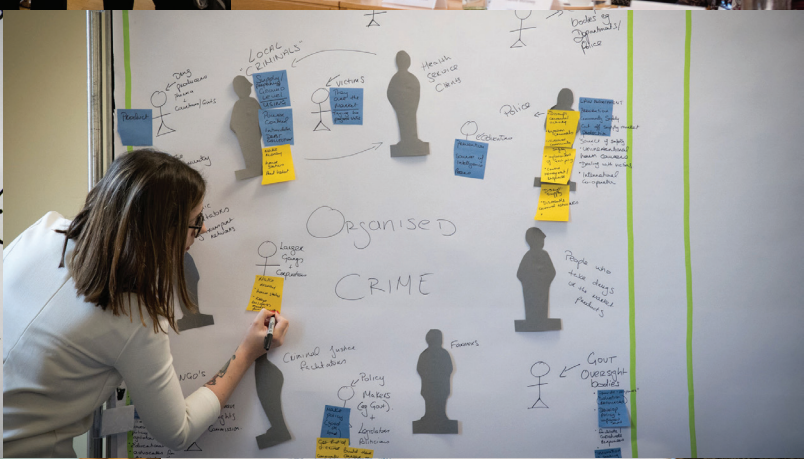




ANA LIFFEY
DRUG PROJECT

POLICING WITH TRUST JUNE 2019





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CHAIR- PERSON'S FOREWORD

The Policing in Changing Policy Environments event brought together experts working at the intersection of law enforcement, public health and community safety from a variety of jurisdictions and backgrounds.

How societies and organisations address challenges is a constantly shifting landscape. There is no one way to solve problems – rather, we learn from our own experiences and from the experiences of others and adapt accordingly to best respond to the challenges we face. The purpose of this event was to explore some of these challenges and experiences in the context of law enforcement and public health. This is a continuously evolving and emerging policy area, and one in which there has been significant development in Ireland in recent years as evidenced by the progression of cross-cutting initiatives like drug consumption rooms, and a renewed focus on the policing function through the Commission on the Future of Policing in Ireland.

Against this backdrop, delegates came together to share their knowledge and experience, and to look in depth at the challenges and opportunities that changing policy environments bring, with a particular focus on the Irish context. I found the discussions engaging, enjoyable and informative, and my key take away from the day is that community safety is the responsibility and the right of all our citizens. To achieve it, true and meaningful partnership across all sectors is required. Community safety is not something to be delivered for our communities, it is something to be developed by our communities, and we all have a role to play. As Chair, I would like to extend my thanks to a number of groups and individuals for making this event possible.

First, to all the delegates who brought great energy and engagement into the room and participated throughout the day. Events like this one rely on the expertise of the participants and I am grateful to all of you for your contributions.

Second, to the organisers and supporters of the event – to the Ana Liffey Drug Project, Open Society Foundations and the London School of Economics.

Third, to our international speakers – Melissa Jardine, Tom von Hemert, Brendan Cox and Jason Kew – for sharing their expertise from other jurisdictions, and to our graphic facilitators – Ali Warner and Esther Blodau – whose recording work can be seen throughout the design of this report. Finally, I would like to extend my thanks to our special guest, Professor Michel Kazatchkine, who attended in his capacity as Commissioner of the Global Commission for Drug Policy.

The input and perspective he offered, drawing from his experience of working within the international community as a leading physician, researcher, advocate, policy maker and diplomat, was highly valuable and inspiring.

I hope that this event helped delegates to make new connections and strengthen existing networks. Equally, I hope that delegates use these connections to drive innovative responses to complex issues that are based on human rights and empower the genuine participation of all members of society.

Ireland is constantly developing in terms of how we deal with complex issues like mental health, drug use and community safety from a policy perspective. I trust that this brief report contributes to and facilitates conversation in this important area.

Eva Maguire
Chairperson
Autumn 2019

Eva Maguire runs Innovation Portfolio Development for Accenture's Global R&D Hub at The Dock in Dublin. She has a background in technology, research, and business and spent 10 years designing organisational development programmes at the Irish Management Institute

LIST OF DELEGATES

NAME	ORGANISATION
Brian Woods	An Garda Síochána
Orlaith Kelly	An Garda Síochána
Eoin Browne	An Garda Síochána
Jack Nolan	Ana Liffey Drug Project
Eddie Matthews	Ana Liffey Drug Project
Tony Duffin	Ana Liffey Drug Project
Marcus Keane	Ana Liffey Drug Project
Dawn Russell	Ana Liffey Drug Project
Melissa Scharwey	Ana Liffey Drug Project
Rebecca Doyle	Ana Liffey Drug Project
Lena Kattendick	Ana Liffey Drug Project
Marie Oppoboien	CARMHA Ireland
Yvonne Moroney	CARMHA Ireland
Eva Maguire	Chairperson
Tom von Hemert	CIT International
Anna Quigley	CityWide
Jim Walsh	Department of Health
Oonagh McPhillips	Department of Justice and Equality
Una Dixon	Department of Justice and Equality
Yvonne Furey	Department of Justice and Equality
Mary Keenan	Department of the Taoiseach
Lorraine Kavanagh	Department of the Taoiseach
Mark Toland	Garda Inspectorate

