Annual Conference Report
2024

Continuing the Conversation – The Future of Drug Policy in Ireland

Mission Statement

ACJRD informs the development of policy and practice in justice

Vision Statement

Innovation in justice

Founded in 1996, the Association for Criminal Justice Research and Development (ACJRD) seeks to promote reform, development and effective operation of the criminal justice system.

It does so mainly by providing a forum where experienced personnel can discuss ways of working in an informal setting, by promoting study and research in the field of criminal justice and by promoting the highest standards of practice by professionals associated with criminal justice.

Its activities are designed to lead to increased mutual understanding and provide insights into the problems with which all are confronted. In opening unofficial channels of communication, it improves cooperation between the different parts of the criminal justice system.

For more information on the ACJRD, please see our website www.acjrd.ie.

ACJRD Council

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acjrd Association for Criminal Justice Research and Development

"Continuing the Conversation – The Future of Drug Policy in Ireland"

Report Contents

1. Introduction

I. Foreword from the Chairperson

Mary Griffin, ACJRD Council

The 27th Annual ACJRD Conference "Continuing the Conversation – The Future of Drug Policy in Ireland" featured distinguished speakers from Ireland, joined by speakers from the European Union and England.

The conference structure facilitated the presentation of plenary sessions supported by workshops, where delegates from the criminal justice community shared their views, experiences and expertise.

ACJRD sincerely thanks the expert presenters for their contributions to the event and to all those who contributed during conference discussions.

The conference plenary speakers included:

- Assistant Commissioner Justin Kelly.
- Judge Patricia McNamara.
- Dr. Emma Regan.
- Colm Burke, Minister of State for Public Health.
- Captain Filipe Correia.
- Professor David Nutt.
- Paul Reid.
- Dr. Johnny Connolly; and
- Ger Redmond.

The conference workshop presenters included:

- Louise Mahoney.
- Kevin Byrne; and
- Eddie Mullins.
- Dr. Richard Healy; and
- Rachel Fayne.
- Orla Brennan.
- Professor Andrew Percy; and
- Dr. Suzi Lyons.

The Chatham House Rule was invoked as necessary, to facilitate free discussion.

The ACJRD Council is confident that the papers in this publication will benefit all practitioners, policy makers and all who now take the time to peruse them.

II. Welcome & Conference Outline

Maura Butler, ACJRD

Welcome All to the 27th Annual Conference of the Association for Criminal Justice, Research & Development!

Today we aim to explore the rationale and implementation of government drugs policy and the Citizen's Assembly Report Recommendations through criminal justice and health lenses. You will have elucidation today on both, and what the future may hold, so I shall not trespass on that content.

The Chatham House Rule will apply today, as is this Association's tradition to ensure that presenters, delegates, can frankly exchange views in the knowledge that permission is required to quote each speaker.

It may come as a surprise to some of you that Misuse of Drugs legislation is the responsibility of the Department of Health! Intuitively, it could be assumed that because prosecution for offences arising is in the CJS, that the Department of Justice leads this legislative process.

Recent Citizens' Assembly Engagement reflects a democratisation of the legislative process as championed by the Department of Public Expenditure and Reform (DPER), to promote active citizenship.

Today we hope to 'unpick' that process regarding future drugs policy decisions. The first three plenary sessions will respectively outline the status quo regarding the integration of health-orientated practice in the work of An Garda Síochána, the Drugs Court and the Irish Prison Service.

We will be delighted to welcome the Minister Colm Burke, Minister of State for Public Health, Wellbeing and the National Drugs Strategy later this morning, to officially launch the conference.

The parallel Thematic Sessions, with eleven stimulating presenters, some of whom have lived experience, will explore current available support services, policies & practice on prevention and the future policy path of towards decriminalisation and desistence. Whereas you the delegates will have opportunities to engage in Q&A during the plenary sessions, you will have a generous amount of time during the Thematic Sessions to contribute your views. You are individually experts in your own fields and the learning for all today will benefit from your contributions.

After lunch today, you will have an opportunity to engage with our conference exhibitors Le Cheile, JADD Project and Tiglin and simultaneously network with other delegates.

The afternoon plenary sessions will be led with the policy and practice in Portugal, where drug decriminalisation has been rolled out, in their criminal justice system. We very much look forward to learning what worked well there. and what could work better.

A presentation from the UK will focus on what are perceived flaws in drug decriminalisation policies. A presentation direct from the chair of the drugs aspect of the Citizens Assembly will broaden the decriminalisation discussion to include what are deemed necessary policies of diversion and dissuasion – reaching beyond an exclusively health-orientated lens. Sadly, Cian O'Concubhair cannot be with us today as planned due to a close family bereavement. We collectively proffer our sincere condolences to him and his family. At short notice, one of the scheduled Thematic session speakers, Johnny Connolly, has stepped up to deliver his presentation at plenary level. Thematic Session Two will therefore have two presenters and more time for discussion.

"Nothing about us without us" ... is a slogan used to communicate the idea that no policy should be decided by any representative without the full and direct participation of members of the group(s) affected by that policy.

In its modern form, this often involves national, ethnic, disability-based, or other groups that are often marginalized from political, social, and economic opportunities.

Our conference today has embraced the necessity of inviting those with lived experience of the misuse of drugs, who will be presenting at some of the Thematic Sessions, with some or all of them participating in the end of conference panel discussion. We eagerly await their insights and their reflections on what they have heard and discussed during the day. We humbly thank our exhibitors for their courage and generosity in speaking here today and for honestly profiling the levels of participation they need, have had, or been excluded from, so that everybody in the health and justice sectors can be as inclusive as is necessary.

I will be thanking all later for their input into what I anticipate will be a stimulating conference. But in advance of that I wish to acknowledge the work done leading to today including (i) the volunteers who form the Council of the ACJRD, whose collaboration and guidance has created this programme (ii) input from our CEO. The implementation of those ideas in the delivery of this programme was the work of the CEO and Administrator, Katie & Niamh respectively.

Most especially though, huge gratitude is extended to all of today's plenary and thematic session speakers, who are altruistically giving freely of their expertise and time. There would be no conference here today without their generosity of spirit.

III. Official Launch of Conference - Address by Minister Colm Burke

Colm Burke, Minister of State for Public Health

Chairperson: *Maura Butler*

Rapporteur: *Emma Canning*

Introduction

As recently appointed Minister, Colm Burke wants to be aware of the issues this country faces. His goal is to assess how to best deal with the issue of drugs in a constructive way. This conference is timely as there is a change in drug policy from a primarily criminal justice approach to a clinical approach. He is curious as to how the criminal justice system can support this change and approach.

The harmful impact of drug use is seen across the country. One third of adult's report lifetime use of illicit drugs, and 7% report use in the last year. Reports are higher in younger groups. 12,000 cases of problematic drug use were reported in 2022, which is up from 9,000 in 2017. New data indicates that cocaine use is most common in new cases of problematic drug use. In 2020 there were 409 drug caused deaths, with a median age of 42 years. Minister Burke recognizes the collateral impact of drug use on communities and families, as well as the role of organized crime gangs controlling the drug supply.

National Drug Strategy

The development of the National Drug Strategy is focusing on reducing harm and supporting recovery. The central tenet of this strategy is to deal with problematic drug use as a health issue. This includes a compassionate response to addiction as the shift to health-led approaches continues to evolve. The situation is flexible and changing, and policy must adapt.

A two-year strategic action plan with 34 actions is in development. There are five strategic policy priorities. The first priority is to strengthen the prevention of drug use, particularly among children and young people (for example the use of evidence-based prevention programmes). The second priority is in drug treatment and family support facilities for assistance with addiction, including developing a map to show resources and services and to plan the provision of drug treatment services in a coherent manner. The third priority is harm reduction responses (for example drug checking at festivals and safe injection facilities) and care packages for high-risk drug users (for example individuals who are homeless). The fourth priority is to address the social determinants and consequences of drug use in disadvantaged communities (for example the DRIVE initiative to address drug intimidation and violence). The fifth priority is to provide alternative sanctions for drug related offenses (for example health response diversions for possession of drug crimes), implementation of which will be subject to review after one year with the goals of depenalizing the possession of drugs for personal use, avoiding criminal sanctions which can majorly impact people's lives, and destigmatizing people who use drugs. Underpinning these priorities is the public expenditure of over €250 million in 2022, with the bulk of funding for provision of drug services.

The Citizens Assembly Report on Drug Use deepened the understanding of harms caused by drug use and made recommendations to reduce harm. They used the process of deliberative democracy to examine drug use in an innovative and inclusive way, including lived experience and families impacted by drug use. 36 recommendations were made, and implementation will require major change in how the state responds to drug use. One such

recommendation was to introduce a comprehensive health-led response to possession of drugs for personal use following the principles of decriminalization, diversion, and destigmatization. Minister Burke believes the health-led response follows this recommendation. He intends to produce and publish a new drug strategy in 2025, reflecting the recommendations of the Citizens Assembly and the 800 submissions made to the Citizens Assembly and board.

International perspectives on drug strategy are important and should be highlighted. Ireland participates in several international boards on drug use, for example the British-Irish council. There are many common issues across jurisdictions, for example the emergence of synthetic opioids, which are potent and increase risk of overdose (2 deaths due to fentanyl in the last 10 days, to his knowledge). States work together to implement an EU drug action plan, and Ireland will continue active engagement with the EU drugs policy. The council of Europe approaches drug policy from a human rights perspective, and a gendered perspective is of high importance. He will shortly announce the provision of a new policy for gender specific drug treatment.

Conclusion

Drug policy in Ireland is dynamic in nature. Recommendations of Citizens assembly are critical in creating new policy. Minister Burke will focus on lived experience and an international lens while developing new policy and hopes to create awareness about the harms associated with drugs. He welcomes the contribution of ACJRD and is happy to engage further.

2. Morning plenaries

IV. Balancing Policing of Organised Crime and Drugs Decriminalisation Policies

Assistant Commissioner Justin Kelly, An Garda Síochána

Chairperson: *Maura Butler*
Rapporteur: *Ruairi Holohan*

Introduction

Balancing the competing interests of policing organised crime with potential policies surrounding drug decriminalization is an area of concern for An Garda Síochána. The An Garda Siochana Organised and Serious Crime Bureau oversees this area in relation to policing drug legislation in Ireland. With over thirty years' experience in policing, Justin Kelly is currently positioned as Assistant Commissioner of organised and serious crime with An Garda Siochana. The themes Commissioner Kelly explored in this presentation include organised and serious crime, current and emerging trends in those areas, primary drugs legislation in Ireland, the Citizens Assembly and the Health Diversion Programme. It is important to note, the mission of An Garda Siochana is 'Keeping People Safe''. Alongside this, the function of An Garda Siochana under Section 7 of the Garda Siochana Act 2005 is to 'Preserve Peace and Public Order, protect life and property, prevent crime…by detecting and investigating it''. The speaker noted that there has been an influx in drug related activity in Ireland and this has put a strain on the resources of An Garda Síochána.

Organised & Serious Crime Region

Established in 2015, the Drugs and Organised Crime Bureau have a number of responsibilities, including conducting international cooperation operations and collaboration with international organisations and jurisdictional offices such as Interpol. The Bureau has also conducted national-level community harm prevention. To date, the Bureau have seized €30.6 million in assets from organised crime and drugs, all of which has been returned to the Exchequer. The speaker indicated that murder and violence are the natural consequences of drugs and trafficking. The Bureau has noted that over 60% of organised crimes involve youth violence. From March 2015 to May 2024, through national-level community harm prevention operations, the bureau has also

Figure 1

saved 81 lives which were deemed to be at threat. Furthermore, ninety people have

been incarcerated for firearm offences and for being involved in directing organised crime by the Bureau. More content column layout.

Current/Emerging Trends

According to current trends, there is a record number of cocaine production occurring in South America. A recent UN report has indicated that Ireland has the fourth highest demand market for cocaine per capita, which ultimately provides a large supply market for cartels. The speaker pointed out that currently the biggest issue is tackling drugs being transported from South Africa to Ireland. This is where An Garda Síochána devise collaborative interventions to prevent the cartels from importing product into Ireland. The speaker submitted that there is a disconnect between the users in Ireland and the violence surrounding the cartels. Individual drug users are unaware of the impact they have by purchasing drugs, which inevitably funds the operation of organised crime groups. Since the 2022 poppy ban by the Taliban in Afghanistan and poppy being a key component of heroin production, there has been a stark decrease in the amount of heroin being produced globally. However, subsequent to this, there are fears surrounding the growth of poppy elsewhere in the world. Particularly, concerns emerge surrounding the purity of alternative poppy product, and the risks that follow with this.

While there is very little fentanyl use in Ireland, there is a growing concern surrounding synthetic opioids in Ireland. Opioids are known to be one hundred times more damaging than morphine and carry a high risk of death. Currently, there are two major outbreaks of synthetic substances in Ireland, particularly in Cork and Dublin. The speaker provided that An Garda Síochána are combatting this surge in Ireland's cities to diminish the usage of synthetic substances. The speaker added that there is a lot of forensic work being conducted on opioids and fentanyl in Ireland.

In the past, Ireland tended to be an end location for cartels. However, in recent years, there has been a rise in the number of cartels transiting drug product through Ireland. The speaker stated that this was historically done through the UK, but more recently, Ireland has reportedly emerged as a drug transit point for locations as far as Australia. This is an area that the Bureau are working on combatting.

Primary drugs legislation utilised by An Garda Síochána

Drugs are mainly governed under a primary piece of legislation – the Misuse of Drugs Act 1977 and its subsequent amendments. Section 26 of this act bestows the power to search dwellings upon An Garda Síochána. 90% of the Bureau's cases relate to this. However, the speaker noted that fragile nature of this power to search due to the strict constitutional protections of the private dwelling. As such, it is a power used carefully and with discretion by An Garda Síochána. However, upcoming changes are anticipated surrounding the power to search the private dwelling, as seen occur in the UK.

