

Consultation by the Citizens' Assembly on Drugs Use

Submission by the Social Democrats – June 2023

The Social Democrats welcome the opportunity to take part in this very important consultation. Should any of the points made within this document require further clarification, we would be happy to discuss in person. Please contact Eamon Murphy, the party's Policy Director, at eamon.murphy@socialdemocrats.ie with any questions.

The work of various Citizens' Assemblies in recent years has had an important role in helping change the narrative around a number of issues where this type of moral judgement has been at the foundation of policy, and we hope this Assembly will do similarly.

We have ample evidence around the conditions that pre-dispose people to problem drug use, including socio-economic factors, and mental health issues. As a society we should not be satisfied with the persistently high levels of deprivation and poverty (particularly child poverty) that exist in Ireland. More than 670,000 people are living in poverty in Ireland today. Of this number, around 188,000 are children under the age of 18.

Tackling socio-economic and educational disadvantage, helping everyone to realise their potential and become fully participating members of society, has broader benefits that just in relation to drug use, but it a hugely important part of how we should approach this area.

In general, using moral judgement as a basis for shaping social policy creates shame and stigma. The criminalisation of what we know to be a health issue means that the bulk of the negative fallout lands on those already marginalised.

It is clear that so-called wars on drugs, inspired by the US model, have utterly failed. The World Health Organisation states there is no clear link between punitive enforcement and lower levels of drug use and that moves towards decriminalisation are not associated with increased use.

The Social Democrats believe that in line with international best-practice, a policy of decriminalisation should be pursued in respect of the possession of drugs for personal consumption.

Criminalising people with addiction issues demonises them, sometimes denying them future opportunities. Drug convictions can have a negative impact for a person's whole life and across many aspects of their lives, including employment, access to training or education, being able to travel, or to secure housing. Drug-adjacent convictions, e.g. petty theft can often rack up in a way that's very damaging, and again is not a good use of justice system resources.

Decriminalisation must be combined with a broader health-based approach to addiction, increased funding for treatment and services, and a comprehensive plan to tackle poverty and deprivation underpinning our approach to drugs.

Just because drug use is decriminalised doesn't mean it's a recommended activity. We also call for a far greater emphasis on education and prevention than is currently the case.

Tackling poverty, exclusion and disadvantage

The evidence of the links between poverty, marginalisation and drug-related harm is consistent throughout the work of several National Drug Strategies. Communities with high levels of deprivation are disproportionately impacted by the negative effects of drug use activities in their local area.

The relationship between poverty and drug-related harms is well-established. But it's not enough to recognise this; action is needed, with a comprehensive plan to tackle poverty and deprivation underpinning our approach to drugs.

Government needs a comprehensive plan to tackle poverty, deprivation and disadvantage. This has the potential to have the greatest positive impact around problem drug use.

Many of the negative impacts of poverty and social exclusion could be mitigated by **improved community infrastructure**, for example, free-to-use community centres, activities for children and teens, and additional spaces for teenagers to hang out. By building housing developments without front loading community infrastructure and buildings we are, still, creating communities of deprivation which exacerbate the negative impacts of drug use.

Disadvantage in the area of education is another factor which can often pre-dispose people to problem drug use. Giving people the opportunity to realise their potential as fully participating members of society is perhaps the most effective way in which society can reduce the harms caused by drugs.

Homelessness and rough sleeping are often among the most damaging outcomes of addiction. **11 per cent of drug-related deaths from poisoning in 2020 occurred in homeless accommodation.** The Finnish 'Housing First' model doesn't require a person in addiction to stop using drugs before securing housing and has demonstrated much greater stability and improved treatment outcomes. While lip service is paid to this model in Ireland, the housing crisis makes its implementation near practically impossible.

Treatment and Health Services

The approach to dealing with problem drug use should be health-led. **Timely and adequate in-patient and out-patient addiction services are a necessity for the success of such an approach.**

These services should be supportive, not punitive, meaning those who have continued drug use or relapse should still have access to services appropriate to their situation, assuming there is no safety risk to staff or other service users.

