



Citizens' Assembly

Citizens' Assembly on Evidence Informed Drugs Policy from a Harm Reduction Perspective

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1 Introduction

For some time now the approach to managing the use of some substances has, in Ireland, and elsewhere been based around criminal justice approaches. These strategies incorporate legislation aimed at the prohibition of the use, production or import of a list of substances. This list of substances has been added to over the years as new ones come to the attention of Government. In Ireland, the key legislation around this is the Misuse of Drugs Act 1977, 1984 and 2015, and the Criminal Justice (Psychoactive Substances) Act 2010.

Since the introduction of these controls, strict prohibition of drug use and cultivation has not deterred demand. The EU's European Drugs Market Report 2016 declared Ireland the biggest user of psychoactive drugs in Europe. There has been a heavy economic cost for ongoing challenges in national drug policy, not only the human cost to individuals and communities impacted by ongoing criminalization and criminal activity but particularly through the diversion of law enforcement resources. There is an immense social cost to the continued increase in drug use in Ireland. Communities across the country experience increased crime levels, gang violence and negative impacts on families and young people as legal and state provisions to combat illegal drug use proves inadequate to the challenges they face.

Policy in Ireland across a number of departments and semi state bodies has begun to reorient itself towards tackling the social and public health issues which lead people to use drugs. As a result, the legislative context, treatment and healthcare strategies, community supports and the categorization of a number of substances (both legal and illegal) should now be reviewed. The long term use of opioids for chronic pain is as significant a challenge as the debate on medicinal cannabis use - this Assembly seeks to review a number of these issues within an evidence-based, participatory framework.

international drugs control, their provisions are not self-executing. As with similar UN agreements the signatory countries are required to transpose them into domestic law in accordance with the principles of their law.³

Further to this the EU has recently adopted the EU Agenda and Action Plan on Drugs 2021-2025 to set out the Commission's priorities for action in the field of drugs.⁴ The EU Drugs strategy focuses largely on the disrupting of supply chains of criminal organisations but it also seeks to provide a number of basic principles on which member states can collaborate. Those strategies focus on education and health, as a number of countries within the EU have now moved away from a carceral model and towards the decriminalization of those who use drugs. It states:

“The Strategy aims to protect and improve the well-being of society and of the individual, to protect and promote public health, to offer a high level of security and well-being for the general public and to increase health literacy. The Strategy takes an evidence-based, integrated, balanced and multidisciplinary approach to the drugs phenomenon at national, EU and international level. It also incorporates a gender equality and health equity perspective”

2.3 The Groundwork of an Assembly- The Impact on People of our Current Laws on Drugs

The government of Ireland has itself recognised the failure of criminalization to impact on drug usage rates or on rates of addiction. In a Department of Health document Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025 it states⁵:

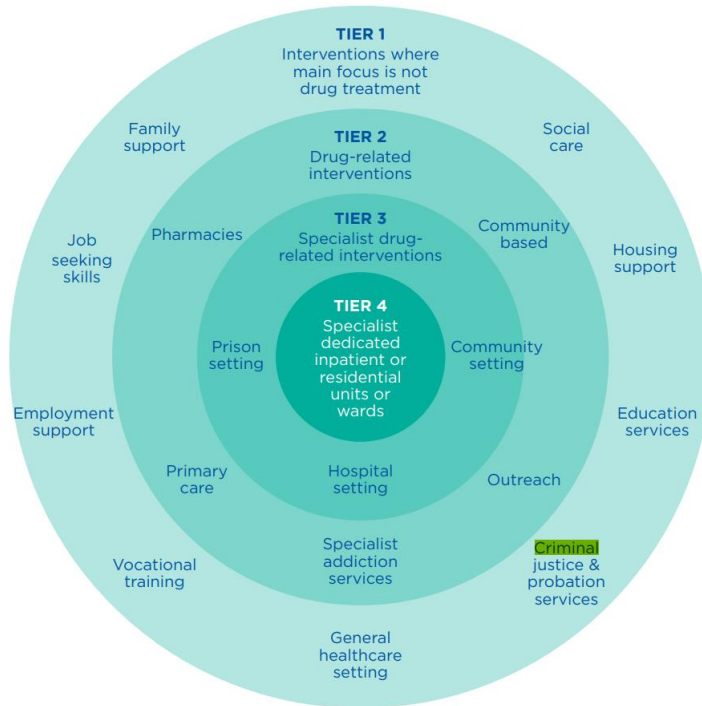
Treating substance abuse and drug addiction as a public health issue, rather than as a criminal justice issue, helps individuals, helps families, and helps communities. It reduces crime because it rebuilds lives. So it helps all of us.