Furthermore, Section 3 of the Misuse of Drugs Act criminalises simple possession of drugs. However, there is a differentiation between the criminal procedural measures for possession of cannabis compared to other drugs, as depending on circumstances, the situation may be managed under the adult cautioning scheme. In first instance under this scheme, where an individual is found to be in possession of cannabis, they can be initially cautioned by Gardai and fined. If the individual is found with possession following again following this instance, then another fine can be issued. If the offence is repeated a subsequent time, the offender may be fined again or face a term of

imprisonment. It was noted that of the 11,000 people prosecuted for simple possession in 2022, only 261 people were incarcerated. It was noted that many of these imprisonments involved other coinciding offences, while 76 of these offenders had previous convictions. The speaker provided that the judiciary offers several alternative sentencing programmes to offenders, including delivering cautions, warnings and administrating fines before deciding to impose imprisonment.

The legislation for sale and supply of drugs in Ireland is provided for under section 15 of the Misuse of Drugs Act 1997 and section 15A of the Criminal Justice Act 2006. These sections pertain to the possession of an amount of drugs that is deemed to exceed an amount akin to personal use. The Criminal Justice Act 2006 details the law surrounding investigation of criminal offences including drug trafficking, provisions relating to organised crime groups and sentencing procedures. The speaker noted that any individual who is under the age of 18 (minors), do not follow the same criminal procedure route as adults convicted of offences under this act. Rather, they are diverted from the mainstream Criminal Justice System through the Garda Youth Diversion Programme.

The Citizens Assembly on Drug Use & the Health Diversion Programme

The speaker highlighted that he recently spoke in front of the Citizens' Assembly on Drug Use. It was highlighted that a key area of concern for An Garda Síochána was in relation to potential implications of drug policy surrounding the decriminalisation of drugs. Imposing drug decriminalisation legislation was ultimately not a change recommended by An Garda Siochana. However, a major change in drug policy surrounding drug possession offences would be recommended. It was indicated that the Citizens' Assembly did not recommend any changes to the way in which An Garda Síochána deal with the supply/trafficking of drugs. Rather, there were recommendations to change the Health Diversion Programme for personal drug users. The speaker indicated that they are working on improving the Health Diversion Programme rather than charging people for holding personal possession.

V. Drug Treatment Court, A Community Court in Action

Judge Patricia McNamara

Chairperson: *Maura Butler*
Rapporteur: *Ruairi Holohan*

Introduction

Judge Patricia McNamara sits in Dublin's Drug Treatment Court, which is based within the District Court. Judge McNamara oversees the development and rehabilitation of drug users who are before this programme. The Drug Treatment Court was established in 2001 and exists within the District Court as an alternative to the mainstream criminal process involving punitive sanctions. Rather, the Drug Treatment Court allows first-time offenders to seek rehabilitation, under monitoring by a judge and a probation officer. The speaker noted that admittance into the program is entirely at the discretion of the sentencing judge. The Drug Treatment Court requires a multi-agency approach and comprises health and education benefits, among others.

Drug Treatment Court Process

The drug treatment court process, voluntary in nature, spans 18-24 months and comprises of three phases: Bronze, Silver and Gold. It begins with an assessment from the Gardaí and probation officer, as well as an educational and health assessment. For a participant to be admitted to the program, they must sign a Bail Bond and Treatment Plan, and willingly submit themselves to the rehabilitation program.

Then, there is a pre-court meeting, held in-camera, where the judge, probation officer and all court members are involved in the conversation. A personal progression plan is devised every six to eight weeks, which allows participants to reflect on their actions and take accountability. The program is voluntary and rehabilitative in nature. There is also an informal nature to the process. While there is a judge and it is situated in a court room, there is an open forum. However, sanctions may still be applied, in the form of the participant being sent back to the District Court. The speaker stressed that the serious nature of the acts must not be forgotten, but instead they are dealt with in a positive way.

Should the participant not re-offend, they graduate from the program after 18—24 months. If any participant is found to re-offend during their time in the Drug Treatment Court, they are discharged from the program and sent back through the traditional criminal justice system. However, if the participant re-offends at any point up to one year after graduation, they will be returned to the courts.

Program Aims

The speaker highlighted that the aim of the program is to provide “shock and horror” to the participants about the dangers of drugs and the impact that drugs have to the individual and to other parties involved, including cartels profiting from substance abuse as well as their families. The speaker also submitted that the Drug Treatment Court is the only problem-solving court in the country; it aims to find the root of the problem and offer a solution, rather than punish a wrong done.

Health

Health is one of the main aspects of the Drug Treatment Court. Prior to beginning the program, a complete health assessment and a treatment plan are developed.

Probation

The Probation Officer plays a vital role in the Drug Treatment Court. Probation motivates the change of behavior, which arguably would not change under a punitive sanction. Probation assists with personal and social issues affected by the participants, including housing and transport. An Garda Síochána are always involved, and the speaker provided that this involvement is strongly welcomed.

Education

There is a strong element of education rooted into the Drug Treatment Court and its respective rehabilitation programme. The education takes place in Parnell and the curriculum consists of career guidance, social skills such as social eating and communication, as well as foundation literacy skills. Each timetable is individualised to suit each participant's needs. Other courses include the gym, Tai Chi and mindfulness. Participants can attain QQI Level 2-4 certificates. There are many personal benefits to the programme. The speaker noted that so much is provided to the participants for free – activities that bear a high economic value. Furthermore, the speaker submitted that the cost of these benefits is the acceptance of fault and willingness to change.

There are multiple projects that the participants can take part in. The speaker showcased a poem written by one of the participants titled "Freedom is my Jigsaw", highlighting the struggles of recovery for drug-users alike. This educational model was coined off similar practices around the world, including in the US. The ethos of the programme is the centralised locus of control, with a strong emphasis placed on moving from extrinsic to intrinsic; identifying the internal issues which have influenced the participants actions in the past. The programme has had excellent success stories and is thriving 23 years after its inception.

VI. A Comprehensive Care Model: Prisoner Rehabilitation & Reintegration

Dr. Emma Regan, Director of Care and Rehabilitation Irish Prison Services

Chairperson: *Maura Butler*
Rapporteur: *Emma Canning*

Introduction

A therapeutic community is a future goal for the Irish Prison Service to reach but is not where they are currently. She prefaces her speech with that while she was asked to speak on the topic of drug abuse only, one cannot look at someone just in relation to their addiction.

The now-destroyed separation unit in Mountjoy Prison is used to discuss a five-to-seven-year plan to develop a bespoke unit for the proper and appropriate treatment of people in custody, particularly for people waiting to go or returning from Central Mental Hospital.

The Irish Prison Service

The Irish Prison Service is led by the Director General, with five directors leading each section: 1. Director of Operations; 2. Director of Corporate Services; 3. Director of Care and Rehabilitation; 4. Director of Human Resources; and 5. Director of Finance and Estates. Dr. Emma Regan, as the Director of Care and Rehabilitation, oversees a wide berth of responsibilities including clinical care, psychology, and prisoner services.

A record number of people are in custody in Ireland. The Irish Prison Service is 500 people over bed capacity currently in prisons (see Figure 2). Part of this is a significant increase in remand. Dr. Regan believes in prisons, because countries require a place to hold wrongdoers and victims deserve justice. At the same time, she believes it is important to see the person behind the crime, quoting Gabor Maté: "We readily feel for a suffering child but cannot see the child in the adult who, his soul fragmented and isolated, hustles for survival…" (Gabor Maté, In the realm of hungry ghosts).

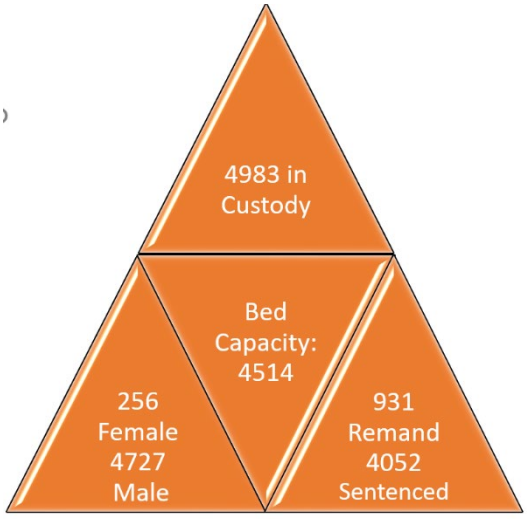

Figure 2: Irish Prison Service Current Statistics

Challenges

The Irish Prison Service has a complex set of responsibilities. Supporting the individual in custody and preparing them to return to the community while simultaneously holding people accountable for their actions presents a unique set of challenges. Dr. Emma Regan states that people often forget that when an individual goes to prison, they are still a living person who will return one day, and that the Irish Prison Service can only be responsible for an individual while

they are in custody. Specific challenges of the Irish Prison Services include the following:

- The Irish Prison Service is behind in emerging trends in drug use, particularly crack cocaine.
- There are no specialist case managers in prisons, and social inclusion key workers recommended in the High-Level Task Force are not currently integrated in the Irish Prison Service.
- The Irish Prison Service struggles to access residential treatment beds.
- Shorter sentence lengths mean there is less access to decent treatment.
- The availability of drugs in prisons as well as in society, as when there are drugs in society there will be drugs in prisons.
- The Irish Prison Service plays an important role in drug treatment which is not always recognized– 15% of people in opioid treatment are regularly in the prison system, of which 20% are at Mountjoy.
- Approximately 40% of the women in Dochas Centre are on OST.
- Activities are happening across prisons in isolation of the Care and Rehabilitation directorate, not engaged with Dr. Emma Regan. People offering services cannot get in due to this challenge.
- Housing and life circumstances remain outstanding, especially due to unplanned release to manage prison numbers.
- Some people need the boundary and stabilization of prison to benefit from treatment.
- Integration of disciplines (such as GPs, nursing, psychology, addiction counseling, resettlement) and community.
- Irish Prison Service IT and their integration with community systems.

Achievements

Recent achievements of the Irish Prison Service include the following:

- Engagement with HSE re: Dual Diagnosis Services and a potential pilot in Cork Prison, including addiction services (social inclusion), mental health services, and integrated alcohol services (HSE health and wellbeing).
- Employment of mental health and addiction lead.
- HSE funded Hep. C nurses for prisoners outside Dublin.
- Funding for recovery college / recovery academy initiatives for up to 6 prisons over 3 years, and funding for university accredited addiction programs.
- Better coordination of AA and NA across prisons.
- Mental health / addiction / ACEs needs analysis planned with the Irish Prison Service, HSE, and Probation Service.
- Recently invited to attend a strategic implementation group on addictions and mental health.
- Publication of tender for review of Treatment and Rehabilitation Program (TARP).
- Alexithymia programs: learning the ability to identify, name, express emotions.
- Mindfulness based stress reduction programs: improving awareness and identification of emotions to be able to regulate emotions when heightened.
- Complex grief counseling groups.
- Dialectical behavior skills training groups.
- Group radical openness (GRO) for overcontrol of emotions
- Mentalization based therapy improves an individual's ability to think rather than act.
- Group workshops in psychoeducation.

Drug Treatment in the Irish Prison Service

The Irish Prison Service published a drug strategy late last year. The main purposes of this strategy were to 'inform & educate' about the harm of drugs, 'detect & reduce' drugs in prisons, and to 'support & treat' using an integrated care model, dual diagnoses, and collaboration with multiple agencies to reduce harm.

Where we can get to is an integrated, layered model of care in prisons. This approach is biopsychosocial, recovery oriented, strengths based, and uses the risk-needs-responsivity

model. A persons' trauma, mental health, and addiction are all focused on together (see Figure 3). One answer or treatment is not the solution. A plethora of options need to be available for people to trial-and-error what will work for them.

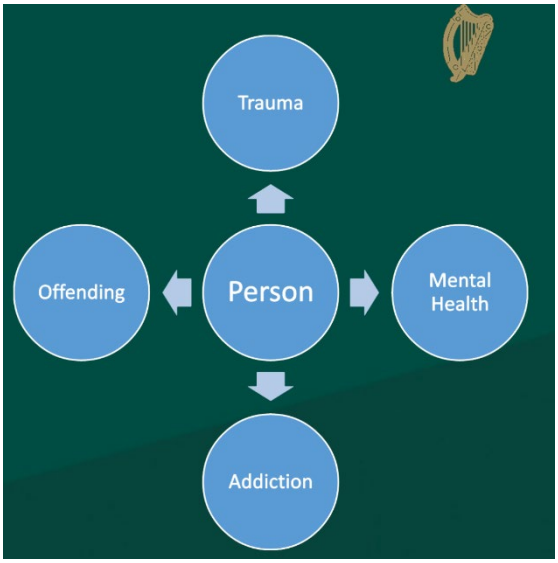

Figure 3: Integrated, layered model of care in prisons

The Irish Prison Service has a layered model of care. This provides clients with various responses, from minimal interventions to specialist mental health treatments. It differs from a step-by-step care model as it acknowledges that clients will require a variety of responses across various layers rather than responses from stepping up or down in progress. The integration of various disciplines supports the client in individualized treatment. When we meet someone, it may be their first time meeting a clinician. They may have undiagnosed mental health issues, can be in on violent or sexual offenses, or may not have life skills such as reading or writing. There is no point in making just one recommendation at just one layer. We want to expand the psychiatric care plan to combine all needs and create a holistic care plan for the individual in custody.