Melissa Jardine	Global Law Enforcement and Public Health Association (GLEPHA)
Nick Crofts	Global Law Enforcement and Public Health Association (GLEPHA)
Michel Kazatchkine	Global Commission on Drug Policy (GCDP)
Esther Blodau	Graphic Facilitator
Ali Warner	Graphic Facilitator
Sunny Dhadley	Independent Consultant
Liam Herrick	Irish Council for Civil Liberties
Tony Geoghegan	Irish Human Rights and Equality Commission
Brendan Cox	Law Enforcement Assisted Diversion (LEAD) National Support Bureau
Sean Foy	Learning Curve Institute
John Farrelly	Mental Health Commission
Austin O'Carroll	Mountjoy Street Family Practice
Sadie Grace	National Family Support Network
Marc Krupanski	Open Society Foundations
Helen Hall	Policing Authority
Jason Kew	Thames Valley Police
Johnny Connolly	University of Limerick
Mags Nash	Voluntary Drug and Alcohol Sector
Paula Byrne	Voluntary Drug and Alcohol Sector

AGENDA

MORNING SESSION

9:00 – 9:30	Registration, tea & coffee
9:30 – 9:40	Chairperson's welcome
9:40 – 10:15	Tour de table
10:15 – 10:40	Opening Address by Professor Michel Kazatchkine, Global Commission on Drug Policy (GCDP)
10:40 – 11:00	Tea & coffee break
11:00 – 11:05	Introduction to presentation session
11:05 – 11:20	Melissa Jardine, Global Law Enforcement and Public Health Association (GLEPHA)
11:20 – 11:35	Thomas von Hemert, Crisis Interventional Team International (CIT)
11:35 – 11:50	Brendan Cox, Law Enforcement Assisted Diversion (LEAD) National Support Bureau
11:50-12:05	Jason Kew, Thames Valley Police
12:05 – 12:40	Facilitated Q and A with international delegates
12:40 – 13:00	Tony Duffin, Ana Liffey Drug Project (ALDP)
13:00 – 14:00	Lunch onsite

AFTERNOON SESSION

14:00 – 14:10	Introduction to afternoon session
14:10 – 14:30	Identifying crosscutting issues in community safety (Plenary Session)
14:30 – 15:20	Responding to crosscutting issues in community safety 1 (Group Session)
15:20 – 15:40	Tea & coffee break
15:40 – 16:20	Responding to crosscutting issues in community safety 2 (Group Session)
16:20 – 17:00	Group feedback and discussion (Plenary Session)
17:00 – 17:30	Sum up of the day and closing statement
17:30	Close
17:45	Networking event at "The Oak"

INTRODUCTION

This is the report of the proceedings of the ‘Policing in Changing Policy Environments’ event held in Dublin Castle on the 11th June 2019. The event brought together 40 national and international delegates who work at the intersection of law enforcement, public health and community safety. The event was held under the Chatham House Rule, and this report has been developed consistent with that rule. What is reported on are the themes and key issues that were discussed, but no individual or organisation has been identified as making any particular statement. This report has been developed from two main sources of information – Ana Liffey Drug Project staff members who organised the event and took notes on the day, and the produce of the graphic facilitators. The report is a short collection of the key insights, topics and reflections from the event. It is not intended to be an exhaustive documenting of the day, but is rather an attempt to frame the key issues and themes that energised delegates on the day. It was prepared by the Ana Liffey Drug Project and was circulated amongst all delegates for input before finalisation.

CONTEXT

Societies are changing, and increased awareness and understanding of the complexity of social issues like drug use and mental health are part of this change. Such changes can often be reflected in the policy decisions that shape society's responses to the challenges it faces in the context of community safety, law enforcement and public health. There have been a number of recent developments in Ireland in this space, including the pending development of Ireland's first medically supervised injection facility; consideration being given to how the country addresses the possession of drugs for personal use; and a national drugs and alcohol

strategy – ‘Reducing Harm, Supporting Recovery’ – that is explicitly health-led. Equally, there is a growing understanding that policing is changing too. Consider the three examples in the previous paragraph – policing has been a focus in all three policy discussions, despite the fact that Ireland considers drug use a health issue. The reality is that police officers are increasingly expected as first responders to address issues like addiction and mental health, which are outside of the scope of traditional policing.

The recent report from the Commission on the Future of Policing in Ireland notes that the pressure on the police as the first responders to protect vulnerable people, as opposed to dealing with crime, is expected to continue to rise. The contributory causes to this situation include social exclusion, persistent poverty and inadequate support for people with mental health conditions. To meet these challenges, the commission stresses that communities and the police, in partnership with other entities, must work together to ensure community safety. It has made a number of recommendations which have been adopted by government.

Against this backdrop, the ‘Policing in Changing Policy Environments’ event invited experts from Ireland and other jurisdictions to come together and discuss these new contexts and to consider some key issues in supporting policing and community safety in Ireland.

