

SUMMARY OF KEY POINTS FROM MEETINGS OF OIREACHTAS COMMITTEE ON DRUGS 13 JUNE-11 JULY 2024

The Oireachtas Committee on Drugs, which was set up by government to consider implementation of the recommendations of the Citizens' Assembly on Drugs, has held 6 public meetings between June 13 and July 11 2024.

The first meeting heard from representatives of the Citizens' Assembly about some of its key recommendations and the second meeting heard from the Dept of Health, the Dept of Justice and the HSE about their roles in delivering a health-led approach. The main focus of the 4 sessions that followed has been hearing from international experts on issues relating to the legal framework i.e. decriminalisation and regulation. This document is a very brief summary of these discussions, detailed reports from all 6 meetings can be accessed at <https://www.oireachtas.ie/en/committees/33/drugs-use/>

The first meeting of the Oireachtas Committee was attended by representatives of the Citizens' Assembly (CA), the Chairperson Paul Reid, two CA members Graham O'Neill and Céire Moynihan, a member of the CA Expert Advisory Group [Professor Jo-Hanna Ivers](#), and Cathal O'Regan from the [CA Secretariat](#) in the Dept of the Taoiseach.

In his opening remarks, Paul Reid stated that this is a once-in-a-lifetime opportunity for the Government and for the Oireachtas Committee and that there is a need now for urgency and ambition. We are losing time, focus and pace, and we are losing lives, with Ireland having the highest level of overdose deaths in the EU. He commented that our response in Ireland has not substantively evolved in several decades, that the CA was stunned by the length of time it takes to introduce even the most modest changes and really concerned by the inadequate provision of services in our communities and also in our prisons.

He highlighted the urgent need to adopt a whole of government, whole of society approach to the drugs issue, and this must include communities, voluntary groups, families and people with lived experience of using drugs. This approach needs to be led out by a Cabinet Committee on Drugs chaired by the Taoiseach that has the power to hold all the stakeholders to account, accountability of all stakeholders is crucial. Alongside this structure, there is a need for a national communications strategy focusing on ending shame and stigma around drugs and drug use.

He expressed his extreme disappointment that the Dept of Health has announced its intention not to produce a draft of the next National Drugs Strategy (NDS) until June 2025 and not in June 2024 as called for by the CA. He stated that we will lose many more lives between now and then.

Paul Reid went on to say that the CA recognises that drug use is prevalent in all parts of the country and in all socioeconomic groups, but that the worst harms are experienced in disadvantaged and vulnerable communities. Jo-Hanna Ivers commented that the poverty issue is not being addressed and said that, while around 90% of people who use drugs are likely to do so without developing a problem, the communities where problem drug use and addiction are concentrated are on their knees, struggling and pushing back, fighting for resources.

She said the CA recognises that, if we are to resolve the underlying problems of poverty and deprivation, there is a need for a focus on community development and it is time now to test the appetite of state bodies for change. Cathal O'Regan talked about looking at social determinants and how there is a need to focus on community development as part of addressing the underlying causes. He noted that the CA is calling for a zero tolerance approach to drug-related intimidation and violence while, in parallel, developing alternative pathways for young people at risk. The Oireachtas Committee Vice-Chair [Senator Lynn Ruane](#) (substituting for Chair) commented that state agencies often misunderstand what community development actually means and that there needs to be a discussion around this.

Decriminalisation of People who use Drugs

Paul Reid stated the clear view of the CA that people should no longer be criminalised for using drugs. He emphasised that the CA is not recommending the Health Diversion Approach that is being proposed by the Dept of Health and Dept of Justice, which maintains the criminal status of drug use. The CA is proposing a decriminalisation model based on diversion and dissuasion as in the Portuguese model, involving a referral to services, with the potential for sanctions to be applied if a person does not

comply with the referral. But he also made the point that not everyone using drugs needs diversion to a service.