The Irish Prison Service Psychology Service Integrated, Layered Care Model has 5 levels of care: 1. Whole population, focused on prevention; 2. Primary Care: early identification of problems and low-intensity treatment; 3. Secondary Care: moderate-to-high-intensity treatment; 4. Tertiary Care: high-intensity treatment; and 5.

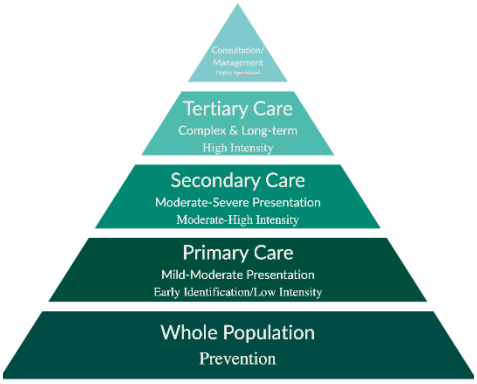

Figure 4: Levels of Care

Consultation/Management: highly specialized care (see Figure 3). Treatments labeled by the National Drugs Rehabilitation Framework (HSE) follow 4 tiers: Tier 1: intervention is not focused on drug treatment; Tier 2: drug-related interventions; Tier 3: specialist drug-related interventions; and Tier 4: specialist dedicated inpatient or residential units/wards.

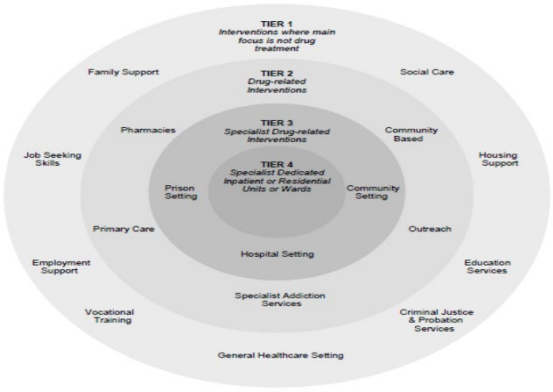

Figure 5: Tiers of Intervention

The IPS model of care's status does not include therapeutic community or residential treatment, dual diagnosis, case workers or social inclusion keys workers, or access to condoms. Few prisons have access to specialist addiction services, Hep. C treatment programs, UCC-accredited addiction programs via prison schools, and

AA/NA. Currently, all prisons have access to TARP, primary care GPs, group and individual therapy, group workshops, short-term solution-focused interventions, in-cell TV and podcasts, mental health week, leaflets, Naloxone provision on release, and Red Cross volunteer peer-to-peer support.

Looking Forward

The establishment of a drug-free prison therapeutic community for prisoners with problem alcohol and drug use would enhance drug treatment and recovery services in the Irish Prison Service. Therapeutic communities are an intensive form of treatment where participants live together in a drug-free environment. The community itself is a key agent of change, including hierarchical levels of treatment and social responsibility. Research shows that prison therapeutic communities reduce substance misuse for participants both during prison stay and post release, reduces recidivism, and reduces behavioral problems within prisons. An Irish Prison Service therapeutic community would integrate current addiction counseling, detoxification, medical, educational programs, and integrated sentence management programs already in operation.

Some would argue that every prison should include a therapeutic community. While this would be ideal, a therapeutic community in Mountjoy Prison would be an achievement. Mountjoy is a standalone facility, meaning it is more likely to be drug-free. It is a planned, bespoke facility. Mountjoy also has the availability of ancillary therapeutic staff. There are close links with community services and residential aftercare as the program will require ring-fencing of residential bed spaces in the community, and it is potentially close to a High-Level Task Force recommended mental health unit. There is also the track record of the National Violence Reduction Unit (Midlands Prison). Outcome measures of a therapeutic community would include pre- and post-intervention psychometrics, client feedback, in-prison post-treatment outcomes, and community outcomes.

3. Afternoon plenaries

VII. An International Perspective on the Decriminalisation of Drugs – the Portuguese Experience

Captain Filipe Correia Paulino, Chief of the Information & Criminal Investigation Section, Portugal

Chairperson: *Maura Butler*

Rapporteur: *Erin Grealis & Alice Coady*

Introduction

Since it decriminalized drugs in 2001, Portugal has been a guiding force in international drug policy, witnessing dramatic decreases in drug addiction, drug overdoses, drug related diseases and drug-related crime. Opening this discussion, the speaker examined the history of drug use in Portugal, a history that is long-standing and complex. Until 1974, Portugal was ruled under a fascist dictatorship regime, which alienated Portugal from the emerging developments happening in the rest of the world. However, in April 1974, a revolution occurred which dismantled the previous forty years of authoritarian regime, and a new democratic free state was established. Portuguese society then had access to a new sense of freedom & experiences amid introduction to the happenings in the rest of the world. Ultimately, this included an unprecedented new access to drugs and substances. In the late 1980's and early 1990's, Portugal began to see a serious problem emerge, as drugs became more commonplace and accessible. By the late 1990's, one in ten people or 1% of the Portuguese population was addicted to heroin. Consequently, Portugal became the Heroin capital of Europe due to vast Heroin related deaths, widespread drug ghettos in Lisbon and people continuously dying of drug overdoses. In 2001, seeking to adopt a holistic and comprehensive approach towards this issue, Portuguese politicians decided to decriminalize drugs and establish new measures towards tackling the drug issue, which would soon become an influential model for the rest of the world.

Legal Changes in Portugal

Following the passing of law 30/2000, Portugal soon became the first country in the world to decriminalize the personal possession and consumption of drugs. In law 30/2000, it defines the legal framework applicable to the consumption of narcotics and psychotropic substances, together with the medical and social welfare implications of the consumers of such substances without medical prescription. However, an important aspect to this discussion was the identification that Portuguese drug decriminalization does not equal depenalization or legalization of drugs. According to this law, consumption and possession of narcotics and psychoactive substances is still prohibited. However, the use and possession of quantities up to the limit considered necessary for the average individual consumption during a 10-day period is not a crime. Daily limits vary for every substance, including a 0.1g for Heroin, 0.1 g of ecstasy, 0.1 g of amphetamines, 0.2 g cocaine and 2.5 g cannabis (see figure 6)

Plantas, substâncias ou preparações constantes das tabelas I a IV de consumo mais frequente	Tabela	Limite quantitativo máximo (1)
Heroína (diacetilmorfina)	I-A	(2) 0,1
Metadona	I-A	(2) 0,1
Morfina	I-A	0,2
Ópio (suco)	I-A	(3-b) 1
Cocaína (cloridrato)	I-B	(2) (4) 0,2
Cocaína (éster metílico de benzoilecgonina)	I-B	(2) (4) 0,03
Canabis (folhas e sumidades floridas ou frutificadas)	I-C	(3-c e d) 2,5
Canabis (resina)	I-C	(3-c e f) 0,5
Canabis (óleo)	I-C	(3-f) 0,25
Fenciclidina (PCP)	II-A	(3-a) 0,01
Lisergida (LSD)	II-A	50 µg
MDMA	II-A	(2) (3-g) 0,1
Anfetamina	II-B	0,1
Tetraidrocanabinol (A9TIIC)	II-B	0,05

Figure 6

Throughout this discussion surrounding the justifications for drug decriminalization was the underlying assumption that the drug user is a citizen that needs support in health and social needs rather than criminal sanctions. Therefore, drug users are not brought to court and do not incur imprisonment or a criminal record. However, they may be subject to administrative sanctions determined by the 'Commission for the Dissuasion of Drug Addiction (CDT)', which comprises health professionals, legal professionals and social workers. Non-compliance and refusal to engage with the CDT may result in administrative sanctions imposed on the individual, including fines and community service.

The speaker outlined the synthesis of steps taken in the administrative offence procedure, including the initial report or discovery by police, followed by referral to the CDT who conducts psycho-social evaluation and a hearing of the inductee. When instructions are compiled properly by the offender, the procedure is suspended warranting there has been no recidivism. However, when non-compliance occurs by the offender, sanctions such as fines and community service are imposed.

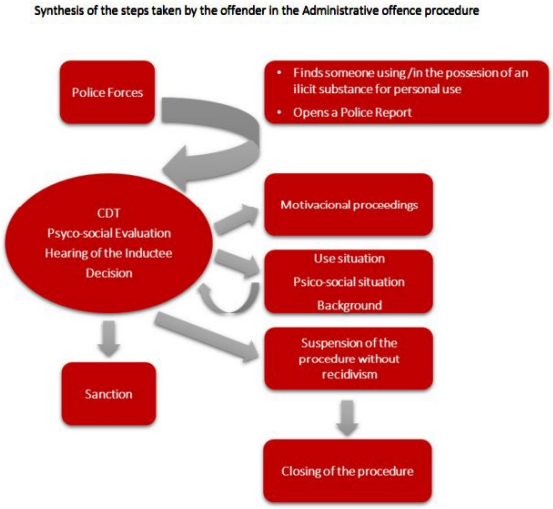

Figure 7

Implementation & Results

An important aspect of discussion was the examination of how decriminalization was implemented by Portuguese authorities and the results of this measure. One of the initial steps taken by the Portuguese government was the dissolution of the Drug Ghettos, as houses were removed and renovated by authorities. A crucial step taken was investing in treatment and rehab facilities for the community and shifting health and social attitudes towards drug addicts. Highlighting statistical results, there has been a drastic decrease of drug use within the general population (15-64) and among young adults (15-34). Furthermore, there has been a stark reduction in the number of problematic drug users, an increase of treatment demands among cannabis users, large decreases in drug-related deaths and decreases in infectious diseases associated with unsanitary drug use. Significantly, a huge change has occurred in societal attitudes as the stigma surrounding drugs decreased and citizens find it easier to understand the problems related to the use of illicit drugs.

Criminal Investigations

Another important aspect of this discussion was the impact decriminalization had on criminal investigations in Portugal. Since the legislation passed, the judicial system has

shifted focus towards targeting drug dealers & drug traffickers. This has had a positive effect on the volume of criminal proceedings before the courts and has allowed law enforcement and the judiciary to focus on other problem areas in society. As discussed, Portuguese authorities have since placed an emphasis on meeting drug trafficking targets, dividing investigations into two main targets: local dealers and international trafficking organizations. Portuguese authorities deem drug users as very important for drug trafficking investigations, as they may witness drug dealing on a local level and can indicate the volume of drug sales.

Future Challenges of Drugs in Portugal.

While this conference indicated the positive implications of drug decriminalization, there are future challenges ahead for Portuguese authorities which have been highlighted throughout the ACJRD 27th Annual Conference. Recently, legal changes have been further implemented which provide that if a drug user is not found in possession of drugs again within six months, following initial reprimand, the matter is completely dropped by authorities. However, there has been an increase in drug users throughout the past four years due to the Covid Pandemic, and this needs to be further addressed. Although the younger generations' increased perception of harm caused by drugs has been positive, this has been challenged by the emergence of new drugs across the globe. Adversely, due to geographical factors, Portugal is an entry point for drug trafficking and smuggling into mainland Europe, particularly drug products such as cocaine, coming from South and Central America. Therefore, there is an overall need to reinforce prevention measures and to continuously examine mechanisms for improvement in education and treatment of drug use so Portugal can continue to lead the way as a model structure for drug decriminalization across the globe.

Appendices/Useful Documents

1. Law n.º 30/2000, of 29 November
2. Ordinance N.º 94/96, of 26 March
3. Serviço de Intervenção nos Comportamentos Aditivos (2013), Guidelines for the Intervention in Dissuasion, Lisbon

VIII. The 5 Major Flaws in Current Drugs Policies – and How to Rectify Them

David Nutt, Prof. of Neuropsychopharmacology, Imperial College London

Chairperson: *Maura Butler*

Rapporteur: *Erin Grealis & Alice Coady*

Introduction

Drug Science is a platform founded by Professor Nutt aiming to circulate the truth about drugs. To commence discussion, it was highlighted by the speaker that there are five major flaws in current criminal punishment-based drugs policy. Those flaws being, drug policy is biassed regarding drugs currently controlled which results in dishonest immorality and puts punishment above harm reduction. Secondly, punishment is currently disproportionate to harm, and this does more harm than good. Thirdly, current drug policy limits treatment and research surrounding drugs. Fourthly, current drug policy encourages the use of more toxic compounds. Finally, current drug policy wastes a huge amount of money across services and various fields.

Current drug policy is biased.

International questions are posed surrounding what is a drug and who says what a drug is? There are no definitions of this in International Law under United Nations Conventions or in UK law under drug legislation. Therefore, definitions are left to politicians, newspapers and the drinks industry to decide what this should be. Current links of the drug industry to the drinks industry have resulted in the idea being spread that alcohol is less harmful and a safer alternative to drugs. For example, there have been campaigns stating ''Say no to drugs. That way, you'll have more to drink'.

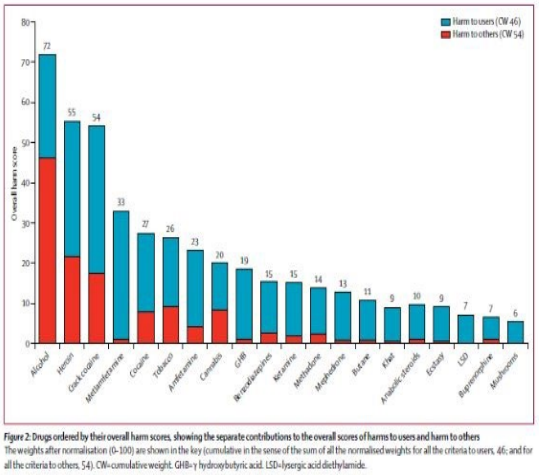

Figure 2: Drugs ordered by their overall harm scores, showing the separate contributions to the overall scores of harms to users and harm to others
The weights after normalisation (0–100) are shown in the key (cumulative in the sense of the sum of all the normalised weights for all the criteria to users, 46; and for all the criteria to others, 54). CW=cumulative weight. GHB=γ hydroxybutyric acid. LSD=lysergic acid diethylamide.

