



NORTHERN
IRELAND
HUMAN
RIGHTS
COMMISSION

**Tender for Research on the Prevention of
Drug Addiction and Substance Abuse in
Northern Ireland**

January 2022

The Northern Ireland Human Rights Commission is seeking to contract research on drug addiction and substance abuse in Northern Ireland.

The deadline for submitting a quotation is 12pm on Tuesday 8 February 2022.

Background

The Northern Ireland Human Rights Commission (the Commission), pursuant to section 69(1) of the Northern Ireland Act 1998, reviews the adequacy and effectiveness of law and practice relating to the protection of human rights in Northern Ireland (NI). The Commission also promotes understanding and awareness of the importance of human rights in NI and may undertake or support research in specific areas of concern.¹

Within its Business Plan for 2021-2022, the Commission has committed to initiating a project examining a human rights based approach to addressing the issue of drug addiction and substance misuse in Northern Ireland.² Appendix 1 sets out relevant international human rights standards which will inform the development of this project.

To assist the initial scoping of this project, the Commission is seeking to contract research to provide a landscape review of current approaches to drug addiction and substance abuse in NI, with a key focus on the availability and effectiveness of prevention and early intervention services.

Research Context

There have been a number of initiatives to develop and implement a strategic policy response to alcohol and drug abuse in NI. Initially, there were separate strategies for Drug (1999) and Alcohol (2000) misuse, however in 2001 a joint implementation model for the drug and alcohol strategies was launched.³ Subsequently, the New Strategic Direction for Alcohol and Drugs (NSD) was implemented in October 2006, reviewed and updated in 2011, then extended to 2021.⁴ Nevertheless, NI has seen a considerable rise in drug-related deaths in the last two decades despite increased awareness of the harmful consequences of drug abuse.

According to the latest official statistics, registrations of drug-related deaths in NI reached a record high of 191 deaths in 2019 (compared to

¹ Northern Ireland Act 1998, s.69(6).

² NI Human Rights Commission, 'Business Plan 2021-22', (NIHRC, 2021).

³ Department of Health, Social Services and Public Safety, 'Drug Strategy for Northern Ireland' (DHSSPS, 1999); 'Strategy for Reducing Alcohol Related Harm' (DHSSPS, 2000); 'Model for the Joint Implementation of the Drug and Alcohol Strategies' (DHSSPS, 2001).

⁴ Department of Health, Social Services, and Public Safety, 'New Strategic Direction on Alcohol and Drugs (2006-11)' (DHSSPS, 2006); 'New Strategic Direction on Alcohol and Drugs Phase 2 (2011-16)' (DHSSPS, 2011).

84 in 2009).⁵ There is notable geographic variation with higher mortality rates in Belfast (24.2 per 100,000) compared to other Local Government Districts (South Eastern is next highest at 9.1 per 100,000). Drug deaths are observed across a range of socio-economic groups, those most at risk are younger age groups, males, those living alone, those with lower educational attainment and the economically inactive.⁶ Drug abuse is strongly linked with co-occurring mental health problems and long term illness.⁷

In 2020, the NI Audit Office highlighted the costs of problem substance use and drug dependency, noting that despite the significant costs related to problem substance use, the budget allocated for addressing this issue is small. It further noted that the “level of harm caused by substance misuse is high and rising” and that the Department of Health lacked data and information on the outcomes for service users.⁸

In September 2021, the Minister of Health published a new policy framework which aims to tackle the harm from substance misuse over the next ten years.⁹ The ‘Preventing Harm, Empowering Recovery’ Strategy was produced as a specific commitment arising from the New Decade New Approach agreement and has direct links with the Executive’s strategic framework for public health, ‘Making Life Better’, and with the new Mental Health Strategy. The Vision for the ‘Preventing Harm, Empowering Recovery’ strategy is as follows:

“People in Northern Ireland are supported in the prevention and reduction of harm and stigma related to the use of alcohol and other drugs, have access to high quality treatment and support services, and will be empowered to maintain recovery.”