He left open the question as to whether there should be a limit on the number of times people would be caught with drugs in their possession before a health-led approach is no longer appropriate and also, who would apply the sanctions that will help people through the health-led approach. (The question is addressed further on in the discussions as to whether there is any evidence that sanctions can actually help people as part of a health-led approach.)

In their inputs to the Oireachtas Committee, both the Departments of Health and Justice talked about the work they are doing to put in place the Health Diversion Approach, although Paul Reid has made it clear that it is not compatible with what the CA is recommending. Both Departments were questioned by Committee members on the evidence for maintaining a criminal sanction as part of a health-led approach, as is proposed in the HDA; neither Department referenced any specific evidence.

Ben Ryan, *Head of Policy, Criminal Justice. Dept of Justice*, referred to the need for Section 3 of the Criminal Justice Act, which makes possession for personal use a crime, to be retained so that An Garda Síochána can continue to use this power to stop and search people using drugs in order to gain information in relation to Section 15 and other crimes i.e. sale and supply. The Oireachtas Committee Vice-Chair noted that, as legislators, they need to look at this issue, so that the need for the Gardaí to pursue other crimes does not become a barrier to the ending of criminalisation of people who use drugs.

The Dept of Justice was also asked about the legislation that was introduced recently on coercion of young people into crime, Ben Ryan noted that it is too soon since its introduction to be able to report on any outcomes to date.

In considering the recommendation for the introduction of a decriminalisation model in Ireland, the Oireachtas Committee heard evidence from **a range of international speakers** and there was broad agreement amongst the speakers on the international evidence base supporting decriminalisation

- Decriminalisation reduces harms to people who use drugs and makes it more likely they will seek support from services
- Decriminalisation does not cause or lead to any additional harms
- Decriminalisation does not lead to increased levels of drug use
- Decriminalisation applies to the person and not to the drug, and in all the examples given people are no longer criminalised for the use of any illicit drug

- Regardless of the drug being used, decriminalisation in itself is a harm reduction measure

The Committee heard how the current international drug policy framework that criminalises specific drugs and the people who use them has developed through a history of cultural, social and political dynamics that have demonised and criminalised certain communities, in particular on racial grounds. Niamh Eastwood, [*Executive Director, Release UK*](#), referred to the recent UNHCHR policy statement that supports decriminalisation as part of a shift in international drugs policy away from a punitive approach to a human right-based approach, and highlights how current drugs policy is increasing harms in the poorest and most vulnerable communities across the world

Alex Stevens, [*Professor of Criminal Justice, University of Kent*](#), spoke about the need to shift from policy based on moral judgement to evidence-based policy and he has recently produced [*significant research on this issue in the UK*](#), highlighting how a policy of moral judgement on drug use impacts negatively, in particular in relation to issues of race and class. He also referenced [*a review that was carried out for the Irish government in 2018*](#) that he was involved in, looking at international examples of decriminalisation and showing no necessary connection between reducing penalties for possession and an increase in use or harm. It would, therefore, in his view, be a net positive to decriminalise the possession of drugs and to use the resources saved to do other things.

Kasia Malinowska-Sempruch, [*Programme Director of Drug Policy, OSF*](#), talked about her experience in the US of women who use drugs being extremely reluctant to approach services, in particular because of the fear that a charge of drug possession will result in their children being taken away from them. Marie Nougier, [*Head of Research and Communications, IDPC, also*](#) referred to the need for women-only services and services that are tailored to the needs of women.

Ruby Lawlor, [*Executive Director, Youth RISE*](#), noted the evidence on the benefits for young people of the approach of diverting them away from the criminal justice system and of a shift away from using stigmatizing messaging, as with criminalisation, to an emphasis on providing accurate and evidence-based information on drug-related issues to young people. She also noted the potential for providing drug-testing services in facilities used by young people.