These services should also be trauma-informed. We need to tackle the underlying causes that pre-dispose people to problem drug use, and put in place the necessary treatment services. In the absence of adequate mental health supports and services in our communities, drug use

is often a way of self-medicating to cope with mental health issues and/or the impact of trauma. There is a huge need for increased funding for services to deal with these issues.

There is also need for additional funding for Child & Adolescent Mental Health Services, in line with the principle that early interventions have the most potential to bring benefits to the young person involved. At the moment, CAMHS services are operating at a wholly inadequate level.

There is a need to implement specialised treatment programmes for vulnerable populations, such as women, those with dual diagnosis, travellers, other ethnic minorities, and members of the LGBTQ+ community. Many of these are in place already but they are inadequately resourced.

In particular, the availability of residential services catering for women with children is not sufficient.

The widespread availability of prescription drugs is a major contributory factor in problematic drug use and drug deaths. This needs to be addressed, including with tighter controls on prescribing and dispensing. According to the Health Research Board, almost 6 in 10 deaths from drug-related poisoning in 2020 involved benzodiazepines and many of them had more than one type of benzodiazepine. Almost 6 in 10 involved other prescription drugs, most commonly antidepressants and antiepileptics.

Harm reduction should be a key goal of the approach. With this in mind, delays to supervised injecting facilities¹ have led to needless strife, and even death, in Dublin and around the country. We acknowledge sensitivities around their location and the importance of working with communities, but research from other countries has consistently found that Supervised Injection Facilities do not make a community more unsafe or lead to more public drug use. There is also a clear need for more than one such facility. Issues around opening this should be resolved and the centre opened as soon as possible.

Community Drug Services

The Social Democrats are hugely concerned about the funding situation within the Community and Voluntary sector and the effect this is having on such agencies that deal with drug use. **We call for a significant increase in funding for the Community and Voluntary sector dealing with drug use.** In particular, there is a need to restore **Drug and Alcohol Task Force funding to pre-austerity levels.**

There is also a need for greater input into national policies from these Taskforces as they are best placed to identify emerging needs. We need to build on the **crucial role of Community Drug Projects** in responding to the needs of individuals, families and communities and recognise the need for significant and increased investment in community and voluntary projects. Government must engage with the Community Drug Projects to develop and put in place an efficient, reliable and sustainable funding arrangement that reflects the value of the work they do.

¹ It has been five years since plans for the State's first medically supervised injecting facility in Dublin's inner city were announced, but this essential service has still not opened.

Decriminalisation

A policy of decriminalisation in respect of the possession of drugs for personal consumption should be pursued.

Historical convictions for personal possession should be quashed.

We acknowledge that decriminalisation does not solve all problems but decriminalisation is an important piece in reducing the harms associated with drug use. It must be accompanied by other key actions, including adequate funding for Community Drug Projects and related state services, as mentioned. This approach is supported by 31 United Nations bodies, including the United Nations Office on Drugs and Crime, and the World Health Organisation.

As noted above, we call for a far greater emphasis on education prevention methods than is currently the case, as well as improved funding for treatment and services, and a comprehensive plan to tackle poverty and deprivation underpinning our approach to drugs.

However, as long as we criminalise people who use drugs, we cause them unnecessary additional harm and reduce the effectiveness of initiatives or services in place to help them.

As noted above, we need to tackle the underlying causes that pre-dispose people to problem drug use, and put in place the necessary treatment services. In the absence of adequate mental health supports and services in our communities, drug use is often a way of self-medicating to cope with mental health issues and/or the impact of trauma. There is a huge need for increased funding for services to deal with these issues.

There are different models of decriminalisation across approximately 30 jurisdictions worldwide, and we need to find the right fit for Ireland. We should look at evidence from models of regulation that have been put in place in other jurisdictions. The Social Democrats **recommend the commission of a comparative study examining approaches to drug possession and consumption in other jurisdictions** to see which of the policies applied in these jurisdictions could be effectively implemented in an Irish context.

As an example, evidence from Portugal – where drug use was decriminalised over 20 years ago – around the health-based approach to addiction has shown a significant decline in drug-related deaths, a significant decline in drug-related HIV cases, and a decline in the use of injected drugs declined, particularly among young people and new users.