Since its inception in 1982, the Ana Liffey Drug Project has taken a leading role in providing civil society input on policy issues which affect the people who access its services. Ana Liffey works predominantly for people who use drugs, who often face significant difficulties in their lives, including struggling with their physical and mental health, obtaining and sustaining housing, financial and family stability, and living with histories of trauma. Ana Liffey is committed to contributing to the development of policies and interventions at the intersection of law enforcement and public health which are grounded in human rights and informed by the best available evidence.



STRUCTURE OF THE DAY

The day was divided into two broad sessions - an information-based part in the morning, and an interactive part in the afternoon. The morning session consisted of an introductory session and tour de table, followed by Professor Kazatchkine's address and presentations from the international delegates working in law enforcement. The presentations were followed by a roundtable discussion for all delegates.

The afternoon session commenced with a brief reflection on the morning's proceedings, followed by a brief session to identify some cross cutting policy issues in community safety for discussion in facilitated smaller group sessions. The day was graphically recorded by two external graphic facilitators, and their recordings are used throughout this report to provide a visual reference point for the content. The day finished with feedback from all of the groups to the plenary session, and some closing statements.

MORNING SESSION

WELCOME AND INTRODUCTION

The delegates were welcomed and a brief overview and format for the day was given, including a reiteration of the fact that the meeting was held under the Chatham House Rule. It was noted that delegates comprised a diverse group of stakeholders and that each person had specific expertise in the policy area. Delegates were encouraged to participate and to share their expertise with the group.

A tour de table allowed all delegates to introduce themselves, their background and their expectations for the day. Delegates included individuals with lived experience of issues which had brought them into contact with both law enforcement and health services, members of An Garda Síochána, civil and public servants from relevant statutory bodies, civil society representatives, physicians and researchers.

PRESENTATIONS AND DISCUSSIONS

Topics addressed during presentation and discussion sessions ranged from fundamental considerations around drug policy to specific discussions on policing and public health, meaningful inter-agency cooperation and community safety in a range of jurisdictions. From these conversations, there were some clear recurring themes, and these are set out in this section.

THEME ONE – THE ROLE OF THE POLICE

The first theme was that of the role of the police in community safety. There was a general consensus that how society and communities have perceived this role has changed over time, and that the police are often called on to respond to complex social issues, both in Ireland and internationally. For example, one delegate cited work which showed that around 80% of policing today is engaging around social issues such as harm, and only 20% around more traditional elements like the detection and prosecution of crime. This was also evident from the lived experience of delegates in the room, particularly those working directly in policing:

“We deal with a lot of people’s problems that have nothing to do with the law.”

There was some discussion around why this was the case. One potential reason mooted was that – putting oneself in the shoes of a concerned community member faced with a problem - there is no other suitable service, or, at least, not one that is available around the clock. It might be the case that the public perception of emergency services conceives of the policing function as a kind of ‘catch-all’. This is not hard to imagine – for example, ambulances deal with sickness and injuries – it is difficult to conceive of a member of the public calling on them outside these narrow circumstances. Policing, on the other hand, can have a broad remit in the public consciousness with the result that the police are often the first responders to a broad range of community issues. As one delegate noted, in terms of responses on general issues of community safety:

“The police is the only agency that answers the phone 24/7 on every day of the year. This has to change, but for now, this is the reality.”

Some consideration was also given as to what consequences this can have for support needs. Policing in reality can be very different from what policing is traditionally understood as being. The traditional perception that the policing role is solely focused on core issues like crime prevention, detection and prosecution is no longer as accurate as it once was, with the reality being a police force that is much more responsive and involved in community issues. Meeting these challenges requires shifts in culture, as well as investment in training and support for police forces. In this regard, a key point noted by delegates was the importance of caring for the mental health and wellbeing of the members of a police force and of recognising this as a necessary requirement to ensure first responders are able to extend care and compassion to others. From a cultural standpoint, it was also noted that an awareness of the importance of mental wellbeing could also be a potential entry point for officers to understand the needs of the individuals and communities they interact with. In terms of facilitating work in this area, it was noted that there are strong bonds between police forces across jurisdictions, and these relationships can be, and often are, leveraged to share good practice and supports.

THEME TWO – PUBLIC HEALTH AND POLICING

A second key theme was an explicit recognition of the overlap between public health and law enforcement. It was noted that people who experience challenges such as mental health, behavioural or substance use difficulties do not always receive adequate and accessible services in the community. The fact that the social safety net is not as strong for these types of challenging public health issues has a dual effect. First, it can

result in people being funnelled into contact with the police, and, consequently, into the criminal justice system. Second, this response serves only to increase exclusion and adversity. Rather than actively working to lower stigma and promote inclusion, relying on policing to deal with problematic behaviours related to health issues can result in it being more difficult for people to access appropriate services. How we deal with such challenges as a society is important – as one delegate noted:

“Health services and social services can both negatively and positively influence marginalisation.”