The international speakers see decriminalisation as an important step to create the level of trust that is needed between communities, law enforcement and health services. Several of the speakers referred specifically to the racial justice aspects of criminalising people who use drugs and how decriminalisation is a crucial step in addressing this. Cian O'Conchubhair, [*Associate Professor of Criminal Justice,*](#)

[Maynooth University](#) outlined how the history of drug prohibition is rooted in victimising certain communities in the United States, in particular the black American community, the Mexican American community and the Chinese American community.

Niamh Eastwood outlined how black [people in the UK are 9 times](#) more likely to be stopped and searched under drug laws than white people; Nick Glynn, [Senior Programme Officer OSF, Member of UK Independent Scrutiny & Oversight Board for Police pan on Inclusion & Race, former Police Officer](#), talked about how this stop and search power has been used and abused in the UK and how police need to be empowered to stop wasting time and resources so they can be more productive in preventing more serious and violent crimes that impact on communities. It was noted by Cian O Conchubhair that we do not have this kind of data on stop and search in Ireland and so do not know what happens here. (The experience of the Traveller Community in Ireland in relation to drug laws is of particular relevance here, as is the need to increase the engagement of immigrant communities in all aspects of our response to drugs.)

Investment in Integrated Community-based Services

There was general consensus from the international speakers that the introduction of decriminalisation is a positive step in itself, but also that it needs to be matched with a major increase in investment in services and a commitment to multi-annual funding. It was emphasised that this is not just about addiction-related services but, crucially, the broad range of social support services, including housing, employment supports, psychology and mental health services (both general and dual diagnosis).

The experience in Portugal demonstrates why services, such as housing and employment supports, should not be seen as optional extras, or as less important than addiction services in themselves. Reflecting a similar reality in Ireland, Jo-Hanna Ivers identified housing as the number 1 issue for people in recovery here. Ricardo Baptista Leite, [Founder & President UNITE Parliamentarians Network for Global Health](#), and Marta Pinto, [Professor in Psychology of Justice, University of Porto](#), commented on Portugal's experience that community-based services are the most effective way to reach people and to ensure that they can get access to the wider range of services that they need. Both Marta Pinto and Ricardo Leite highlighted how policy in Portugal has been informed and underpinned by this rights-based approach and how the overall aim is to improve quality of life for the individual, for the community and for society as a whole.

Both Marta Pinto and Antonio Leitao da Silva, [Commander of Porto Police & Superintendent of Public Security Police](#), highlighted how this approach, of combining

decriminalisation and major investment in integrated services, brought about a huge transformation in Portugal and led to major improvements in the situation there. In the same way as an increase in investment led to very good outcomes, they also outlined how Portugal began to experience more challenges from the late 2000s onwards, when austerity measures implemented by government led to investment in services being decreased. Commander Leitao Da Silva commented that Portugal is now paying the bill for cuts made to the drug services during the recession, with many of the problems that are now seen on the streets resulting from disinvestment in critical areas of social services e.g. housing supports. Committee members noted that Ireland is also still dealing with the fall-out from recession-era cuts in relation to local community services here.

Both of the senior police officers who have addressed the Committee to date, Commander Leitao Da Silva and Deputy Chief Constable Fiona Wilson, [Vancouver Police Dept. British Columbia, Canada](#), expressed the support of their police forces for a decriminalisation approach and emphasised how crucial it is that, when introducing decriminalisation, there is access for people using drugs to harm reduction services e.g. Drug Consumption Rooms (DCRs) and street outreach teams - street outreach is very important as not all people using drugs will go into centres. The speakers from Portugal and Oregon emphasised that, in their experience, community organisations and NGO services are crucial to the delivery of appropriate harm reduction and support services and in Portugal, in particular, the importance of the role of peers and peer-led services is highlighted. It was emphasised that all stakeholders, including peers, police, community and social services, should be included and involved in the discussions on how decriminalisation is to be implemented and what the role of each of the agencies will look like.