Figure 8: Drugs ranked according to total harm (Nutt, King & Philips Laneet November 2020)

No correlation of UK Drug Act or the United Nations Conventions with drug harms

There is no correlation of the UK Drugs Act or United Nations Conventions with drug harms. So, the current UN Conventions and UK drug laws are not evidence based. Therefore, this is immoral and illegal.

Punishment put above harm reduction - another moral choice.

When masses of evidence show harm reduction has huge health and economic benefits, a major flaw is punishment being placed above reducing harm. This is another immoral choice.

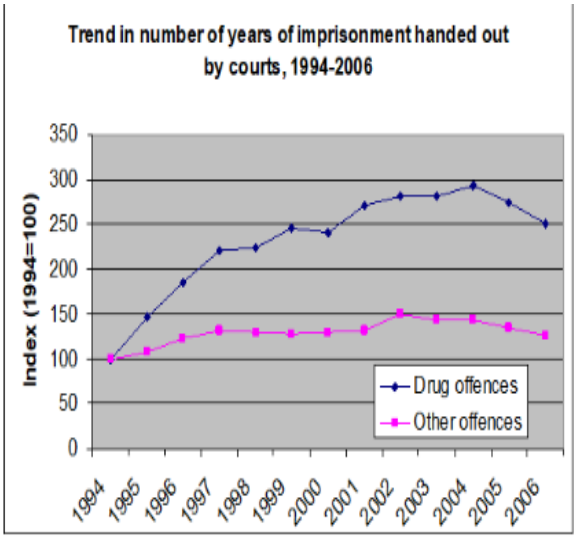

Figure 9: Punitive drug measures fill our prisons

Punishments are currently disproportionate to harm and do more harm than good.

In certain countries there will be capital punishment for drug related offences. The problem of punishment-based policy - it will deprive people of many rights including the ability to work, obtain an education and this will impose criminal records on individuals which ultimately has negative future implications. In the United Kingdom, there are one million men with a criminal conviction for cannabis possession. There is also a 3-4-fold over-representation of Black and Asian young men arrested despite same levels of cannabis use (A.Stevens (2011), *Drugs, Crime and Public Health: The Political Economy of Drug Policy,* Abingdon: Routledge). Therefore, an underclass that has few opportunities other than crime and drug dealing will have increased drug use.

It severely limits treatment and research.

Many banned drugs have potential as treatments. This includes cannabis as treatment for pain, sleep. Spasticity, cancer, Post Traumatic Stress Disorder (PTSD). Ecstasy (MDMA) for PTSD, Parkinson's disease, Psilocybin for depression, obsessive compulsive disorder (OCD), cluster headaches, LSD for terminal illnesses and addiction, Mephedrone for depression and addiction.

How UN Conventions destroyed research

The impact of the 1971 UN Psychotropics Convention on psychedelic research led to the worst censorship of research ever, (see figure 10)

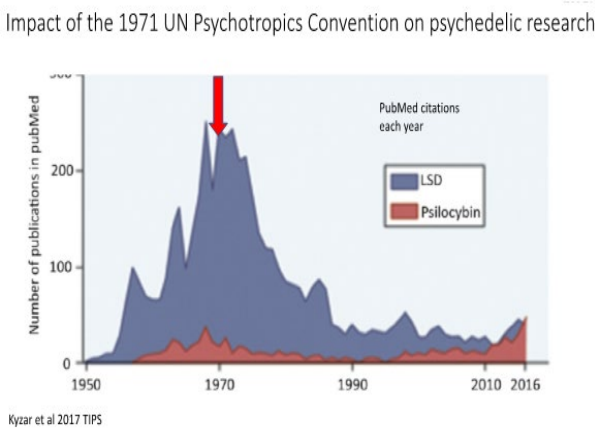

Figure 10

Encourages use of more toxic compounds

Current drug policy encourages the use of more toxic compounds, and there are many examples of this in historical order as follows; Opium smoking leading to heroin by injection, alcohol prohibition leading to the rise of hooch and methanol. Cannabis leading to synthetics (Spice), Mephedrone leading to cocaine and amphetamines, MDMA leading to PMA etc., LSD leading to nBOMs etc., Heroin leading to synthetics such as AH7921 and now fentanyl.

Safer drugs save lives - Mephedrone UK

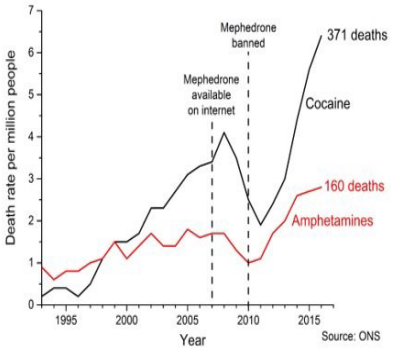

Figure 11

Data related to UK deaths indicated there were 371 deaths from cocaine in 2015.

There were 160 deaths due to amphetamines in 2015. Since the ban on mephedrone, there has been an increase in deaths.

Wastes vast amounts of money

The war on drugs has cost over a trillion dollars, has claimed 400,000 lives, destabilized many countries in Latin America and now West Africa and has had a negligible impact on use.

Time now to learn from medicine.

'Primum non nocere' is a Latin phrase which means first do no harm (Hippocrates 460-370 BC). This is a key principle of medical ethics. Should the same principle not apply to the law?

Is decriminalization a good approach?

In the Netherlands, since decriminalization of certain drugs, cannabis coffee shops have been set up to segregate soft and hard drug markets. This has worked exceptionally well - there has been no increased use of cannabis and a large reduction in heroin use has emerged as a result. In Portugal, since the decriminalization of possession of all drugs for personal use, there have been widespread positive effects. In the past 15 years, humane treatment of drug users and providing drug therapy has resulted in a ⅔ reduction in heroin deaths. In the UK, which punishes drug users and constricts treatment availability, there has been a ⅔ increase in drug deaths. Alongside this, holding a criminal record can be more damaging than drugs for non-addicted users. Addicted users are ill, so punishment is immoral and requires treatment.

Policy MCDA results – Cannabis

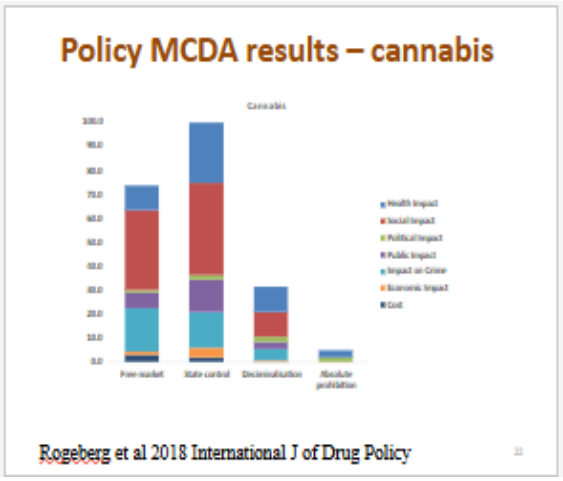

Figure 12

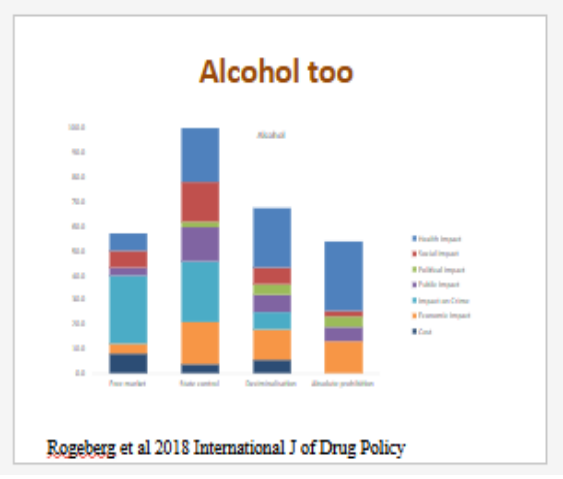

Figure 13

IX. Recommendations to Balance Decriminalization, Diversion & Dissuasion

Paul Reid, Chairperson of the Citizens' Assembly on Drug Use.

Chairperson: *Maura Butler*

Rapporteur: *Erin Grealis & Alice Coady*

Introduction

Paul Reid is the independent chairman of the Citizens Assembly on Drugs. The Citizens Assembly in Ireland is a ''deliberative democracy' 'and an amazing process which seeks recommendations from citizens on legislation, policy and strategy. As the speaker highlighted, the Citizens Assembly process has often been referred to as the 'gold standard' towards the delivery of democracy. The Citizens Assembly on drug use follows previous citizens assemblies including the 2020 assembly on gender equality and the Citizens Assembly on the 8th amendment of the constitution. The process of the Citizen Assembly was through randomly selecting individuals representing Central Statistics Office data which incorporates various groups including individuals from different socio-economic backgrounds, nationalities and people with disabilities. The mandate for this assembly was set by the Oireachtas and was to include firstly, to assess how to reduce harm imposed by drugs and secondly, examine legislation, policy and services in the treatment of drugs.

The layout of the assembly

The assembly engaged in a range of processes with the assembly steering advisory groups, lived experience survivors and legal advisors. The processes involved 6 meetings, 800 public submissions, 250 hours of deliberation, site visits including at Coolmine, Merchants Quay, Prison visits to look at challenges in the current system.

Common themes emerged during the process.

There was a strong commitment of the assembly. However, some common themes witnessed in discussion surrounding drug use were as follows :

- The pervasive and changing nature of drug use,
- The stigma and impact on marginalized communities
- Impact of early trauma,
- The vicious cycle of criminality
- Access to services
- Lack of political priority
- Lack of funding and resourcing.

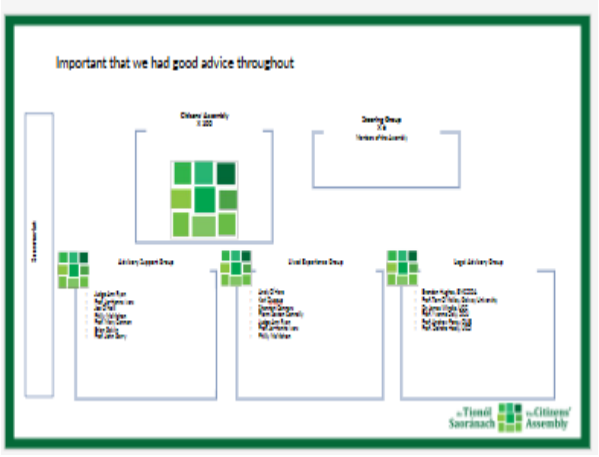

Figure 14

It was highlighted that services were sporadic and while there were some good collaborations, and some good statutory, voluntary & section 39 (non-statutory) services, the lack of political priority was concerning. The assembly looked at the 2017 government strategy, which aimed to move towards a health-led approach and intervention by 2019. However, there is still no

progress on this and in 2020, Ireland had the 4th highest drug related deaths in the EU.

The Citizens Assembly compiled 36 recommendations to the government.

The assembly concluded in late October 2023 and balloted on recommendations. The assembly made 36 recommendations across a range of areas including:

a. Decriminalize Model via a health led approach (Legislation). This would decriminalize possession for personal use but does not legalize drugs.
b. Stronger political prisonization (Governance) - This would require a dedicated cabinet committee with all key sectors involved and accountability measures.
c. Specific focus on marginalized communities (Strategy).
d. Funding & Resourcing
e. Prevention & Education.

X. Balancing Precision with Momentum: Scientific Evidence and Youth Justice Reform in Ireland

Dr. Johnny Connolly, Research Evidence into Policy, Programmes and Practice (REPPP) project

Chairperson: *Maura Butler*

Rapporteur: *Erin Grealis & Alice Coad*

Introduction

As the speaker highlighted in the onset of his presentation - negotiating adversity on drug issues can be chaos. There is limited control of this issue, and it is very arbitrary in nature. In the late 1970's, a heroin epidemic arose in Dublin's inner city and in 1966, this issue created a huge watershed across Irish society. Irish drug policy can often be described as a parallel universe to other pieces of legislation. In 1996, Irish journalist Veronica Guerin was murdered for speaking out against drug cartels and illegal drug trafficking, which created moral panic in Irish society. This was supplemented by the Rabbitte Report, a report of the ministerial task force on measures to reduce the demand for drugs.

Understanding drug markets, criminal networks & law enforcement responses.

Currently, there is still tension within our approach to drugs in Ireland, and there is a battle between a health led approach and combating drug use. In Ireland, our resources were originally on health, now, they are on punishment and prohibition.

Looking back, in 1971, International conventions spearheaded the war on drugs happening in places such as the United States. Now, in Ireland, the Citizens' Assembly saw a positive move towards a health led approach towards drug policy. However, a common theme is the limited understanding of drugs and how the supply and demand works. The speaker referred to academic research, including that of May and Hough, which highlighted that a common theme that runs throughout much of the literature on drug markets, drug-related crime and drug law enforcement is how limited our understanding of them is. The relationship between the supply and demand of illicit drugs and enforcement activities remains 'poorly conceptualized, under researched and little understood''. It is hard to say what 'good policy' is as Peter Reuter RAND highlights in his research. According to Reuter, ''one of the consequences of politicians treating drug control as a moral crusade has been an absolute disinterest, bordering on gross negligence, in assessing the consequences, good or bad, of the emphasis on punishment…there is no credible basis for describing a policy that would reduce, in any important dimension the extent of (drug problems)''.