Outcome A has a specific focus on preventing the harms related to the use of alcohol and other drugs, ensuring that early interventions are in place for those most at risk, and how the wider cross-departmental legislative environment can help to reduce the availability and accessibility of substances causing harm.

⁵ NI Statistics and Research Agency, ‘Drug-Related and Drug-Misuse Deaths 2009-2019’ 2 March 2021.

⁶ NI Statistics and Research Agency, ‘Drug-related Deaths in NI: Socio-Demographic Analyses’ 24 March 2020.

⁷ Ibid.

⁸ NI Audit Office, ‘Addiction Services in NI’ (NIAO, 2020).

⁹ Department of Health, ‘Preventing Harm, Empowering Recovery: A Strategic Framework to Tackle the Harm from Substance Use (2021-31)’, 7 September 2021.

In 2019, the UK Government commissioned Dame Carol Black to lead an independent review of drugs to inform the government's thinking on what more can be done to tackle the harm that drugs cause.¹⁰ Part One was published on 27 February 2020 and provides an analysis of the challenges posed by drug supply and demand, including the ways in which drugs fuel serious violence. Part Two was published on the 8 July 2021 and applies to England only, it focuses on drug treatment, recovery and prevention. The report makes 32 recommendations including three with a specific focus on strengthening primary prevention and early intervention.¹¹

Upon publication, the Secretary of State for Health and Social Care provided a statement which acknowledged that while many aspects of drug policy are devolved, the UK Government will continue to build partnership and collaboration with the Scottish, Welsh and Northern Irish Governments on significant UK-wide issues in response to Dame Carol's review.¹² The NI Department of Health has not commented publicly on the review and it is unclear whether its findings will inform approaches to tackling the harm caused by drug use in NI.

In November 2021, the Centre for Children's Rights at Queen's University Belfast and the Commission for Victims and Survivors published a report on the on-going transgenerational impacts of the Troubles/Conflict on the lives of children, young people and parents throughout NI and the border regions. The research highlighted that the current inadequacy and under-resourcing of mental health services for children and young people in NI can enhance susceptibility to problematic drug and alcohol use. It states:

"The relationship between substance misuse and Conflict legacy is becoming clear. This requires recognition in substance use strategies and responses. There is an urgent requirement to enhance social and educational measures to protect children from substance misuse."¹³

¹⁰ UK Government, Independent review of drugs by Dame Carol Black, 'Review of drugs: phase one report' 17 September 2020 and 'Review of drugs: phase two report' 2 August 2021.

¹¹ Ibid; Recommendations 28, 29 and 30.

¹² UK Parliament, Statement UIN HCWS167 'Publication of Dame Carol Black's Independent Review of Drugs, Part 2' 8 July 2021.

¹³ The Centre for Children's Rights and the Commission for Victims and Survivors, 'It Didn't End in 1998: Examining the Impacts of Conflict Legacy Across Generations' (QUB, 2021) at page 20.

Research Brief

Beyond the legal and policy landscape, the Commission is conscious that there will be a number of practical initiatives and interventions aimed at tackling drug addiction and the illegal use of substances in NI. Therefore, the aim of this research is the production of a landscape review to establish what is presently available in NI, regarding the scope and nature of any statutory and non-statutory services or programmes, and to evaluate the effectiveness of this service provision. In particular, the research should consider:

- The availability and effectiveness of services, programmes and policies used to identify, intervene, and manage substance use problems and addiction disorders in NI. This should include statutory services, those funded by the state, and voluntary sector services.
- The levels of engagement of both statutory and non-statutory services with individuals who may be at risk of developing an addiction, including 'recreational' or 'social' drugs misuse.
- A gap analysis, identifying examples of best practice and areas for improvement in the in the current landscape of drug prevention efforts in NI.
- Consultation with individuals who have lived and/or direct experiences of the services and programmes examined.

Specification

The successful contractor will be required:

- to engage with the NIHRC to clarify the parameters of the project;
- to undertake both desktop research and any potential interviews with key stakeholders which may include public authorities, civil society organisations, practitioners, service providers, service users, academics or policy makers in this field; and
- to submit a robust report by **31 March 2022** at the latest and, having taken account of the Commission's comments and subject to discussion between the Commission and the contractor, a final report by Friday 29 April.