Issues relating to current service delivery in Ireland

Committee members raised issues with the HSE about the impact and outcomes of some of the services it provides and expressed their views about how the bureaucratic systems in the HSE can have the effect of limiting people who use the services in taking control of their lives, the very opposite of what should be intended. Committee members asked about Housing First, a collaborative response with the local authorities in relation to housing, and challenged how effective this collaboration is in practice as, for example, it is entirely up to the individual Councils to decide as to what extent they will co-operate on key areas of implementation, such as engaging in individual care plans.

Committee Members asked about how the HSE monitors the use by the local Councils of the Housing First budget (for which the HSE has responsibility), and noted concerns at a local community level about the effective management & support of placements taking place through Housing First. Joe Doyle, *National Lead in HSE Social Inclusion Office*, replied that the HSE sits on an Oversight Committee chaired by the Dept of Housing and that tracking placements is the responsibility of the local authorities.

Siobhán McArdle, *Assistant Secretary, Dept of Health*, acknowledged that there has been a lack of funding for dual diagnosis services, while at the same time referring to dual diagnosis as an 'emerging issue.' Committee members welcomed the news that the Safer Injecting Facility in Dublin will finally be open in Q4 2024 and asked about the provision of similar services in other parts of the country, and in cities in particular. Siobhán McArdle said that the SIF in Dublin is a pilot scheme that will be evaluated and if they see the same needs arising in other areas they will have to actively consider it.

Sanctions and thresholds in a Decriminalised approach

There was some discussion on how appropriate it is to have sanctions as part of a decriminalisation policy and how compatible sanctions are with a health-led approach. Niamh Eastwood put the question, if we regard drug dependency as fundamentally a health issue, then why are we punishing people with sanctions? Alex Stevens said that if we have decided we should not be punishing people for the possession of drugs, it seems counter-productive that we would then give the police another way of punishing them through penalties and sanctions for non-compliance with treatment. He referred to the evidence on what criminologists call 'net-widening' where you can end up increasing the number of criminal justice interventions in people's lives if police are given alternative criminal sanctions to apply, which goes against the whole intention of decriminalisation in the first place. Marie Nougier stated clearly that decriminalisation should not only involve the removal of all sanctions but also the expungement of any previous convictions for offences of possession for use.

It was interesting to hear from the Portuguese speakers that while the referral is mandatory in theory and police have the power to apply sanctions, in practice they do not usually do so. Marta Pinto stated that their experience in Portugal has shown that mandatory referral to treatment is not an effective approach and that forcing people to go to treatment just does not work. One of the Oireachtas Committee members raised a concern about people who use drugs but don't need treatment being forced into treatment and possibly taking a place from someone who actually does need it - Kasia Malinowski noted how this is a complete waste of public resources as it is

estimated that 90% of people who use drugs do not need treatment. Commander Leitao Da Silva expressed his view that it would be better if referral to the Dissuasion Committee was not the role of the police alone, as it is a more appropriate role for Health and Social services.

The issue of thresholds i.e. the distinction between possession for use and supply being based on the amount of the substance, was also raised in the discussion. Alex Stevens referred to the model used in the UK, where the burden of proof of intent to supply is placed on the prosecution and he sees this as a much more reliable way of distinguishing between use and supply than setting an arbitrary weight limit.

Public Drug Consumption & Community Safety

Members of the Committee raised issues around public consumption of drugs on the streets and in public areas, and how this makes people in the community feel less safe. The Committee members asked the police representatives about their experience of this, if they have been receiving complaints about public consumption and what can the police do in response to street use in a situation where drug use is decriminalised? How can the police do their job better in relation to this?

Both of the Police Chiefs, from British Columbia and from Portugal, said that drug use in public spaces is a significant issue for them and they need to have the ability to respond when people in the community talk about not feeling safe.