Within five years of adopting the policy, Portugal's drug prevalence rate had fallen below the European average. However, it is much easier, and cheaper, to decriminalise drugs than it is to fix the issues that surround drug use. **It should be noted that decriminalisation in Portugal was accompanied by a huge increase in funding for better services related to drug use.** By comparison, Ireland has the joint highest rate of drug-induced deaths among 16 to 64-year-olds in the European Union. We do not believe the Portuguese model is perfect, but they have made significant progress in the area.

International evidence suggests that while instances of drug use may increase at first upon decriminalisation, it comes back down quickly and there is no long-term increase in use.

Education and Prevention

A fact-based, educational campaign on drug use and harm reduction should be implemented nationwide as soon as possible, incorporating the changing nature of drug use and the health implications of drug use, including on mental health. This should include education on the negative impact of drug use on the developing brain and the proven associated mental health issues.

Any form of drug education and prevention being delivered in the formal and informal settings should be based on evidence-based programmes with proven effective outcomes for the receiver.

We must move away from the once-off talk format of education, and decision-makers at a local and national level must be aware of what works well so that what is delivered to young people and their families is well-informed and impactful.

Attitudes towards education on drugs should be similar to how sex education is taught; acknowledging that it is 'available' to, and an option for, young people and providing information so that people know what it is and, if they choose to do it, how to reduce risks. We must also acknowledge that the more mystique attached to something, the more likely children are to want to try it.

As with all forms of education, this must be appropriate to what the people already know. For example there is no point in giving the same education to children who don't know what cannabis is and to children who live in areas where drug use is rife and many will have people in their families with substance abuse problems.

However, as noted earlier, a comprehensive plan to tackle poverty and social exclusion must underpin society's approach, as educating young people in highly disadvantaged areas about the negative side of drug use will have minimal effect if they are not presented with other opportunities, or ways to spend their time.

Policing

The criminalisation of drug use in Ireland has led to the over-policing of disadvantaged groups, and is a poor use of Garda time. Nearly 70 per cent of convictions for drug offences in Ireland are for possession of drugs for personal use, and between 1996 and 2020 there were more than a quarter of a million recorded crimes for possession of drugs for personal use. There is a significant cost to the state through policing, legal aid, probation, DPP and court resources. There is a practically infinite number of better uses for this money.

There is also huge inequality in the consequences of drug use, depending on the person and their socio-economic circumstances, despite levels of drug use in affluent areas versus more deprived areas being more or less the same. Criminalising an individual for drug use or possession disproportionately harms the most vulnerable in our society. Decriminalisation

possession of drugs for personal use would free up policing resources, both in terms of expenditure and manpower, providing an opportunity for improved policing, including:

- Additional policing resources aimed at drug dealers who focus their attention on children.
- A comprehensive suite of measures to combat drug trafficking, including the recruitment of more Customs Officers, increased funding for the naval service, and new anti money-laundering measures.
- Strengthening the power of the Criminal Assets Bureau to target and deprive criminals of assets acquired through criminal conduct, including drug dealing.

Additional Points

- The Medical Cannabis Access Programme (MCAP) should be expanded to ensure that more people affected by severe chronic illness can access cannabis in circumstances where other treatments have failed to relieve symptoms.
- All emergency medication including injectable and nasal Naloxone should be made available to opioid users without the need for a medical prescription. Additionally, the drug, and training to administer it, should be made widely available as a matter of urgency, in order to reverse opioid overdoses in our communities.
- The availability of drug identification kits in locations like nightclubs and festivals should also be expanded. These enable people to check drugs for contamination with sometimes dangerous substances.
- There is a need for greater education for healthcare professionals – particularly primary care providers – on how to approach and treat problematic drug use and addiction.
- People living with addiction issues and their families must be afforded dignity in how they are treated in our healthcare and social services – through trauma informed approaches – and how they are spoken of. Education campaigns should make clear the dehumanising impact of outdated terms such as ‘junkie’, ‘clean’, etc.
- Any changes brought about in the decriminalisation or regulation of drugs must be given time to bed in, and researched so we can continue to improve our approach to this issue. Research funding is important to help demonstrate what aspects are working and which are not.