The Northern Ireland Human Rights Commission retains all rights to the intellectual property and will be responsible for future decisions regarding the publication of the report. In all publications, the role of the contractor will be duly acknowledged.

Emily Mills will be available to liaise with the successful contractor for the duration of the project, to resolve any queries concerning the research or the Commission's requirements in respect of the final draft.

Application

Interested contractors are invited to:

1. Write a brief letter of motivation, alongside an annex of relevant experience and publications (no than four pages in total), demonstrating:
 - experience of each member of the research team in undertaking research in the field of drug policy, prevention or early intervention, or any other areas related to the work under this tender;
 - knowledge and understanding of the key issues relating to drug addiction and the illegal use of substances;
 - knowledge and understanding of the Northern Ireland policy and service delivery context;
 - how you will conduct the research, including how the research team will ensure the research adds value to pre-existing research;
 - how you will ensure value for money; and
 - how quality assurance will be guaranteed.

It is expected that interested contractors will provide an outline of the proposed approach to the project, including the methods they will employ for ascertaining and ensuring that the Commission's requirements and deadlines as outlined above are met.

2. Quote a fixed price of no more than £15,000 (inclusive of VAT) for writing and presenting a final report detailing a breakdown of how many days will be allocated to specific tasks undertaken by research team members, alongside a daily financial rate for each researcher. The proposals will be assessed for value for money.

3. Provide details of two referees who can comment on their ability to deliver the type of document described in the above specification.
4. The award of the contract will be based on: the applicant's competence to undertake the work, judged from the content of the letter of motivation and previous experience; how effectively the proposal will be delivered in practice; and value for money. The Commission reserves the right not to accept the lowest quotation.

HUMAN RIGHTS POLICY

Tenderers must confirm that their organisation has a human rights policy. Those tenderers who have been selected will be asked to provide a copy of their organisational human rights policy prior to award of contract.

GDPR POLICY

Tenderers must confirm that their organisation has a GDPR policy. Those tenderers who have been selected will be asked to provide a copy of their organisational GDPR policy prior to award of contract.

Any questions about the project should be emailed to Rhyannon.Blythe@NIHRC.org who will arrange for a prompt response.

Please email your application to Jacqueline.McClintock@NIHRC.org by 12pm on Tuesday 8 February 2022. Please note that applications must be emailed as staff are working from home due to Covid-19.

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Appendix 1

International Human Rights Framework

Drug dependency and addiction potentially engages the following human rights standards:

- Right to life (Article 2 ECHR; Article 6 UN ICCPR; Article 6 UN CRC; Article 10 UN CRPD);¹⁴
- Freedom from torture (Article 3 ECHR; Article 7 UN ICCPR; Article 37(a) UN CRC; Article 15 UN CRPD);¹⁵
- Liberty and security of person (Article 5 ECHR; Article 9 UN ICCPR; Article 37(b) UN CRC; Article 14 UN CRPD);
- Freedom from slavery and forced labour (Article 4 ECHR; Article 8 UN ICCPR; Article 27(2) UN CRPD);
- Right to respect for private and family life – particularly removal of children from drug-using parents¹⁶ and access to medical records on drug use¹⁷ (Article 8 ECHR; Article 17 UN ICCPR; Article 16 UN CRC; Articles 22 and 23 UN CRPD);
- Right to highest attainable standard of physical and mental health (Article 12 UN ICESCR; Article 24 UN CRC; Article 25 UN CRPD);
- Right to education (Protocol No 1, Article 2 ECHR; Article 13 UN ICESCR; Article 28 UN CRC; Article 24 UN CRPD);
- Right to work (Article 6 UN ICESCR; Article 5(e)(i) UN CERD; Article 27 UN CRPD);
- Right to social security (Article 9 UN ICESCR; Article 26 UN CRC; Article 28 UN CRPD);
- Right to adequate standard of living, including housing (Article 11, UN ICESCR; Article 5(e)(iii) UN CERD; Article 27 UN CRC; Article 28 UN CRPD);
- Right to benefit from scientific progress – includes developments relating to drug dependency medicines and treatments (Article 15 UN ICESCR; UN ICESCR Committee General Comment No 25);
- Prohibition of Discrimination (Article 14 ECHR) may also apply in some respects, if one of the protected characteristics is engaged.