Deputy Chief Fiona Wilson said that even though the police in British Columbia are supportive of the policy of decriminalisation, the policy has now been reversed, and the key reason is because the matter of public consumption was not addressed in the legislation. She stated very clearly that you need to make sure when you introduce decriminalisation that police officers are still empowered and have the lawful authority to address matters of public consumption through some kind of regulation, much like there might be in respect of public alcohol consumption. In British Columbia they have prohibitions against smoking in certain public places that they can use if a drug is being smoked, but could do nothing if the drug is being used publicly in a way other than smoking.

Commander Leitao Da Silva was in agreement with this and believes that the law in Portugal should revisit this specific issue of public consumption. But he also says that the relationship between police officers and drug users in Porto is much better, as a result of decriminalisation, than it was in the past. It helps with community policing generally and in his experience, it also makes it easier for the police to gain access to information. He noted that as part of reducing the nuisance to the local community,

he has a special team that goes out with the municipality workers to the areas that are used for drug-taking to pick up syringes and related paraphernalia.

The Oireachtas Committee Vice-Chair welcomed the confidence with which Commander Da Silva speaks about the police force in Porto, a confidence that as a police force they can deal with the grey areas of policing, such as arise when possession is not criminal but the drugs are illegal. He is stating clearly that it is not necessary to criminalise the drug user for the police to be able to do their job, the police know what their job is and it is not the police's job to replace the social response that should be provided by social workers and other professionals. He also stated that the police in Porto maintain the power to stop and search and that the policy of decriminalisation does not interfere with their ability to do this. He is also clear that there is no link between decriminalisation and increased trafficking.

Kellen Russoniello, [*Director of Public Health, Drug Policy Alliance, USA*](#), spoke about the issue of on-street drug use in Oregon and how Measure 110, which introduced decriminalisation in Oregon, has now been revoked, in reaction in particular to on-street drug use and a rising number of deaths. He stated however that the evidence shows that the issues of on-street use and increasing deaths arising in Oregon are not an outcome of decriminalisation but are the result of a combination of three factors:

- the impact of Covid 19 leading to increased isolation and overdose risk and a lack of focus on developing services
- one of the country's highest rates of homelessness and decades of failure to address it
- the impact of Fentanyl on the West Coast drug supply.

In his view it has been simpler for politicians to focus on Measure 110 and decriminalisation as the problem, rather than addressing the broader and more complex social issues.

The Oireachtas Committee members noted that all of this experience around managing issues of public consumption is very useful learning for us here in Ireland and there is an opportunity for us to look at how, for example, local authority bye-laws which prohibit public consumption of alcohol, can be adapted for use in relation to public use of other drugs. They also noted the importance of having access to Harm Reduction services that are available and accessible 24 hours.

Fentanyl

The issue of the potency of drugs and the wide variations in potency amongst different drugs was raised by a Committee member and it should be noted that the speakers from British Columbia and Oregon both issued strong warnings about the potential impact of fentanyl in this regard. It has been devastating for their communities in Canada and the US, both as a result of its potency and also its introduction into the illegal drug supply without the people who are using the drugs being aware that they contain fentanyl. They advised on the need for Ireland to be well prepared with our response, in particular in trying to keep it out of the supply chain in the illegal drugs market.

Regulation of the Drugs Trade

Members of the Oireachtas Committee noted that, in their view, currently when we refer to controlled substances, in reality it is not the state that is controlling these substances, it is criminal gangs, and this needs to change.

In its report to government, the CA does not make any specific recommendations for change in relation to regulation and legalisation of controlled drugs. However Committee members made use of their engagement with the international experts attending at the Committee to ask about initiatives on regulation and legalisation in other jurisdictions. The international speakers spoke about a range of models of regulation and legalisation that are in place in different parts of the world in order to address the impacts of an illegal drug trade that is currently run by major international criminal organisations.

Models referred to include cannabis social clubs (Belgium, Spain, Malta, Luxembourg), licensed sellers and buyers (Uruguay), heroin assisted treatment (Switzerland) and the more free-market models, such as in California. Examples were also given of moves in parts of the U.S. to a more social equity approach that is aiming to repair some of the harms of prohibition on the community e.g. New York, Illinois, Massachusetts.