On this particular point, it was noted that many interventions and the overall first response system, even where delivered in utmost good faith, can end up unnecessarily causing more trauma and harm to individuals, rather than resolving the challenges that had led to them coming into contact with the system in the first place. In discussing a more overarching view of community safety, delegates noted some key principles directed towards ensuring unintentional harm is limited, such as ensuring that responses are developed and implemented with a genuinely person-centred approach, focusing on reducing criminalisation, reducing stigmatisation and reducing traumatisation. It was also noted that these characteristics were not only important in a first response setting, but are critical parts of how societies respond to complex issues as a whole. Thus, the need to ensure that such principles are applied to other elements of community safety beyond first response – such as the courts and prison systems – were also noted.

THEME THREE – THE NEED FOR MEANINGFUL PARTNERSHIPS

A third theme was the necessity of partnerships that were genuinely meaningful in nature, and a recognition of the impossibility of a single organisation or approach realistically being able to address issues of community safety in isolation.

The specific role that police have to play from a law enforcement perspective was noted, as was the challenges this can bring, as the police try to ensure that their interventions achieve a balance between providing the individual with adequate supports while also ensuring they are held accountable in the context of the detection and prosecution of crime. In this regard, it was noted that policing from a community perspective is not a stand-alone function.

Community safety cannot happen without genuine partnership with other services, including joint commitments, a shared vision and a shared understanding of goals. It was also noted that partnerships lend individual practitioners a deeper understanding of what is available in the community, beyond their own individual service. There was a general consensus that meaningful partnerships where police, community and all other relevant entities work together, can lead to improvements in community safety. It was also noted that the criminal justice system was often not the best or the only structure for dealing with many of the issues to which police are called as first responders. There are community issues that police are often called to for which law enforcement is only one aspect, and might be the least suitable one to properly address many of the underlying social issues.





Acceptance of this reality can help in developing more suitable and person-centred responses for complex issues. It was also noted that while partnership can feel like a complicated endeavour, this need not always be the case. Often, the many different services work with the same people, just in different contexts, and that adopting this viewpoint was beneficial and opened up new opportunities. As one delegate noted:

“We are all working with the same people, just from different perspectives. We need to be partners.”

Within this construct of meaningful partnerships, the importance of peer involvement was noted several times as a powerful tool. Peers and people with lived experience can bring a huge amount to the table in designing, implementing and evaluating interventions and are a vital part of any holistic response to complex issues in our communities. The already existing partnership approaches in Ireland were noted – as was the potential for further collaboration. Ireland is a small country with relatively centralised statutory services; there is, for instance, only one police

force, making it considerably more straightforward to coordinate policy and strategy across the entire country when compared with jurisdictions with multiple forces. Nonetheless, it was noted that the establishment of a working multi-agency system requires time, commitment, flexibility, compromise, and good communication amongst the different partners, to benefit each other and the communities they serve. In this regard, changes in the policy landscape can create room for new cooperation and other innovative opportunities, with one delegate noting:

“If policy environment changes, dynamics and relationships between actors can also change and evolve.”

A key factor in developing new dynamics and relationships is trust. Meaningful partnerships cannot be built on nothing – they need the partners to trust each other and the work that they do. The presentations in the morning focused on experiences from other jurisdictions, and there were a number of interventions described that



can result in better outcomes and use of resources. These included:

- Transforming the crisis response/ triage systems to minimise the times where law enforcement is the first responder to individuals in emotional distress, and which can mobilise teams with a variety of skill sets.
- Ensuring that if such a crisis does require law enforcement then the personnel responding has the knowledge, skills and support necessary to deal with the crisis.
- Developing uncomplicated community-based diversion programmes which can be a pathway to more suitable interventions and can offer unlimited chances to enter in contact with services
- Focusing on community based services which can work in partnership with law enforcement to support people in crisis who may also be exhibiting challenging behaviours.

It was stressed that to successfully implement these interventions and systems, there has to be actual trust between the different actors, and in particular between those who are handing over parts of their powers and responsibilities to those newly tasked with the responsibility. A lack of trust can fatally undermine the best process, the clearest strategy or the noblest intention.

Trust also extends to the fundamental underpinnings of cooperation – partners need not only to trust in each other, but also in what they are doing. In general, there was agreement on the need for non-judgemental, non-stigmatising approaches to complex social issues, which are person centred and grounded in human rights. The need to move away from traditional constructs such as ‘soft on drugs, soft on crime’ was also noted, in the context of supporting evidence informed interventions which can be controversial and counter intuitive to people, but have been shown to reduce harm, such as overdose prevention initiatives. As one law enforcement delegate noted:

“Is there anything soft about preventing deaths?”

THEME FOUR - STRUCTURAL ISSUES

A final theme was apparent in a discussion of broad structural issues. These were noted in both international and domestic contexts. At the international level, the drug control regime which informs national endeavours and prioritises prohibition and law enforcement over care for public health and the individual was noted as one dominant structural issue which acted as a

barrier to person centred policy development. As one delegate noted:

“Let me state the obvious: Drug policies in most countries of the world are not contributing to public health.”

In the context of a system driven by human rights, it was noted that policies and practitioners should put the individual they are meant to serve at the centre of the response. Several delegates noted that trying to manage issues like drug use by focusing on using law enforcement to punish drug users has been objectively unsuccessful as a policy approach, particularly because such approaches often create additional harm which disproportionately affects disadvantaged individuals and their communities. Nonetheless, drug policies directed at dealing with individual consumers are still largely coercive in nature in the global context, despite many international bodies favouring a shift away from punitive law enforcement interventions as the response to individual level drug consumption. It was also noted that drug use was widespread in modern societies and that the vast amount of drug use, while having risks, was not indicative of health problems in and of itself.