¹⁴ *McGlinchey v UK* [2003] ECHR 211; *Wenner v Germany* [2016] ECHR 725; and *Ketreb v France* [2012] ECHR 1626.

¹⁵ *McGlinchey v UK* (2003) ECHR 211; *Wenner v Germany* (2016) ECHR 725; *Ketreb v France* (2012) ECHR 1626.

¹⁶ *YI v Russia* (2020) ECHR 174.

¹⁷ *LL v France*, Application no 7508/02, Judgment of 10 October 2006.

UN International Covenant on Economic, Social and Cultural Rights

The right to the highest attainable standard of health is protected under Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR). Under Article 2 of the Covenant, States are required to implement the right to health on a non-discriminatory basis and take “deliberate, concrete and targeted” steps towards the full realisation of the right to health.¹⁸

In General Comment No.14, the ICESCR Committee confirmed that Article 12 encompasses the right to healthy natural and workplace environments, which discourages the abuse of alcohol and the use of tobacco, drugs and other harmful substances.¹⁹ In terms of positive measures, the Committee advises this should include “the promotion of medical research and health education, as well as information campaigns, in particular with respect to... the abuse of alcohol and the use of cigarettes, drugs and other harmful substances”.²⁰ It concludes:

“The obligation to fulfil (promote) the right to health requires States to undertake actions that create, maintain and restore the health of the population. Such obligations include: (i) fostering recognition of factors favouring positive health results, e.g. research and provision of information; (ii) ensuring that health services are culturally appropriate and that health care staff are trained to recognize and respond to the specific needs of vulnerable or marginalized groups; (iii) ensuring that the State meets its obligations in the dissemination of appropriate information relating to healthy lifestyles and nutrition, harmful traditional practices and the availability of services; (iv) supporting people in making informed choices about their health.”²¹

UN Convention on the Rights of the Child

The UN CRC is the only core human rights treaty to specifically refer to drug use. Article 33 requires that States parties shall take all appropriate measures, including legislative, administrative, social and educational

¹⁸ E/C.12/2000/4, Committee on Economic, Social and Cultural Rights, General Comment No.14 (2000): The right to the highest attainable standard of health, 11 August 2000, at para 30.

¹⁹ Ibid at para 15: See also ICESCR, Article 12.2 (b)

²⁰ Ibid at para 36.

²¹ Ibid at para 37.

measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances.

In General Comment No.3, the UN CRC Committee confirmed that Article 33 is to be read alongside Article 24, concerning the right of the child to the enjoyment of the highest attainable standard of health. It states:

“Consistent with the rights of children under articles 33 and 24 of the Convention, States parties are obligated to ensure the implementation of programmes which aim to reduce the factors that expose children to the use of substances, as well as those that provide treatment and support to children who are abusing substances.”²²

While there has not been a General Comment on Article 33, the UN CRC Committee has recommended within its Concluding Observations that children should receive accurate and objective information on drugs.²³ In addition, the 2015 annual report of the UN High Commissioner for Human Rights presented to the UN Human Rights Council recommended that,

“The rights of the child should be protected by focusing on prevention and communicating in a child-friendly and age-appropriate manner, including on the risks of transmitting HIV and other blood-borne viruses through injecting drug use. Children should not be subjected to criminal prosecution, but responses should focus on health education, treatment, including harm reduction programmes, and social re-integration.”²⁴

UN Sustainable Development Goals

The Sustainable Development Goals (SDGs), also known as the Global Goals, were adopted by the United Nations in 2015 as a universal call to action to end poverty, protect the planet, and ensure that by 2030 all people enjoy peace and prosperity. The SDGs are universal with all

²² CRC/GC/2003/3 Committee on the Rights of the Child, ‘General Comment No. 3 : HIV/AIDS and the Rights of the Child’ (2003) at para 39.