Populist and dramatic terminology

In Ireland, there is often a use of populist, dramatic terms such as 'Gangland', which indicate the idea of controlled communities existing in the drug trade. Alongside this, the terminology regularly used by popular media and within political discourses is a massive failure. According to studies, only 2% of drug users are involved in gangs and organized crime. While there has been a growth in an evidence-based approach to drugs overtime, this doesn't triumph though.

'Wicked Problems'

The Citizen's Assembly has highlighted the 'wickedness' or complexity of the drugs issue and that is a huge service. Looking at the language and terminology used within the drug

problem discourse, we can distinguish them as wicked and tame problems. A tame Problem is often defined as a consensually agreed problem, one that is definable and logical, bounded by a bounded/closed system, has no consequences, focuses on efficiency and it is clear what success means. However, a wicked problem often has disagreement on the problem, it lacks precise definition, and is often deemed random/chaotic, difficult to contain, a bad result is bad, there is a focus on 'understanding', success is elusive because it is difficult, and it is hard to agree what success is.

Drugs and the nature of complex harms

i. Invisible Harms

Looking at the nature of complex harms, drugs can be regarded as an invisible harm as intimidation is nearly invisible until the community is involved, the policy still needs review, there is no reporting and there is a lack of trust in the guards. According to Sparrow, Available data might only show partial or biassed views of the problem, this might only be disclosed when the lens magnification is increased to reveal the elusive 'textured middle layers' where policy meets program (Redmond 2014).

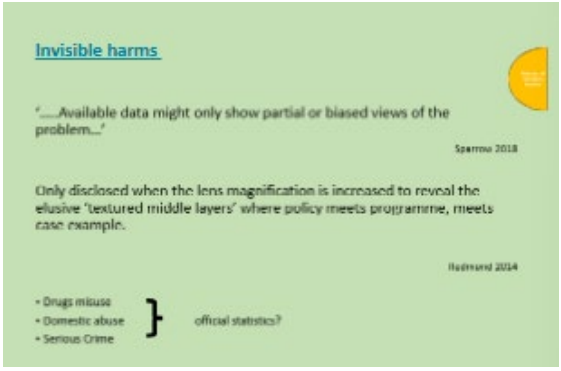

Figure 15

ii. Harms with Conscious Opposition

This problem can also be referred to as a harm with conscious opposition as there is often an opposed attempt to break reliance on drugs. According to Sparrow (2018), conscious opposition is by those who deliberately circumnavigate controls and respond intelligently to defeat control interventions. Some of the opponents are technically sophisticated and clever. This also looks at the idea of 'Contested Sovereignty' by Hourigan (2012) which plays a part in this problem. An example of this surrounding the drug problem can be divided into overt, e.g./ threats or criminal damage, covert e.g. individuals not letting people move into an area.

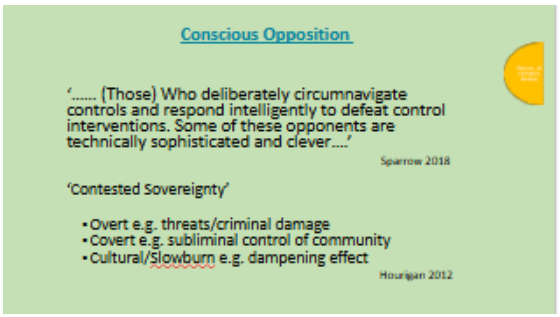

Figure 16

iii. Harm to equilibrium.

These harms behave like a ball-bearing sitting at the bottom of a depression: give it a little nudge and it merely settles back to its original position. The forces of gravitation, coupled with the shape of the terrain, pull it back to where it was... In response to a perturbation, the ball-bearing may wobble around for a while at the bottom of its hole; but without a substantial shove it will eventually settle again in precisely the same position (Sparrow, 2008: 231). An example of this is the Greentown example (Lifting the lid on Greentown). The criminal justice system is built on the presumption that it is at odds with the lived reality of individuals who have any form of contact with A2 and the network.

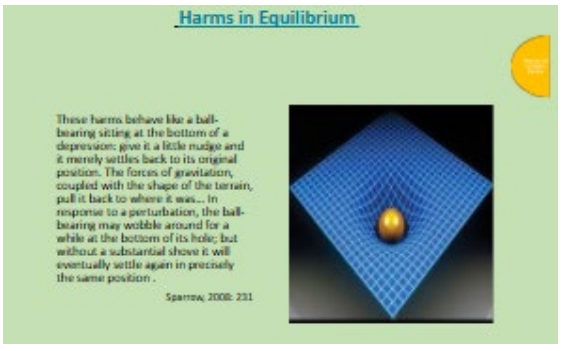

Figure 17

After the citizens assembly - Engaging complex harms

After the citizens assembly on drug use there was a shift towards understanding the problem. However, there are different perceptions of discrepancy to this, a problem-centered service design versus a program-centered one. However, we must focus on the front line and look at multiple solutions, there is value in identifying a problem and looking at it collectively.

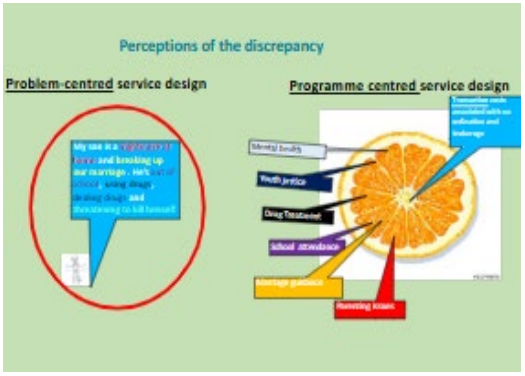

Figure 18

According to Jennifer Clancy, ''Disadvantaged communities with high levels of poverty have become breeding grounds for the drug market, with young people getting caught up in the drug economy from a very young age. Drugs are readily available, while open drug use and dealing has become normalized. Drug-related intimidation and violence means families can be forced to leave their homes or be subject to intimidatory acts like broken windows or arson attacks. People can be afraid to speak to the gardaí, and, too often, communities that need to pull together don't because people are too afraid. Many families simply can't afford to pay off drug-related debts that have been accumulated, so the person owing the money ends up being subsumed into criminality. Drug dealers are grooming vulnerable young people into their gangs to enforce and intimidate. Ms. Clancy asked at what point does society start to understand these young teenagers not as criminals but as victims who haven't had the systemic support they've needed, and have been failed by statutory agencies, by the education system, by housing and social welfare policy, child protection services and the criminal justice system''.

After the Citizens Assembly, we need to talk about supply reduction.

A. Need to address the confused paradigm of the National Drugs Strategy. This requires us to call out law enforcement.

B. If a new system is a health-based strategy, what is the role of law enforcement?

C. There is little evidence here or elsewhere that DLE has halted the expansion of the illicit drugs trade or reduced the criminal activities associated with it.

D. The indicators for effective deterrence drug availability including drug prices or the risk of apprehension and punishment have all been negative.

E. The probability of being caught with possession of cannabis is less than 1%.

F. Market disruption can make the drug trade more volatile and violent.

G. Since 1966, it has become a more violent market with youth and more drugs existing.

H. Most individuals prosecuted under presumptive sentencing laws (Section 15A) are drug couriers (Law Reform Commission).

I. The Supply reduction pillar focuses on disruption, prosecution numbers, seizure numbers and volumes, not harm reduction.

Policing, Community Safety and Harm reduction (CFPI)

i. Drug seizures and risk assessment

Police have a primary duty under the European Convention of Human Rights (ECHR) to protect life and prevent torture and inhuman and degrading treatment. The duty to prevent

crime is subservient to the duty to protect. In practice, all rights must be protected before and during discharge the duty to detect crime. That can influence, for example, whether making a particular seizure might increase rather than decrease the harm associated with the substance and the surrounding context. For example, in drug seizures, kids may become involved due to existing drug debt. How can this be addressed in everyday policing practice to protect young people from getting caught in a debt obligation? Drugs must be paid, this a law enforcement decision on harm reduction.

ii. Policing safe injecting facilities

Policing in the vicinity of safe injecting facilities/ drug consumption rooms must be informed by a Harm Reduction approach which would mean not searching/arresting those entering and leaving the treatment on the one hand, and the treatment center ensuring that any evidence of dealing in the vicinity of the treatment center would be reported to An Garda Síochána injecting facilities are a symbol of radical harm prevention. However, they do have implications on policing - they impose a Human Rights approach, involving not searching individuals and reporting dealers to Gardai. Overall, decriminalization of drugs is positive but only if done step by step, this will not stop the problem altogether. Young people etc., are only the start of the conversation of harm prevention.

XI. Addiction, Drug Use, Crime & Recovery

Ger Redmond, ex-prisoner, now Professional Athlete

Chairperson: *Maura Butler*

Rapporteur: *Erin Grealis & Alice Coady*

Introduction

Having being born and raised in North Dublin, Ger Redmond often witnessed instances of domestic violence at home. The effects of this impacted his emotional and physical health. However, Ger was sent to school as punishment for his reaction to the violence occurring and was also subjected to bullying at school. Ger grew up in a cold house, which he describes as having a dual meaning, cold in an emotional sense due to the lack of connection and cold in a physical sense due to financial struggles faced. Ger witnessed his parents' trauma being passed down through generations. However, sports, especially soccer, were his outlet. Through playing sports in Darndale, Ger found more love in this than he would receive in his home and sports is something Ger still uses as a coping mechanism to this day.

A Turning Point

Through his development and passion for soccer, Ger ended up representing Dublin, and this resulted in him being scouted to play for a team in Scotland. Ger accepted an offer to play for a Scottish football team and began a two-year contract. This was the start of a new life for Ger as a professional soccer player and his ultimate dream was to play professionally for Ireland. However, a turning point came soon after as his father committed a crime that changed his life forever. Ger ended up spiraling down a hole as his father was placed in police custody and his mother was struggling as an alcoholic. Ger had four siblings under the age of ten that he and his sister had to take care of. Ger then had the option to go back and play as a soccer player or mind his younger siblings, and inspiringly, Ger chose to take care of his siblings. Using drugs as a coping mechanism, Ger was angry due to the lack of services to support his situation, he wanted to be around no adults due to a lack of trust in adults instilled by experiences and this led to struggles with suicidal ideation. In 2013, Ger ended up facing a prison sentence. When in prison, he did not feel services were there for him again - counselling took so long with limited sessions available, and the gym and facilities in prison were inconsistent. Ger felt he would return to drugs after release from prison, and he did so after release.

Recovery and Sports

However, in 2016, change came as Ger witnessed someone close to him die. Witnessing the perspective of his friend's son following the death of his dad, Ger reached a mental checkpoint, and this planted a seed for change. In 2016, Ger got Married, however he knew he still lacked a lot of emotional connection to adults. After the birth of his own son, this changed his life and Ger wanted to break the previous trauma cycles for the sake of his son's future. At that point, he removed his remaining ties and debts to the gang he was involved with. In a huge turning point, in 2018, Ger began doing triathlons, wanting to positively change for his son and his family. Realizing that the 'pain' at the end of each marathon was a familiar feeling due to the pain he had already experienced through trauma, Ger knew his new outlet was triathlons. Ger began competing in 'Iron Mans' in places such as Spain and Lanzarote. Ger preferred the 'pain' of these sports and transferred his trauma to this outlet and considered the

possibility of becoming professional at this. While he was told by people, he could not achieve this, Ger knew his own potential from his experiences, and he ended up fulfilling his childhood dreams of becoming a professional athlete at age thirty-four. Only twenty-two months after being released from prison, Ger competed in an iron man competition in Barcelona. At the end of the race, his family was there to support him while only two years prior, they were visiting him in prison. However, Ger still had trauma to address and needed other support. The power of sport helped him realize he needed other support as Ger realized he still was not 'present' or 'emotionally connected'. Ger finally received support through counselling, which he highlighted was the hardest thing to face, he had to peel back to the core of his trauma. The biggest medal for Ger was changing generational traits & leading the new generation to a better path.

Key takeaways

- The power of sport
- The importance of empathy
- The importance of being fit & healthy.
- The need to fight trauma not crime.
- The lack of current preventative measures.
- The lack of role models for youth.
- Services need to be accessible.

4. Thematic sessions

Session 1: Support Services for Drug Addiction – The Status Quo

Chairperson: *Ciairín de Buis*
Rapporteurs: *Erin Grealis & Alice Coady*

XII. Frontline Addiction and Rehabilitation Support with Effective Interagency Approaches

Louise Mahoney, General Manager, Red Door Project and Peter Heeney, support staff with lived experience

Introduction

In 2009, the Red Door Project was co-founded by Louise Mahoney, a long-serving nurse with over twenty years' experience in addiction and mental health services. As a co-founder of the Red Door project in 2010, she has been involved in addiction services and is an advocate for funding and supporting families and people affected by addiction. For over fifteen years, Louise Mahoney has managed the Drogheda branch of the Red Door Project, working frontline in the community supporting people with addiction and substance abuse issues. The Red Door Project is a community-based organization aiding in response to addiction issues, providing non-judgmental and confidential support to individuals, families and the wider community affected by drug and alcohol use. Ultimately, the Red Door Project targets mental health and addiction together, following the establishment of a task force fifteen years ago which saw project workers across Drogheda come together with the aim of reducing harm and the use of street drugs. Since 2009, the Drogheda community has witnessed big changes emerge. Recently, the Red Door Project expanded extensively due to generous community funding. This has led to the long-standing Drogheda branch transforming into a multi-purpose, therapeutic space with a gym, community garden, and computer areas, facilities destined to positively impact individuals availing of its services. Currently, the Red Door Project works with over 300 individuals per year and has over 16 staff members offering frontline support.