“Generally, drug use is a health risk and not a health problem.”

It was also noted that the drug market was an illegal one, and that illegal markets can create harms in and of themselves. In a drug control context, if public health is to be prioritised, the

fundamental assumptions on which our drug policies are based – that criminalisation is necessary, that (outside legitimate uses) a drug free world is possible or desirable – ultimately need to be scrutinised and challenged.

Beyond policy issues stemming from the international historic structures, domestic issues such as structural challenges in service delivery were also noted. There could be a tendency for any single agency to operate in a ‘silo’, where only the value of their own work was seen. Similarly, there could be structural barriers which could limit genuine partnership and the development and maintenance of trust between different stakeholders. Similarly, innovations could be personality-led, and fade if they were not accompanied by broader cultural acceptance within and between organisations. However, it was also noted that there were plenty of good examples of these problems being overcome, both in Ireland and in other jurisdictions. Factors seen as being key to success included ensuring that there was a proper mandate in place, as well as a commitment to and shared understanding of the focus of partnership work.



AFTER- NOON SESSION

INTRODUCTION

The afternoon contained both plenary sessions with all delegates together as well as smaller working group sessions to facilitate participation and exchange of knowledge. The overall goal for the afternoon was to give delegates the opportunity to explore the complexities of addressing cross-cutting issues of community safety by thinking about real challenges communities faced in these domains.

The session began with a brief overview of the Irish context, drawing from both observations of practical experience as well as looking briefly at formal government policy in the area. A number of key issues which underpin policy in the areas of community safety, law enforcement and public health were highlighted, including:

- Ireland's commitment to a health-led and person-centred approach to drug use, as set out in the national drug strategy, 'Reducing Harm, Supporting Recovery'
- Ireland's commitment to continuing to develop policing services which are fundamentally underpinned by good human rights practices, as evidenced by the government's adoption of the recommendations in the report of the Commission on the Future of Policing in Ireland and the possibilities this holds for multi-agency partnerships to ensure community safety
- The fact that Ireland is attracting international attention and has been lauded for recent progressive policy developments. It was recognised that Ireland had an opportunity to continue to adopt progressive, evidence based approaches that are grounded in human rights
- Identifying cross cutting issues

In order to identify some challenging topics, delegates were encouraged to think about specific scenarios or issues which were at the intersection of community safety, law enforcement and public health, and/or involved other policy areas. Working as a whole group in plenary, delegates were asked to brainstorm and collect some of the crosscutting issues that they saw as being relevant in the Irish context. The following crosscutting issues were identified during this process:

- Public drug use
- Drug-related death
- Sex work
- Domestic violence
- Public begging
- Drug dealing, particularly in the context of treatment centres
- Young offenders, particularly in the context of life chances
- Drug related intimidation
- Mental health, particularly in the context of dual diagnosis
- Organised crime, particularly in the context of the illicit drug market

From this list, the four scenarios that seemed most relevant and challenging to the delegates were selected, and each of the scenarios became the topic of a facilitated working group.

The four chosen scenarios were:

- a) Organised crime, particularly in the context of the illicit drug market
- b) Mental health, particularly in the context of dual diagnosis
- c) Drug-related Intimidation
- d) Young offenders, particularly in the context of life chances

FACILITATED GROUPS

Delegates were invited to join their preferred group in separate breakout spaces. Working in these smaller groups, delegates worked through the chosen scenario for their group. The aim was to analyse the scenario in detail in an attempt to understand not just the different parties involved,

but also their motivations and roles, as well as identifying potential opportunities to intervene and what that might look like. Where possible, considerations should focus on the achievable, practical, community level.

In each of the four groups, delegates were invited to examine the scenario or issue at hand in detail, with the following broad questions used as guidelines to help facilitate this process:

- What is the scenario?
- Who are the key stakeholders?
- What is their purpose?
- What are the desired outcomes in this scenario (for the different stakeholders)?
- What actions do they need to take to achieve these outcomes?
- Where could there be potential conflicts & potential opportunities for joint action between the stakeholders?

Following each of the groups, delegates returned to the plenary setting to feed back their discussions. The abridged feedback from each group is set out in the following section.