²³ CRC/C/UKR/CO/4, Committee on the Rights of the Child, Fifty-sixth session, Concluding Observations: Ukraine’ 21 April 2011 at paras. 60 – 63.

²⁴ A/HRC/30/65 Report of the United Nations High Commissioner for Human Rights, ‘Study on the impact of the world drug problem on the enjoyment of human rights’ 2 September 2015 at para 66.

signatories expected to contribute to them internationally and deliver them domestically. SDG 3 highlights that good health and well-being is essential to sustainable development and contains a target to “strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol”.

UN Office on Drugs and Crime

There are three international drug control conventions; the 1961 Single Convention on Narcotic Drugs (as amended); the 1971 Convention on Psychotropic Substances; and the 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.²⁵ The UN drug conventions have two core goals: preventing the production, supply and use of specific drugs for non-medical or scientific purposes, and ensuring a limited supply of those ‘controlled’ drugs for legal use (e.g. pain relief).

The Commission on Narcotic Drugs (CND) is responsible for deciding on any changes to the schedules or amendments to the three conventions, as well as providing policy guidance in the form of resolutions. Several resolutions recognise that drug prevention efforts are essential to reducing demand and ensuring social welfare as part of a balanced approach to drug control and public health.²⁶ Concerns have been raised that the effectiveness of drug abuse prevention programmes and policies is only evaluated in a very small minority of cases, and often the coverage of programmes based on sound scientific-evidence is not known.

Resolution 57/3 states that drug abuse prevention efforts are “most successful when fully coordinated through a multisectoral approach in which multiple government agencies and non-governmental organizations participate and are provided with sufficient training and funding”.²⁷ It

²⁵ Single Convention on Narcotic Drugs, 1961 (ratified by the UK in 1961); Protocol Amending the Single Convention on Narcotic Drugs 1972 (ratified by the UK in 1972); Convention on Psychotropic Substances, 1971 (ratified by the UK in 1971); Convention Against the Illicit Traffic in Narcotic Drugs and Psychotropic Substances 1988 (ratified by the UK in 1988).

²⁶ Commission on Narcotic Drugs, Resolution 59/6 ‘Promoting prevention strategies and policies’ 19 April 2016; Resolution 53/1 ‘Promoting community-based drug use prevention’ 12 March 2010; Resolution 53/2 ‘Preventing the use of illicit drugs within Member States and strengthening international cooperation on policies of drug abuse prevention’ 12 March 2010; Resolution 55/10 ‘Promoting evidence-based drug prevention strategies and policies’ 16 March 2012; Resolution 57/3 ‘Promoting prevention of drug abuse based on scientific evidence as an investment in the well-being of children, adolescents, youth, families and communities’ 21 March 2014.

²⁷ CND, Resolution 57/3 ‘Promoting prevention of drug abuse based on scientific evidence as an investment in the well-being of children, adolescents, youth, families and communities’ 21 March 2014.

emphasises “the importance of implementing various evidence based prevention activities in different social settings, such as schools, families and workplaces, and using different means, including with the support of the media, and of targeting different age groups and groups at different levels of risk”.²⁸ It stresses the importance of taking into account human rights obligations in the implementation of drug prevention programmes and policies.

In 2018, the UN Office on Drugs and Crime (UNDOC) and the World Health Organisation jointly published ‘International Standards on Drug Use Prevention’.²⁹ The standards summarise the currently available scientific evidence, describing interventions and policies that have been found to result in positive prevention outcomes and their characteristics. Interventions and policies are grouped according to the age of the target group, each group representing a major developmental stage in life: pregnancy, infancy and early childhood; middle childhood; early adolescence; and adolescence and adulthood.

²⁸ Ibid.

²⁹ UN Office on Drugs and Crime and the World Health Organisation, ‘International Standards on Drug Use Prevention’ Second updated edition (2018).