The HSE has developed a 4-tier person-centred model of rehabilitation based on the principle of a “continuum of care” that allows the individual to access the range of supports they need to achieve their personal recovery goals in line with their needs and aspirations. This model of care is designed to enable people to receive the support they need as close to home as possible, and at the level of complexity that best corresponds to their needs and specific circumstances.

³ United Nations (UNO) (1961, 1971, 1988), Single Convention on Drugs (1961); Convention on Psychotropic Substances (1971); Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988) (<http://www.incb.org/e/conv>).

⁴ [EU Drugs Strategy 2021 - 2025 \(europa.eu\)](https://european-council.europa.eu/media/e3000420/1/161717main_en.pdf)

⁵ [Department of Health - Reducing Harm, Supporting Recovery - A health-led response to drug and alcohol use in Ireland 2017-2025 \(drugs.ie\)](https://www.health.gov.ie/assets/uploads/2017/07/Reducing-Harm-Supporting-Recovery-A-health-led-response-to-drug-and-alcohol-use-in-Ireland-2017-2025.pdf)



Source of image: Doyle J, Ivanovic J National Drugs Rehabilitation Framework Document. National Drugs Rehabilitation Implementation Committee. Dublin: Health Services Executive 2010.

However, this model of care is impacted by the current legislation that almost exclusively focuses on criminalization and refers to treatment and rehabilitation in the context of conviction.

The impact on communities has been considerable and protracted. International research and research undertaken in Ireland has, over and over again, pointed to the complexities of the relationship between some communities and illicit drug markets that take hold locally. The current legislative framework both criminalizes the individual and allows crime gangs to operate a highly lucrative business with knock on impacts for policing and community safety ⁶.

2.4 The Groundwork of an Assembly - The Impacts of Covid 19

Given that the Covid 19 crisis is still impacting communities and the provision of services and healthcare, it is difficult to know the full impact of the pandemic on the nature of drug use and misuse in Ireland. Localised research carried out to date (such as the November 2021 report from the Tallaght Drugs and Alcohol Taskforce) would suggest that an increase in the available substances, coupled with disruption to traditional care and service provision pathways has led to a deteriorating situation within communities. ⁷

The mental health impacts for those experiencing addiction will be the subject of further research and analysis as the pandemic continues to recede though it is likely that the aftermath effects on the health services in Ireland will remain a factor for some years to come.

⁶ [Building-Community-Resilience-Report-JC-2019.indd \(drugsandalcohol.ie\)](#)

⁷ [TDATEF Research Report-FINAL.pdf \(drugsandalcohol.ie\)](#)

3 A Framework Proposal

The purpose of a Citizens' Assembly on Drugs is to develop a series of recommendations to build safe and healthy communities. It aims to reduce and prevent drug-related harm including:

- health, social, cultural and economic harms
- harm to individuals, families and communities
- socio economic triggers for drug use and misuse
- barriers to accessing services

The outcomes of the Assembly would:

- identify national priorities
- guide action by government, service providers and the community
- outlines strategies to reduce demand, supply and harm

Principles within the Assembly would include:

- To approach legislation around controlled substances on a harm reduction, health and evidence basis
- To enhance access to evidence-informed, effective and affordable treatment
- To develop and share data and research between groups
- Increase the participatory processes amongst legislators, stakeholders and care providers
- Reduce adverse consequences for individuals, families and communities

Drug policy has in the past been largely divided into three separate elements: prevention, treatment, and enforcement. This can result in duplication of work, missed opportunities for increased effectiveness through working together and feelings of institutional protectionism. When these different types of intervention operate without sufficient coordination they can function at cross-purposes - for example, enforcement activity near treatment centres can discourage people from turning up for treatment. These divisions, and a lack of open debate about the overall goals of drug policy, also lead to these interventions being seen not as tools but as goals in themselves, resulting in the focus being on activity rather than outcomes. That can reduce the effectiveness of programmes, lead to wasted resources, as well as inhibiting the development of more cost-effective ways of tackling drug problems.