Red-Door Project Support Services.

The Red Door Project welcomes anyone who needs advice or support for themselves, a friend or family member through services including a weekly drop-in service, community employment program, key working and group work. Drop-in service is usually a first point of contact for clients accessing services. This offers an easily accessible, warm and welcoming atmosphere, where individuals can receive support, information and advice from a trained staff member, who will make a referral to other services if appropriate. The Red Door Project's Community Employment Program is a special purpose state funded rehabilitation program. The program was developed to support individuals who are in recovery from drug or alcohol use. Here, participants can benefit from many group therapies, key working, practical work experience; training and many QQI-accredited courses, such as communication skills. Furthermore, Key working is one to one addiction support and is a vital aspect of recovery. When a client accesses the project, they are initially

assessed within five days and then assigned a keyworker. The current number of individuals on a waitlist to avail of this service is sixty. The key worker supports the client with addiction-specific issues, acts as an advocate for and assists them around various issues such as housing, money management and legal issues, and addiction support. Furthermore, the Red Door Project frequently runs various group work therapies, including 'Reduce the Use', designed to help individuals, drug projects, agencies and communities to primarily address the gap in accessible practical intervention tools, and 'Seeking Safety' Program, which is a coping skills approach to help people attain safety from trauma and/or addiction. Furthermore, the 'Prison Links' Support program is a service in conjunction with the prison service, which offers support to individuals currently in prison, nearing release, or at serious risk from entering prison. Red Door Projects 'Needle Exchange' is an intervention service where users can obtain sterile injecting equipment while also being offered a wide range of advice and support regarding safer drug use, with the overall aim of preventing drug associated illnesses. Additional Red Door Project support includes social, family support and a drug treatment court service.

'Recovery is like a cake'.

At the Red Door Project, staff and clients agree that every win should be celebrated. Leading by the analogy that 'recovery is like a cake', the Red Door Project has established that the key to a positive recovery is the requirement of a clear set of ingredients, or otherwise, clear supports which can generate a positive end-result. However, like a cake, recovery can be multilayered, and will only rise with special care and support. Highlighting the transformative work of the Red Door Project, Peter Heeney offered lived testimony of his recovery journey through the Red Door supports. In 2010, Peter Heeney was referred to the Red Door Project by a social worker due to substance abuse issues, self-harm and family issues. However, in 2016, Peter reached a Crisis Point as his substance abuse escalated. Therefore, Gardai became involved, and this negatively affected Peter's mental health, family and relationships. In 2018, Peter returned to Red Door and was referred for crisis psychiatric treatment due to deteriorating mental health and substance issues. The key worker linked with various agencies to provide Peter support, including Tusla, Coolmine Therapeutic Community, and Francis Farm Rehab center to prevent relapse. Since 2020, because of his determination and onset of support, Peter has been in recovery through attending daily Red-Door drop-in services and availing of the community employment program. In 2022, Peter began working as a support worker in the Red Door Project and returned to education, receiving a level 7 in addiction studies. Collectively, both speakers agreed that the key ingredient to recovery was the linking of services, this is crucial to a robust wrap-around service and ultimately fosters a collaborative approach to treatment.

Key Ingredients to an interagency approach.

At the Red Door Project, identifying clear steps and components to recovery through an interagency approach, is vital to fostering a positive outcome. The first step is recognizing that the service(s) relationship with the client is key, support workers must build trust and follow-up with the client ensuring there are no closed doors. Secondly, the client needs to be ready and wants support and there is no one-size-fits all approach towards this. The Support worker cannot be working harder than the client, and the time frame for recovery must be reflective of the client. Furthermore, there are no bad guys in community support, it is up to service providers to educate and build that idea and model through education. Furthermore, the Red Door Project highlights that funding should never be a barrier to education and recovery. It is recognized that the HSE needs to offer yearly training and more funding support in rural areas including

Drogheda, it should not need to be at crisis point for this change to happen? All services offering support in addiction should have training in addiction, one service can undo the work of many.

XIII. Support for those Experiencing Drug-related Intimidation & Violence

Kevin Byrne, Project Officer, Drug Related Intimidation & Violence Engagement (DRIVE)

Introduction

DRIVE is an interagency project with systems and structures to respond to drug related intimidation and associated violence in Ireland. This project is funded by the Drugs Policy, Refugee and Inclusion Health Unit, Dept of Health and is overseen by the DRIVE oversight committee. DRIVE works within the community, examining services and enabling communities to respond. DRIVE was developed after recognition that drug-related intimidation is a big issue, repeatedly raised by task forces and community representatives including families. Furthermore, amid lots of research on the impact of drug intimidation on the community, it was recognized there was no standardized approach to addressing this nor consistency across Irish law enforcement agencies for tackling this. Hence, amid the need for this to change, DRIVE was established with the support of twenty-three regional Drug & Alcohol Task Forces (DATFS) and various interagency support. DRIVE is overseen by the national DRIVE oversight committee, with members from the Department of Justice, Probation Service, among others, with the key objective of building the capacity of communities around Ireland to respond to drug related intimidation and violence. Importantly, the pillars of DRIVE include Capacity Building & Awareness, Community Involvement, Data Collection and Analysis, Information-sharing, Law Enforcement and overall Systemic Change.

An Evidence-Based Approach to Drug Related Intimidation & Violence

Drug Related intimidation can be defined as intimidation which is of a serious, insidious and coercive behavior intended to force compliance of a person against their will. This can be implicit or explicit, involving actual, threatened or perceived threats of violence to a person or damage to property. It can leave targeted individuals, families or communities feeling helpless, isolated, demoralized and fearful. DRI is intimidation carried out by those using drugs, distributing drugs. It is a pervasive and pressing issue negatively impacting the health and well-being of individuals, families, communities and the functioning of local agencies that serve them (Murphy et. al l 2017). Prominent forms of intimidation include criminal damage to property, forced behavior and actions, cuckooing (a practice where people take over a person's home and use the property to facilitate exploitation) and sexual violence. The key aspects of this practice are the coercive and insidious nature, which can leave victims feeling helpless, isolated and demoralized. However, as highlighted at the conference, while this behavior cannot be entirely justified, intimidators are often a victim of this repetitive cycle themselves. Based on evidence examining the drug trade dynamics in communities, urban areas tend to see intimidators as serious criminal players. Often family is at the core of this practice, as drug dealers work in ‘gangs’ or ‘networks’, spreading fear radically in communities amid proximity. Therefore, it is difficult for individuals and victims in communities to intervene and tackle this issue. Through evidence, criminal players of this practice are

predominantly young, male individuals from underserved communities and are often referred to as soldiers. Typically, the average age of involvement is sixteen years old, ranging from twelve years old onwards. Strikingly, the youngest age of involvement recorded was eight years old, demonstrating a concerning demographic. Drug related intimidation is intrinsically linked to the drugs economy, amid a grotesque level of violence for a relatively small result. Often in the drug trade, there is a 'survival of the fittest' mentality with the risks deemed as worth it for the monetary and material rewards that arise. Furthermore, there has been a noticeable societal glorification of the drugs economy which tends to emerge

when there is limited other life prospects for individuals. The lure of trappings, including material items such as watches, jackets and vehicles are predominantly targeted towards those most vulnerable in society including disabled individuals, young people and individuals who have suffered trauma or changes in family dynamics.

DRIVE Community Structures

The DRIVE project is overseen by the DRIVE Oversight Committee which has members from the Garda National Drugs and Organized Crime Bureau, the Regional and Local Drug & Alcohol Task Force Coordinators Networks in Ireland, HSE National Addiction Advisory Governance Group, National Voluntary Drug & Alcohol Sector and Probation Service. The Chairperson of the DRIVE Oversight Committee is responsible for managing the DRIVE budget and its staff, including the DRIVE Coordinator. The DRIVE Coordinator supports the implementation of DRIVE on the ground through facilitating the DRIVE Liaison Network which is made up of nominated link people for DRIVE in each region and supports the development of training and capacity building for services to support victims. However, DRIVE does not work directly with victims, through these organizational services, DRIVE signposts the services available across Ireland that can be availed of. DRIVE interagency groups play a key organizational structure. Established by DATF coordinators, these groups examine trends, referral policies and key problems. A significant collaboration measure established between Gardai and DRIVE is the Drug Related Intimidation reporting program. Within this program, there are specially trained Garda Inspectors across every Garda Division, who have expertise in supporting people who experience drug-related intimidation. Individuals do not have to make a formal report to receive this support, the objective is to reduce risk, increase safety and link the individual to local support. Confidentiality is an underpinning of this service, which can be provided over the phone to provide practical safety information, advice in relation to the threats of intimidation and information on drug support services for an individual who is occurring drug debts.

Examining support for victims of drug related intimidation.

Through the DRIVE program, and amid a collaborative, interagency approach, various supports have been identified and developed for victims of drug-related intimidation and violence. Among supports developed include, youth justice and youth counselling services, the drug related intimidation reporting program, Family support, Drug & alcohol supports and the '5 Step' intervention program which can be conducted one-to-one or in a group setting. Highlighting the next steps for the DRIVE project on a national level include expanding the An Garda Siochana and DRI reporting program nominated inspector training program, establishment of local interagency groups, establishing the nominated DRI inspector network, increasing DRIVE training and capacity building, leading additional national DRIVE awareness campaigns and expanding data research and evaluation of coordinators alongside the Health Research Board (HRB).

XIV. Interventions to Empower Families Impacted by Substance Misuse & Safe Injection Facilities

Eddie Mullins, CEO, Merchants Quay Ireland and Andy O'Hara, CEO of UISCE Management, An Garda Síochána

Introduction

Merchants Quay Ireland (MQI) mission is to work as a collaborative community to reduce the harm caused by addiction and homelessness. Merchants Quay offers people dealing with homelessness and addiction in Ireland, accessible, high-quality quality and effective services, which meet their complex needs in a non-judgmental and compassionate way. Guided by the vision of an inclusive society where no one must face homelessness or addiction alone and everyone has the support they need to

Figure 19

reduce the harm caused by homelessness and addiction; Merchants Quay offers an array of services to assist its clients. Services provided include homeless services, case management services, community recovery and integration support projects, recovery services including detox and rehab beds, gender -specific services and harm-reduction services.

MQI New Development: Implementation of Medically Supervised Injection Facilities

Recently, Merchants Quay has become one of the upcoming organizations across Ireland to welcome and implement medically supervised injections facilities. This new development of medically supervised injection facilities is due to open at the end of 2024 in various locations across Ireland. Evidently, there are numerous benefits of the establishment of these facilities, including

1. The reduction in discarded needles and drug-related litter
2. Reduction in the sharing of needles and other injecting equipment, which positively reduces blood borne diseases including HIV and Hepatitis.
3. Improvement in the uptake of addiction care and treatment.
4. Providing dignity and respect to clients.

Challenges of Family Members

At Merchants Quay, alongside specific support for the individual struggling with addiction, support for families is just as paramount. Families need to recover too, and their journey is as individualized as the recovery process for the individual who has struggled with addiction or mental health. At times, families do not always recognize the term 'recovery' and the language surrounding addiction can hold a stigma and sense of shame within Irish society. Therefore, family members may feel they do not deserve support as they are not the primary subject, and this may coincide with fear of becoming a burden on services.

Figure 20

The Stigma Attached to Addiction

Examining the stigma attached to addiction, there is often an intolerant attitude to addiction in Ireland, with society often blaming the addicted person and criticize them for not deciding for not taking action to get better. This stigma can extend to family as they fear tarnish to their reputation. The family worries about becoming tainted by their loved one's addiction and they fear being excluded from their extended family, the local community, or even the workplace and being subject to gossip, pity and rejection. The more shame associated with drug addiction, the less likely we as a community will be able to change attitudes and get people the help they need.

Alcohol & drugs are both treatable health conditions, but the stigma of drug addiction is more pronounced which indicates a 'moral failing' of society. Merchants Quay has witnessed the disjointed nature of the recovery process in Ireland, as recovery often takes a second nature to security. Specifically, at Merchants Quay, staff often witness an extensive deterioration in individuals after prison, as they no longer have access to resources to aid recovery and the security of the prison structure is no longer present. In reality, addiction is a life-long journey, and Merchants Quay offers a low, threshold, open-door service open to everyone in the community. Merchants Quay offers residential recovery, prison aftercare, addiction support at a broad level, emotional support services, group workshops, drug and alcohol awareness and education. The principles which guide the invaluable work of Merchant Quay include collaboration, compassion, courage, mutuality and empowerment.

Importance of Family Involvement

- Involvement of family members can enhance positive outcomes
- Family members in these circumstances show symptoms of stress that merit help in their own right
- Effective treatment of the parent can have positive benefits for the child/family.
- Better outcomes for children are achieved if they remain with their families.

Andy O'Hara, UISCE Ireland.

Echoing the work of Merchants Quay, is Andy O'Hara, CEO of UISCE Ireland and an individual with lived experience. Having worked in the community and voluntary sector for over ten years, Andy advocates for a reframed, structured approach towards

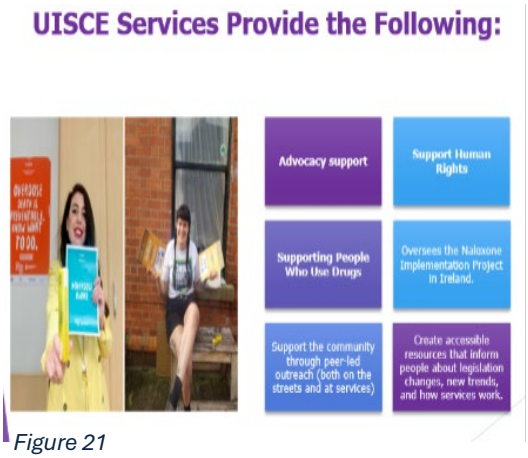

Figure 21

change, ensuring that lived experience is not subject to a construed narrative or pre-written testimony. Andy wants survivors to develop their own analysis on how to appropriate support, should be offered and UISCE Ireland supports the structure of this analysis through community engagement.