GROUP ONE - ORGANISED CRIME

This group was focused on the issue of organised crime, with particular reference to the illicit drug market. Obviously, this is a broad, overarching issue, and the group identified a number of key stakeholders, including (in no specific order):

- The person purchasing and consuming drugs, who is possibly also a health service user
- The local drug supplier, who can also be a person who uses drugs, and who may be supplying in order to make money to sustain their own drug use
- The family of the person using drugs, as well as broader community members affected by the drug market in the area
- The police, who have a responsibility to uphold and enforce the law as it relates to drugs
- A range of other stakeholders who have an interest in the issue for a variety of diverse reasons, including:
- Other actors in the supply chain, engaged in both licit and non-licit activities

- Government bodies tasked with oversight or tackling specific aspects of the problem
- Community bodies working in the local area, including educators
- Groups with a stake in policy decisions – legislators, politicians, human rights bodies, NGOs, media

Even just focusing on those stakeholders operating within the jurisdiction, it is clear that there are necessarily competing objectives at play, at least in terms of priority. For example, looking at the issue from a law enforcement perspective revealed the importance of disrupting the illegal market, including cutting off the supply market and preventing and detecting crime, as well as the importance of law enforcement to act overall as a source of safety for the community. Looking at matters from the point of view of the consumer and the family revealed harm minimisation as a key priority.

Nonetheless, there were commonalities also – for example, community safety was an overarching objective for both of these stakeholders. In terms of opportunities, it was noted that there is space for enhanced cooperation between actors working on the ground - police, social, mental health and health services, outreach teams and local authorities - with joint strategies that have clear visions for long-term goals, as well as the skills and capacity for crisis management. It was also noted that not only can these actors seek to enhance communication between each other, but can also play a role in explaining the thinking behind partnership approaches, by fostering constructive engagement with other stakeholders such as media outlets.

GROUP TWO - MENTAL HEALTH

This group focused on the issue of dual diagnosis - where people are diagnosed with both a substance use disorder and a comorbid mental health issue, with a particular focus on occasions where the person becomes the focus of law enforcement in the context of community safety. The group identified a number of key stakeholders in this scenario, including:

- The person with a dual diagnosis who is experiencing the crisis

- Their family members or carer
- Health and social stakeholders such as those involved in the person's care and treatment, including statutory and non-statutory services
- Members of the law enforcement community who are often the first responders to a crisis

It was noted that within these groups there can be different roles, even when the overarching focus is on the well-being of the individual – for example, families and carers are often heavily involved in a person's day-to-day care, without necessarily playing a specific role in the care plan of the person which has been put in place by organisations working with them in a professional context.

Similarly, there can be differing views on treatment and care priorities from different caregivers when (as is the case with dual diagnosis) more than one specialised area is engaged. Generally, however, the shared motivation is care of the person, with a long term as well as short term focus. Within this, it's important to note that if a person with a dual diagnosis is experiencing a crisis and becomes the focus of a call out from law enforcement, the officer arriving to the scene is unlikely to have any specific advance knowledge of the issues and/or any specific expertise in the mental health or substance use arenas. Here, the focus of the police officer responding to a call from the community is also likely to include controlling any public disturbance and addressing any threat to public safety.

Despite the range of different concerns and involvement of different actors at different times, there was broad consensus that the desired outcome in this scenario should be an approach where the needs and human rights of the person with the dual diagnosis are at the centre of the intervention. There were a number of challenges identified in achieving this, as well as a number of opportunities.

Challenges identified included the current structures which can tend to be inflexible in the context of people with complex needs. This can lead to inappropriate treatment of people, such as unwarranted exclusion from services, a problem that can be compounded by existing services being under-resourced, with a lack of adequate treatment availability and a high level

of pressure on existing services. Additionally, there are challenges in ensuring a coherent case management approach to provide consistent care across multiple stakeholders.

These are obviously broad, systemic issues, many of which are ongoing challenges in the context of social and healthcare service provision in Ireland. Nonetheless, the group envisioned a broad cultural change where the individual is the focus, all responses are empathic and trauma informed, and the goal is successfully linking the person to the services they require. The group identified a number of items as potentially useful in tackling these issues. These included:

- A meaningful, trusting, partnership across agencies to addressing the issue, with an understanding and commitment that partnership is everyone's responsibility, and also that different approaches are needed at different levels of care/for different services
- An explicit recognition that services need to fit people, and not the other way around. Implicit in this is the placing of the person at the centre of the intervention, and empowering them as much as possible
- An increased use of peer-support workers as well as improved understanding on what peer support means and can be
- Support and training for staff across agencies such that they are equipped with the skills needed to intervene in a person centred way as well as being empowered to be flexible in their approach

It was noted that a number of these principles are consistent with the 'A Vision for Change' policy document, the national strategy for mental health services. Delegates noted that fully implementing that policy could help significantly, as could a renewed focus on the practice of shared care planning and family support, and the establishment of crisis services for those in need.

GROUP THREE – DRUG RELATED INTIMIDATION

This group focused on the issue of drug related intimidation, using a scenario of street level intimidation to help focus on the key issues. As with the other groups, a number of stakeholders could be identified, often with conflicting or overlapping motivations. These stakeholders included:



- The person who has incurred the drug debt, and, often, their family. They typically want the issue to be resolved and to be able to move on without the fear of intimidation
- The dealer, who usually wants money, although there can be other motivations for intimidation
- Often, a third party, middle person who is sent on behalf of the dealer to collect the money, and to intimidate the buyer (or their loved ones)
- The police who are seeking to enforce the law, protect those individuals that are being intimidated and detect and prosecute those involved in the intimidation

It was noted that drug related intimidation is very complex and that the roles are not always distinct, meaning that motivations are not always uniform and can change over time or in different contexts. For example, people who are engaged in intimidation may be doing so because they themselves are being intimidated. Often, debts do not simply attach to an individual but are taken on by that person's wider family, meaning that enforcement of payment is still sought if the person leaves the community or is in prison, for example.