We suggest making a clear distinction between the overall goals of drug policy and the tools to deliver it. Rather than starting with the traditional distinction between prevention, treatment and enforcement, it may be more effective to consider drug policy in terms of two higher level challenges. First, we need to look at how society and government can enable and support individuals to behave responsibly. This means tackling underlying causes of drug use, providing the information and skills necessary for people to make sensible choices about drug use, and ensuring that where drug use does occur, it is undertaken in a way that minimises the harm to the user and others.

Second, we should focus on how society and government can enable and promote recovery from entrenched drug problems, whether for individuals or in communities. Then we can see how the practical tools of prevention, treatment and enforcement can help deliver this as well as how it links into wider social policy through the various supporting institutions, professional interests and social and economic programmes. What we mean by 'responsible behaviour' is that an individual should seek to behave in ways that allow them to achieve their potential and contribute positively to their families and communities and also to avoid incurring harm to other people in general. Behaving responsibly and limiting harm and damage to oneself and others are two sides of the same coin.

Lived Experience must be Central to the Citizens' Assembly

Harm reduction and recovery strategies are most effectively developed in collaboration with those experiencing the impacts of drug use and misuse. It is also vital that the empirical knowledge of community based service providers is made available throughout the process.

Recovery from problematic substance use is a process that involves not only addressing drug use, but also strategies to improved health and wellbeing and building a new life, including family and social relationships, education, voluntary activities and employment. While the individual is at the heart of recovery, their relationship with the wider world - family, peers, communities and society - is an intrinsic part of the recovery process. Recovery is neither an easy nor a linear process and takes considerable time and effort to achieve and sustain, both for individuals and hard-pressed communities. The stigmatisation of people with drug problems and their families is a significant barrier to recovery. The wider community, including potential employers, could play a greater role in helping individuals to recover. Having contact with people who are in recovery from drug problems can help overcome fears and misconceptions based on stereotypes that can arise from the way in which drug problems are covered in the media and political debate. Families of people with drug problems are also often overlooked. Yet, not only can adult family members aid their relative's recovery, but they also often need help in their own right

By centring the voice of individuals, their families and communities experiencing the impacts of drug use the Citizens' Assembly can seek to tackle structural problems that increase risk of drug problems Social problems, such as income inequality, lack of a sense of community, feelings of exclusion and disenfranchisement, are likely to have an impact on whether someone develops a problem with drug use. It is important that this is recognised within social policy more widely. The potential impact of drug policy and interventions or services in that sector should therefore be considered in broader social policy impact assessments.

Example Areas for Review

- Treatment for Substance Abuse within the Health Service- is the current treatment framework within the HSE appropriate, effective and sufficiently funded. What levels of treatment are available in the private sector versus the public service.
- Treatment for Substance Abuse within the Community - is the current treatment framework within the community fit for purpose. How are charitable organisations and Section 38/39 bodies supported in activities and consider during policy formation?
- Decriminalisation of, legalisation of, or increased control of, listed substances on the basis of reduction of harm and current medical best practice
- Policy around the provision of supervised facilities for the safe administration and distribution of certain substances, even if the supply chain for those substances is not yet regulated.
- Supply and Distribution of Illegal Drugs- does the current legislation correctly support the Garda Síochána in an era that includes increased digital access to supply networks and the manufacture of variants of synthetic drugs
- Demand Reduction - Effective demand reduction approaches that reduce harmful consumption levels over time, or the amount taken on one occasion
- Employment issues for recovering drug users
- Supply Reduction - Preventing or disrupting illicit supply of drugs and ensuring that substances such as pharmaceuticals, precursors, and volatiles are available for legitimate uses, but not diverted for illicit uses.
- Children and Young People- what is the impact in terms of health, social and economic aspects of current drugs legislation on children and young people
- How we can develop and evaluate early interventions to help families and communities build resilience to drug problems alongside other problems.
- The extent, nature and impact of stigma towards drug users in the media and within service provider and community groups
- Programmes for drug-dependent offenders with in carceral environments and within the community to include post carceral services
- Efforts to tackle drug markets and distribution networks
- Options for controlling new drugs and emerging substances not currently within the remit of legislation
- The impact of drugs on Minority groups and their access to services, treatment, harm reduction and community based outreach
- Impact of localism and austerity on drug interventions over the last decade and the impact of department action and legislative development during that time