As a society, we could shift the drug issue from a moral crusade towards recognizing drugs exist. However, services are here to mitigate harm which results from their existence. In examining the underlying causes which can lead to addiction and substance misuse, this is 90% because of trauma, poverty, lack of personal value and a lack of community. At UISCE, the aim is to build a response to these issues centered around community development approach. This involves working directly with those at risk of marginalization, guided by 'meeting people where they are at' and creating the conditions for groups to identify issues and develop collective responses which can lead to social change. As a result, empowering groups to design and deliver programs which involved collective decision making and collective action, aimed at bringing about 'a better deal' for the whole group; community or marginalized group and seeking to address unequal access to power, decision making and resources.

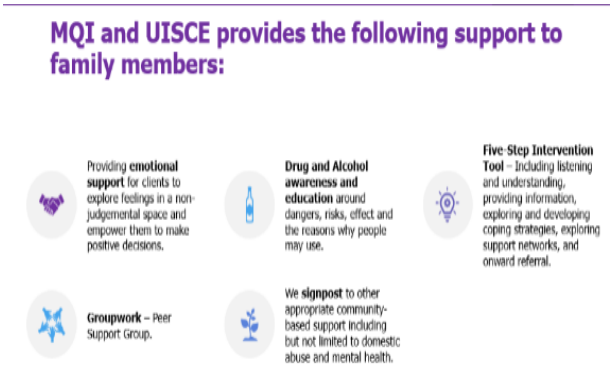

Figure 22

At the core of this work is examining groups at risk, including women in marginalized communities and how they are affected by drugs. Once involved in the drug trade, they are criminalized, which can lead to underlying issues becoming worse, facilitated by the existing harm in prison. Often, this is a repeated cycle - women, young people, and individuals from marginalized communities are continuously guided towards crime, drugs because of shortcomings in the Criminal Justice System. However, this issue is not one-dimensional, and the cycle of harm and addiction is constantly repeating due to inadequate support. Therefore, as Andy O'Hara recommends, we should look at what's working in our approach to tackling this issue, including the recent citizens assembly which highlighted the need for a new approach and a realistic response of prevention. It is paramount that services look at individual environments, trauma suffered and relationship dynamics before involving the Criminal Justice System, as once an individual is in this system, their needs become more complex, and support is only offered at a much broader level. However, it can be unanimously agreed by Merchants Quay and UISCE Ireland that at the core of treating addiction, is the importance of community education and widespread harm prevention measures, which ultimately will ensure that society understands and recognizes how we can address this issue.

Session 2: Prevention – Policies & Practice

Chairperson: *Sophia Carey*
Rapporteur: *Emma Canning*

XV. Giving Voice to Diversity in Criminological Research: 'Nothing about Us without Us'

Dr. Richard Healy, Research Officer, Service Users Rights in Action (SURIA), who also has lived experience

Introduction

Methadone is the hegemonic drug service treatment in Ireland. Dr. Richard Healy had spent 25 years on heroin, 20 years on methadone, and completed his PhD on methadone maintenance therapy (MMT). He originally joined as a Member of Service Users Rights in Action (SURIA) as a part of studies and did not think a human rights approach was applicable to MMT. This came from his own past, as he thought everyone had to just go to treatment and follow the rules– the idea of having rights as a service user was alien to him.

SURIA locates the service user experience in a human rights and equality context. Human rights to service users include the right to the highest attainable level of health care, and the use of human rights policy and instruments to protect service users. The SURIA organization monitors human rights of service users in Europe. No other public health cohort is treated in the same way as methadone maintenance patients.

Research Introduction

Four key principles of Dr. Richard Healy's work include a meaningful relationship with a GP, frequency of urinalysis, choice of treatment, and supervised urinalysis. The progressive realization of the right to adequate health for service users is monitored by the organization. Five rounds of research since 2012 show that few people come out of MMT with a higher standard of life. Peer-led research was the basis of this work. SURIA asked service users to collect data from other service users. Involved in this research are the Canals Local Drugs and Alcohol Task Force, covering Rialto and Inchicore in Dublin, The North-East Regional Drugs and Alcohol Task Force, covering Meath, Cavan, Louth and Monaghan, The South-West Regional Drugs and Alcohol Task Force covering Kildare, UISCE, A National Advocacy Service for People who use Drugs in Ireland, and the ICON study. 367 total participants were involved, who were primarily methadone maintenance patients (with some in suboxone or other therapies).

Method

Two-third of participants were aged over 35 years, and almost half of participants had been engaging with OST/MMT for over 10 years (one-fifth for over 20 years and one in 10 for over 26 years). 83% of participants were not engaging with employment or education. This report is in the context of post-COVID, after the implementation of the equality review (which challenged supervised urine samples), post Citizen's Assembly, and data reviewed from five separate datasets. 367 surveys, the majority of which were qualitative, were produced and designed by service users for service users. This produces a two-way benefit: high-level empirical data is obtained while empowering service users in

participating in their own futures, giving them a voice, and showing them their entitlements.

Urinalysis

The frequency and supervision of urinalysis was analysed in this study. It was found that many participants experienced dehumanizing language, and Dr. Healy reflects on a service user once telling him "I don't think my GP even knows what I look like, he just looks at my chart". 50% of participants give urine samples weekly or more often. The ICON study found 48% give samples weekly, 2% being supervised despite the equality review. Dr. Healy found that daily sampling reduced from 2.6% to 1%, and weekly sampling increased from 45% to 50%. Supervised urine sampling has almost been eliminated.

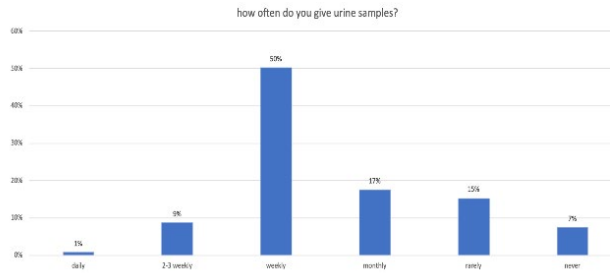

Figure 23: Frequency of Urinalysis

Urinalysis is still the primary instrument of control in MMT, and all decisions are still dominated by sampling. Research, such as the Farrell Report (2011), has demonstrated that urinalysis has limited value. The Farrell Report included a massive critique of MMT in Ireland, including the opinion that MMT is too entrenched in urinalysis. Dr. Richard Healy states that there is a place for urinalysis in MMT, but the literature and his personal experience state that it makes very little impact on if someone is going to use drugs.

Care Plans and Treatment Choice

This research found that 44% of service users do not know what a care plan is, down from 69% in 2020. 42% of service users did not have a care plan. Care plans are supposed to be based on partnership and alliance with treatment and should be evidence-based and best practice. The delivery of care plans will be different based on location.

Dr. Healy states that MMT is not what it used to be, and unfortunately will never be what it was supposed to be. This is the impact of marrying harm reduction policies in an abstinence-based society.

Offered alternatives as a treatment choice was assessed in this research. 52% of service users were offered counselling, which is a 14% decrease since 2020. 13% were offered rehab or detoxification. 87% were never offered an alternative to methadone. 14% were offered Hep. C treatment, down 52% since 2020 due to the large and successful rollout of Hep. C treatment in 2020. 59% have never discussed detoxification with their treatment provider and those that have, for the most part, raised it themselves.

Meaningful Review

A review on this project has demonstrated several issues service users face. 69% of service users have seldom or never been involved in meaningful discussion about or as part of their treatment. 31% regularly engage in meaningful discussion, most of whom are in rural areas. 92% were never asked their opinion on their treatment. 90% were never given information on their rights as an OST patient. 38% of participants were unaware of the complaint procedure, and 95% of service users had never made a complaint (see Figure 2). Other findings found that reintegration was not high on the agenda (family, education, work), and there was the assumption of homogeneity (or that all service users are the same)

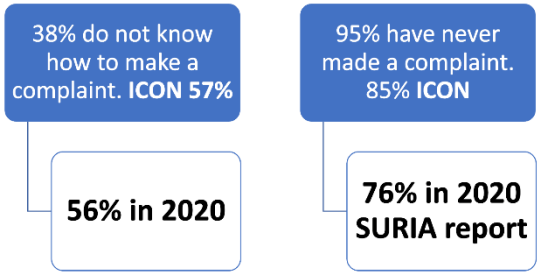

Figure 24: Awareness and use of complaint procedure in MMT clients

Conclusion

Dr. Richard Healy's work on service users in MMT found a poor quality of life, and service users feeling controlled and trapped. He found that MMT fails to improve quality of life. There was an internalized low expectation of anything being different in MMT, and a normalization of poor and non-evidence-based treatment. Life in MMT is harmful and undignified. Several quotes are displayed from service users, including: "I am treated like a scumbag junkie"; "I hate the way people look at me differently walking into the clinic"; "I am treated differently all the time, especially by nurses who are handing it (medication) out".

XVI. Women in Addiction, Issues of Domestic Violence and other Criminality

Rachel Fayne, Coordinator of the Davina Project (SAOL Project) and Anna Prince, lived experience Peer Worker.

Introduction

SAOL has been working in the inner city for the past 28 years and is the first women's addiction day centre in Ireland. It was also the only one until about three years ago, when Jane's Place opened. Addiction is different for women. Across Ireland, about 70% of service users are male. As a result of trying to cater to as many service users as possible, gender issues are often overlooked. For example, how women access treatment and progress in their substance use is a unique issue. Women present in treatment with much higher rates of trauma and stigma than men. For women, childcare is a massive barrier for treatment, meaning that women access treatment later and in larger crises. Domestic abuse is another massive gender issue– women present in treatment with domestic abuse as a part of their lives. SAOL engages women through psychoeducation and civil activity.

SOLAS as SAOL is a program that supports women who come to Saol identifying domestic abuse. Women learn to spot domestic abuse in relationships, how it affects children, and receive resources for support.

SAOL is community-based, and during the COVID-19 pandemic had to shut its doors. Rachel Fayne and other workers were worried about what would happen to women who were vulnerable during this time. She wanted to go to women's homes to assess for relapse, suicidal ideation, and children. What she found is that women they knew from Saol were living with undisclosed domestic violence. These women were presenting themselves as happy at home or were unaware that what they were experiencing was abuse. She needed a better way to assess it and knew that a new programme would need to be peer-led.

Project Davina

DAVINA, or *Domestic Abuse and Violence Is Never Acceptable* (see Figure 1), is based on a case study in a 'reduce the use' program. This case study helped to identify problems that emerge for people. Women who do a case study on "DAVINA" identify that she:

- Has domestic abuse and substance issues in her childhood home.
- Engaged in early substance abuse to cope, leading to polydrug use making it harder for her to obtain treatment.
- Has dual diagnosis.
- Has had problematic relationships from age 15;
- Left school early.
- Has criminal convictions.
- Experiences homelessness; and
- Experiences domestic violence.

Rachel Fayne has found that women do not trust the Garda, courts, social services, or doctors due to removal or fear of removal of children, charges, stigma, and more. Because of this, women seek out substance use services for support in all areas of life.

Figure 25: Project DAVINA

The Gender Issue

Women who use drugs experience gender-based violence at two-to-five times the rate of the general population. A paper published by the Mercy Law Resource Centre in 2023 found that domestic abuse is the leading cause of homelessness among women. A 2018 study by Dermondy et al., of women on probation found that 91% of the women surveyed had experienced intimate partner violence in their adult lives. In the Morton Study "You Can't Fix This in Six Months", all but one woman who participated had an adult experience of domestic abuse. On June 8, 2023, at Saol every single woman who came in had an adult experience of domestic abuse.

When a woman and/or her domestic abuser misuse substances, she is at increased risk for homicide or serious injury, involvement in gangs, the use or carrying of weapons, sexual abuse or trafficking, isolation, and stigma. Coercion and trafficking do not always include threats– it can include emotional blackmail; women may feel they consented to criminal or sexual behaviour, but consent is never coerced. It may also include encouraging criminality and then threatening to report them if help is sought, or manipulating withdrawal symptoms and/or creating fear of dealers, debtors, etc. Trafficking involves an action (moving, recruiting, transporting), means (coercion, threats, fraud, deception, abuse of power), and a purpose (sexual exploitation, forced labour, criminal exploitation), all which victims of domestic abuse can become involved in (see Figure 26).

Figure 26: Trafficking Defined

Through trafficking, coercion, and other means, women can become involved in criminality through domestic abuse. Rachel Fayne discusses the following:

- Gang association and involvement: an abuser may get a woman involved with gang activity so she cannot go to the Garda.
- Carry weapons or drugs: this may involve physical and sexual abuse as women can carry drugs internally.
- Women may be asked/told to take the rap as they are told the Garda will go easier on them.
- Cuckooing, when someone takes over your home for the purpose of sale, preparation, or supply of drugs.
- Shoplifting.
- Public order offenses, such as fighting in public. When these offenses take place we should examine the dynamics of the relationship – even if she is yelling back, it does not mean she is not abused in the relationship.

- Preventing women from adhering to probation/community return/temporary release: an abuser may prevent a woman from checking in on her probation, increasing the barrier for seeking help.