A desirable outcome in an intimidation scenario was, in essence, the departure of all players

from the market - the person owing the debt, the dealer owed the debt and any other participants. Within this it was noted that the difficulties around intimidation are facilitated by the fact that the entire market itself is illicit in nature, meaning that there is no legal recourse or mechanism for dispute resolution, creating a situation in which intimidation as a means of debt recovery is all but inevitable. However, it was also noted that the overall paradigm – that of the drug market being an illicit one – was unlikely to change, and that there were interventions which could be useful within the status quo.

Working within the current paradigm, there are still a range of desirable outcomes which can be identified. For example, it is important to provide protection to the individual and their family and to provide opportunities for support and treatment as required. For law enforcement, a further object can be to identify, target and prosecute those involved in intimidation. Overall, a desirable outcome is to reduce the harm caused by drug related intimidation in the community.

In terms of opportunities to intervene, it was noted that there has been a significant focus on drug related intimidation in recent years and that there were interventions already in place in the area, notably the Drug Related Intimidation Reporting Programme which is an initiative of An Garda Síochána and the National Family Support Network. The programme has helped to

enhance community relationships and has resulted in a broadening of the options available to families and guards in working with drug related intimidation, but has been hampered by limited awareness among communities. Other potential interventions in the area that were noted included peer programmes, continuing to develop links and supports at a very early stage to schools and services, opening up more referral options, and providing opportunities to move to legal income sources for people currently active in the illegal economy.

GROUP FOUR - YOUNG OFFENDERS AND LIFE CHANCES

This group focused on young offenders, and, in particular on the challenges inherent in repeat offending by a young person. As with all the scenarios, thinking about the stakeholders quickly revealed diversity in both motivation and role. The key stakeholders identified by the group were:

- The young person that is engaging in the offending behaviours, whose motivations can be varied
- Their family or care person who generally want to protect the young person and keep them out of prison

- The school that the person is enrolled in, which wishes to minimise disruption to school life while providing a supportive environment for the young person to learn
- The broader community within which the young person is active, including other agencies

There are clear challenges inherent in addressing such situations. It was noted that school and support services operate in a way which can conflict with the individual's desire for independence, including financial stability. In this context, a key challenge is engaging with the young person in a way that is meaningful for them, which also limits their engagement with the criminal justice system and optimises outcomes for them. Equally, offending behaviour does not take place in isolation – it can engage the rights of others, particularly those who have been victims of crime. Finally, individuals are influenced by their environment – by those structures and people around them.

These are complex issues, but some potential opportunities were noted by the group, including the importance of credible role models in the community and a service orientation which recognises that a one size fits all approach is unlikely to work. In working to achieve these



issues, the group noted that it was useful to think of incentives, and to have structures which aim to incentivise young people away from offending behaviours.

Conceptualising things in this way could equally be applied to services and how they operate. The group noted that the engagement of young people was often defined by negativity – what the person wasn't doing, or wasn't doing right. Rather than focusing on such measures, it may be useful to think more broadly about relationships and building strong networks for young people, including those outside of the traditional educational/social support system.

COMMON THEMES

Even though the four specific scenarios the groups discussed differ from one another, they all engage issues in community safety, public health and law enforcement. Through the work of the groups in the afternoon, a number of additional insights can be added to the main themes identified during the morning session. These insights, set out according to the themes identified previously, may be summarised as follows.

THE ROLE OF THE POLICE

In terms of the role of the police, it was clear that participants saw, at a high level, the core objectives of policing as remaining in the areas of detection and prevention of crime, such as the disruption of illegal markets and prosecution of high level participants of those markets. However, it was also clear that policing can have additional or different objectives in street level engagements. As thinking about the various scenarios showed, there are a variety of community issues which engage police officers at the street level, but which are only partly law enforcement issues, and also have social and public health components.

For many of these, the community may not be best served by a pure focus on the law enforcement element. In these situations, the police also have a role to work in partnership to support and enhance community safety in the communities they serve, which might include handing over an intervention or trusting that partner agencies are more suitable to engage in the first place.

Recognising this in a way that works across the community as a whole also requires understanding from community members as to the policing function at community level, as well as an understanding of the other services available to them. In that way, awareness can be increased such that the police are not simply the default option for an intervention in challenging situations. In turn, achieving this on a practical basis will require service provision which is as available to the community as the policing function, operating around the clock.

PUBLIC HEALTH AND POLICING

In exploring the individual scenarios in the working groups, there was a clear acceptance amongst all of them that the best approach is one which puts the needs and human rights of the person at the centre of any intervention or treatment where public health and policing overlap. Other things were also apparent from the afternoon's discussions. First, that adopting such an approach is not simple – there are many stakeholders in, and many moving parts to, any given intervention, many of which have competing aims, rights and responsibilities. Given that this is the case, it is unlikely that all stakeholders will be happy with the outcomes of any given intervention. However, having the best interests of the person receiving the intervention as a consistent guiding principle can help.