Interventions

Survivors are the experts: survivors of domestic abuse from SAOL wrote a book on their experience: section one on what they would have wanted staff to know, and second two on what they would want themselves to have known. Other interventions include motivational

Session 3: Moving Towards Decriminalisation & Desistance

Chairperson: *Tony O'Donovan*
Rapporteur: *Ruairi Holohan*

XVII. Supports, Programmes, Activities & Counselling

Orla Brennan, Supervisor of Pre-Release Programme at Wheatfield Prison

Introduction

Orla Brennan is the supervisor of the Pre-Release Programme at Wheatfield Prison and oversees the operation of the programme. The speaker noted that the programme has adapted to the needs of the participants, starting off as a ten-week programme, developing into a five-week programme with an optional sixth week. There is a multi-party approach to the programme. Every week, there is a different theme, and as such, there are different speakers, allowing for the participants to gain a rich experience from the programme. In the first week, in-house organisations come in and speak to the participants. In the second week, people within the prison system interact with the participants, allowing them to humanise members of the Irish Prison Service who would otherwise be revered. If participants declare an addiction to narcotics, an additional sixth week is added to the programme to rehabilitate the participants and to warn them of the impact drugs can have on different aspects of their lives. Feedback is encouraged and is taken to adapt the programme to fit the needs of the participants.

Figure 27: Pre-Release Programme Overview

Key Challenges

The speaker pointed out several challenges surrounding the programme. It was pointed out by the speaker that prisoner mindsets can be the greatest hurdle to the success of the programme. The programme is targeted towards a small cohort of the prison, and so long as these few people are engaging with the programme and have the right mindset, they are empowered to act as trailblazers for the rest of the prison, relaying the lessons learned to other inmates. Another key challenge is the ascertainment of resources for the programme. The speaker pointed out that finances within the prison system are greatly

stretched and the programme is limited to the money allocated in its annual budget, with little scope for additional funding. Furthermore, the programme is always taking on referrals. This has made the delivery of the programme more difficult. The speaker submitted that there is no visibility of the student's journeys post-release. Once they are released from prison, it is difficult to monitor their progress as they are integrated with society.

- Prisoners' mindset
- Resources
- No visibility of my student's journey post release.

Key Benefits

The programme is adaptable subject to the participants' needs and demographics. For example, if there are several participants from Drogheda, the Red Door Project would be invited in to speak to the inmates, allowing for an engaging discussion between all parties. There is a strong emphasis placed on the prisoners and their development. All the speakers ensure that the onus is placed on the inmates. The reason for this, as pointed out by the speaker, is that the participants must want to change. The speaker submitted that help will be provided to the participants, but this can only occur if they are willing to make the necessary changes to their lives. The programme carries a QQI Level 2 certificate in Decision Making, which is entirely independent of the prison. This provides the participants with a formal qualification without it being linked to prison. The speaker pointed out that many of the participants lack formal qualifications, with some participants having little to no literacy skills. This provides them with the foundational qualifications for employment upon release.

1. Students' minds are open to what is possible.
2. Get to link in with approximately eighteen different services
3. Leave with a plan.

John and Patricks Story - Final Thoughts

"The more people with lived experience working within services the better chance we must rehabilitate and move towards decriminalisation".

The speaker concluded with illustrating a real-life example of a participant from the programme. The speaker introduced us to a character named Patrick who was known for causing trouble in prison with his friend John and showed little progress during his sentence in prison. He enrolled himself into the Pre-Release Programme and once he was finished, John ran into him and was shocked at the difference in Partick, who was almost unrecognisable due to the changes he made from the programme. The speaker noted that Patrick changed John's life by making that change. "If Patrick can do it, I can".

XVIII. Harms of Adolescent Alcohol and Drug Use: Links to Criminal Justice

Professor Andrew Percy, Professor of Quantitative Criminology, School of Social Science, Education and Social Work, Queen's University Belfast

Introduction

The speaker, using his expertise in adolescents, social science and behavioural attitudes, provided key insight into the key factors that affect drug use, and the correlation that drug use has with different variables in an adolescent's life.

Declining Adolescent Drug Use

There is no evidence from the last decade showing an increase in the number of adolescents using drugs. In fact, it is declining every year. While the use of cannabis peaked in the 1990s at almost 55% of all adolescents, it has since declined substantially in Ireland. Even when looking at international studies, there is a stark decline in the number of drug users. Similarly, the rate of young offenders has drastically decreased since the early 2000s. Furthermore, there are fewer young people taking part in "risk-taking behaviour" than ever before. There are several reasons behind this trend, both external and internal. On average, adolescents spend more time at home and have less face-to-face interactions with other people than they did in the past, leading to a reduced likelihood of encountering drugs. Furthermore, parents have become stricter and monitor their children's activities more now than they did in the 1990s. On top of this, there has been a shift in the social position of alcohol and drug use. No longer are they at the forefront of all social activity. Indeed, a normalisation of non-drinking has occurred and the use of drugs and alcohol in a group setting has become optional.

Development Desistance

The speaker noted using charts that risk-taking declines with age. Generally, consumption of alcohol, drugs and offending increases in the early teens, peaks at early adolescence and slowly declines throughout the teenage years. This has been identified in the vast majority of studies on adolescence since the 1960s, with a small percentage of the population persisting with "risk-taking behaviour" beyond late adolescence. It is estimated that 5% of the population are "life course persistent", meaning that they have an early exposure to drugs and continue consuming them into adulthood.

Referring to Moffit's Dual Taxonomy of Offending, the speaker illustrated that as young people progress through education, they become more aware of the consequences of drugs, and as such are less likely to consume them. The speaker submitted that any policy created surrounding drugs must not benefit one population at the cost of another. There must be protection and support for substance abusers while also preventing non-drug users from consuming narcotics.

Furthermore, the speaker pointed out that there are two central harms which unlock consequential harms: intoxication and overshooting the anticipated level of intoxication. However, there are multiple ways of remedying these central harms. The speaker highlighted the method commonly known as "living and learning". Adolescents, within reason, should test their limits and learn from their mistakes to manage intoxication and avoid other harms in the future.

Snares

The speaker pointed out that one of the greatest harms associated with drugs offenders among young people is being 'lifted'. This activity is known to serve as ammunition for other risk-taking behaviour and puts many adolescents in contact with the criminal justice system. Referring to Motz and colleagues, the speaker addressed the negative impact of adolescents having contact with the criminal justice system, leading to increased offending and a greater disregard for law and order. Furthermore, the speaker submitted that the age of criminal responsibility should be increased to 18 to allow for adolescents to fully develop and to decrease the likelihood of repeat offenders within the prison system.

Persistence in Offending

The main predictors in young offenders are mainly related to family life. Issues such as parental supervision, parental warmth and a family structure can significantly impact the

likelihood of a young person to offend, and furthermore, to re-offend.

Conclusion

Drug use is declining amongst adolescents in Ireland, and this naturally declines with age. The most prevalent harms to young people are associated with acute intoxication merely overshooting the desired level of intoxication.

The most significant mediator of long-term harm for adolescent drug users is not dose or duration dependent. Rather, it is the consequence of contact with the criminal justice system. The speaker submitted that society should be radical regarding young people's avoidance of the criminal justice system.

XIX. Informing Preventative Measures - Socio-demographic Characteristics of People Who Die from Drug Poisoning

Dr. Suzi Lyons, Senior Researcher, Health Research Board

Introduction to the National Drug-Related Deaths Index (NDRDI)

The National Drugs Strategy, established in 2005, was set up in response to the National Drugs Strategy. Within this, Action 67 provided to develop an accurate mechanism for recording data on drug-related deaths in Ireland. Jointly funded by the Departments of Health & Justice; maintained by the Health Research Board (HRB), this data would highlight the number of annual deaths where drugs were a factor in the person's death. Data is collated from four sources (closed coronial files & deaths reported to the coroner, in-patients (HIPE), among people on opioid treatment (CTL), General Mortality Register (CSO)) and is published annually. Throughout the years, it has been identified that in many instances, multiple drugs are taken in tandem, resulting in an increased risk of death. The NDRDI has shown the common trends surrounding poisoning and non-poisoning deaths related to drug use.

Poisoning Deaths

Poisoning deaths are deaths due to the use of one or more poisonous substance, excusing alcohol-only poisoning deaths. From 2011-2020, there was an increase in the number of poisonous deaths. It was noted that population growth was not the reason for this increase. Opioids were consistently the most common drug implicating death. It was also noted that Benzodiazepines and other prescription drugs mirrored each other during this period. As there was an influx in one, the other decreased. During this period, cocaine deaths increased dramatically. This is a result of the influx in cocaine usage by the general population. The speaker submitted that this trend increase was unsurprising due to the prevalence of the drug in modern society. Covid-related behaviours are still to be understood and it is estimated that the trends during the pandemic will be fully dissected for a number of years. During this period, 8 in 10 poisoning deaths involved more than one drug. 7 in 10 poisoning deaths involved opioids while almost 6 in 10 deaths involved benzodiazepines or prescription drugs.

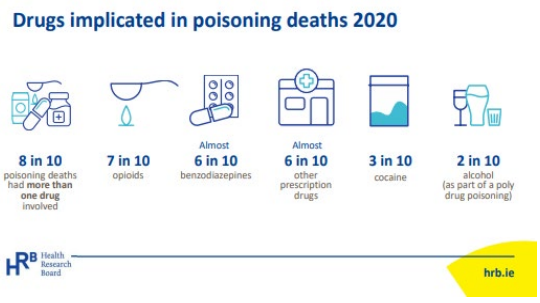

Figure 28

The NDRDI illustrated the different demographics most affected by poisoning deaths. More than 6 in 10 deaths were male, in line with international trends. It was noted that that the number of women dying due to poisoning drugs is on the rise in Ireland. The median age of men during this period was 42 while for women the median age was 45. More than half of the victims had a history of mental health issues and 1 in 5 of the victims had injected drugs at least once in their life. 1 in 8 of the deaths involved a homeless person.

The NDRDI also calculates the accrued lost years due to poisonings. This is a measurement of the years lost and is calculated by subtracting the age of death of each victim and subtracting the aggregate from the aggregate life expectancy. For men, in 2020, the life-years lost as 7,435 and for women it was 4,433 years. The speaker pointed out that the years lost are not pertained solely to the individual, but also their families and society at large.

There were several other sociodemographic characteristics from 2020. 46% of the fatalities involved an unemployed person. 14% of the victims were homeless. 13% of the victims were known to have children under the age of 18. 8% were ever in prison. It must be noted that the latter two are still currently being studied.

The location of death was also noted in the NDRDI. 75% of deaths occurred in a private dwelling. 43% of the victims were alone, while 39% of the victims had family/partner/friends in the vicinity. 9% of these deaths occurred in a public building or place, while 12% of these deaths occurred in homeless accommodation.

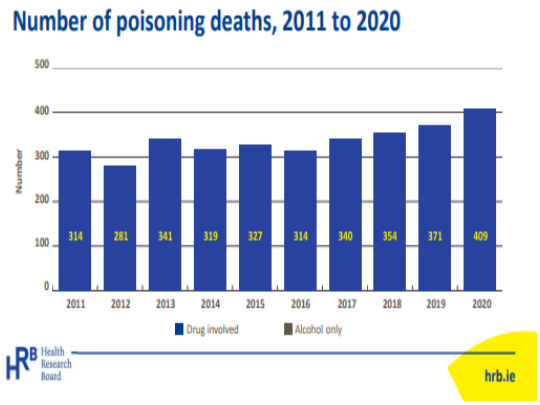

Figure 29

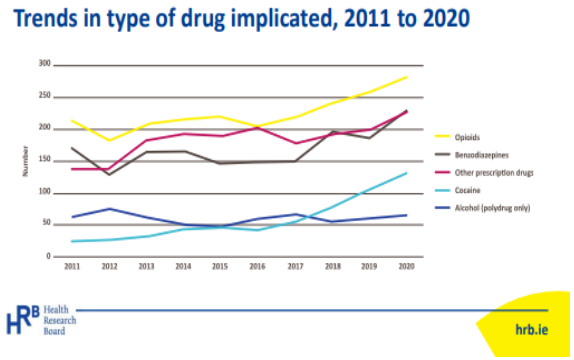

Figure 30

Figure 31

Non-Poisoning Deaths

One of the most common non-poisoning deaths noted from the study was AIDS-related deaths from sharing drugs and needles. The speaker pointed out that there was a "worrying" number of women dying due to non-poisoning deaths, despite the majority of these deaths being suffered by men. The main drugs used in this type of death were cannabis and cocaine.

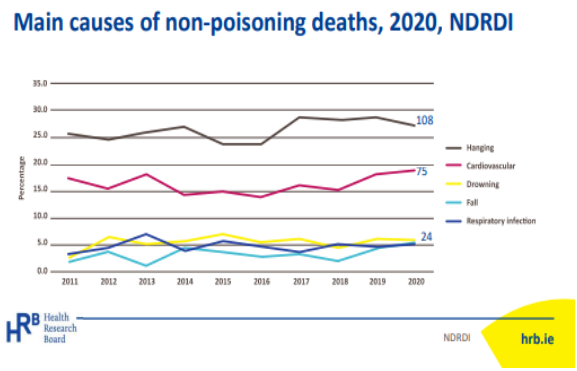

Figure 32

Key Messages

The vast majority of poisoning deaths include multiple drugs. Opioids have remained the most common drug involved in poisoning deaths throughout 2011-2020. There has been a steady increase in cocaine-related deaths. The majority of deaths involve men, but the number of women dying from drug-related deaths is on the rise.

The speaker indicated that there are identifiable risk factors and opportunities for prevention**.**

- Most poisoning deaths have multiple drugs implicated
- Opioids most common drug; increase in cocaine
- Burden of premature mortality
- Identifiable risk factors
- Opportunities for prevention
- Non-poisoning deaths – population burden of drug use
- Deaths due to hanging among people who use cannabis and cocaine.