Second, that there are a broad range of actors that can potentially play a role in individual interventions in the community. In addition to the statutory agencies and civil society organisations, there are individual, less formal resources also – peers, mentors, family members, friends.

Third, giving care requires care – a genuinely person centred approach can be intensive. Supports are required across the community to ensure that those engaged in interventions are supported themselves.

THE NEED FOR MEANINGFUL PARTNERSHIPS

A number of additional aspects can be extracted from the working groups in relation to working towards a meaningful partnership amongst stakeholders. First, there was a recognition that such a partnership is needed if challenging com-



munity issues were to be adequately addressed. The scenarios revealed that challenges are multi-factorial, not singular, and no single agency could engage all the gears needed for consistently good outcomes across challenges. In this environment, genuine partnership is a prerequisite for success. Second, and building on this point, partnership needs to be everyone's responsibility.

The concept of shared ownership was reflected in group discussions and best illustrated in circumstances where it was clear that the lead input on any given situation could change over time – using the analogy of a bus for the partnership, it was noted that 'the bus needs a different driver at different times'. Third, there is a need for actors who have a clear long-term vision as well as the skills and capacity for short-term objectives, including for crisis management. Finally, and as noted above, partnership should be broad – there are many potential resources. In this regard, peer interventions were seen as of particular value and also undeveloped in the Irish context.

STRUCTURAL ISSUES

Finally, there were also some discussions in the afternoon session which spoke to structural issues, particularly at the domestic level. First, there was much discussion about how to open up more options for delivering services at the intersection of policing and public health and, in particular, thinking in terms of incentives, and how to engage the person in a way that is meaningful/interesting to them. This can operate both where an individual could benefit from engaging with existing systems – such as helping someone who is struggling with treatment compliance, for example – as well as offering routes away from offending behaviours, such as providing opportunities for legal income for people that are currently active in illegal markets, offering novel ways out of non-licit activity.

Second, there was a recognition that the conversation throughout the day touched on not just those in the room, but society and community more broadly. As such, engaging not just with the stakeholders in the room and other relevant providers, but also with non-traditional partners – such as media – to help solve social issues in a person centred way, could provide new opportunities to engage and progress.

CONCLUDING REMARKS

Following the feedback from groups, there were a number of concluding reflections from delegates, which reiterated and reinforced many of the themes which had been visited during the day. In particular, the need for and openness to partnership was recognised, with it being noted that working together was already an established common goal for many agencies.

However, it was also noted that formal agencies such as state bodies, non-governmental organisations and other structures are only part of the picture – there is also a necessity for the broader community to play a role in community safety. In developing responses, a shared understanding based on the needs of the person receiving the intervention and on human rights are critical, and this approach is not without its challenges, requiring trust and commitment between and among all stakeholders – as one delegate noted:

“We all need to buy into the system.”

For all to buy into the system, all need to believe in its potential to improve community safety and policing in the long run. For that to happen, the system needs to change. Fully implementing existing policy, such as the recommendations of the Commission on the Future of Policing, is one essential factor in driving this change. However, another essential factor is a genuine openness from all stakeholders to building meaningful partnerships.

Such partnerships are not easy to build – they rely on trust in each other and a willingness to hand responsibilities over when appropriate, things which are not always simple to achieve. However, the construction of such partnerships can be facilitated on a basic shared understanding that everyone has a duty to place the person at the centre of the services we provide.

USEFUL LINKS

PRESENTING DELEGATES

Ana Liffey Drug Project
www.aldp.ie

Crisis Intervention Team International
www.citinternational.org

Global Commission on Drug Policy
www.globalcommissionondrugs.org

Global Law Enforcement and Public
Health Association
www.gleapha.wildapricot.org

Law Enforcement Assisted Diversion
National Support Bureau
www.leadbureau.org

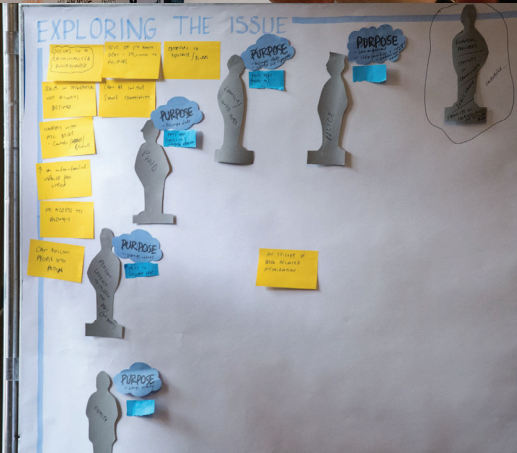
Thames Valley Police
www.thamesvalley.police.uk

IRISH POLICY DOCUMENTS

Report of the Commission on the Future
of Policing in Ireland
www.policereform.ie

Reducing Harm, Supporting Recovery –
a health led response to drug and alcohol
use in Ireland 2017-2025
www.drugsandalcohol.ie/27603/

A Vision for Change – Report of the
Expert Group on Mental Health Policy
www.gov.ie/en/publication/999b0e-a-vision-for-change





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