The Oireachtas Committee Vice-Chair commented that the sequence and process of grooming young people into the drugs trade is complex and that, when discussing issues relating to the trade and young people's involvement in it, we need to apply the same analysis of the underlying community context that we apply when looking at drug use. She notes that it is poor young men who are killing each other and asks if any work has been done internationally that focuses on reducing violence in the drugs trade rather than trying to end the trade? Kasia Malinowski spoke about how her colleagues in Mexico are looking at the experience of Switzerland as an example of

how to focus on stopping people involved in the drugs trade from dying as the primary goal, rather than the goal of ending drug trafficking.

Oversight Structures for Implementation of a health-led approach

In his input as Chair of the CA, Paul Reid highlighted how crucial it is now to have a whole-of-government, whole of society response to drug use and both the Depts of Health and of Justice referred to a number of structures and programmes that they see as delivering this whole of government approach. The Dept of Health referred to the National Oversight Committee (NOC) as the current structure that is providing oversight of a cross departmental whole of government approach and being effective in addressing the underlying issues of poverty and disadvantage. The Dept of Justice referred to the work of the Community Safety Partnerships, and to the Drive Programme as working well in relation to drug-related intimidation and violence. Committee members questioned where the evidence is of these current structures being effective and said they would like to see the evidence, as this does not reflect what they are seeing on the ground in their communities.

One Committee member spoke about her experience as Chair of a Local Drug Task Force and how DATFs feel they are totally voiceless, describing a complete disconnect between the reality in the community and the decisionmakers in ivory towers. She also asked about the absence from interagency working of bodies such as the Dept of Children and the Dept of Social Protection and highlighted the need for all of these agencies to be resourced at a local level. Another Committee member commented on how for 30/40 years we've had partnerships, implementation boards, Inner City Task Forces etc. etc. and his experience is often that senior officials come for the first few meetings, then a less senior official takes their place and then in some cases the agency stops coming altogether. How do we make sure this does not happen again?

The Dept of Health listed Citywide, Coolmine and UISCE as current Civil Society representatives on the NOC, and each of these groups will have its own views on the effectiveness of the NOC which it may wish to express.

Marta Pinto talked about the Institute for Drugs and Drug Addiction (IDT), which was put in place in Portugal as an oversight structure at the same time as decriminalisation was introduced. It was set up as an independent institute that had information, monitoring and follow-up systems to support an integrated whole of government approach and it had the authority and resources to carry out this monitoring role across all ministries and departments. Unfortunately, as part of cutbacks during the recession, it was shut down and replaced by SICAD, a directorate within the Health

Dept that implements healthcare policies on drug use through regional health authorities. This change has resulted in a weakening of the monitoring structures in Portugal, and in the integration of services being replaced with a weaker model based on more limited co-ordination.

The Citizens Assembly clearly identified the lack of a whole-of-government approach in Ireland as a critical issue and it is worth repeating Paul Reid's call for oversight to be at the highest level i.e. a Cabinet Committee chaired by the Taoiseach, if there is to be any chance of all stakeholders being held accountable for their engagement with the whole of government approach that is so urgently needed.

The Oireachtas Committee on Drugs will resume its public meetings at 9.30am on Thursday 26 September.

Members of Oireachtas Committee on Drugs

Michael McNamara	Ind (Chair)*
Paul McAuliffe	FF
Jennifer Murnane O'Connor	FF
Thomas Gould	SF
Mark Ward	SF
Josepha Madigan	FG
David Stanton	FG
Neasa Hourigan	GP
Matt Shanahan	Ind
Mary Seery Kearney	FG
Marie Sherlock	Lab
Lynn Ruane	Ind (Vice-Chair)*
Mary Fitzpatrick	FF
Malachai O'Hara	GP

*No longer a member of Dáil Éireann due to election as an MEP and will be replaced on Committee

*The Vice-Chair substituted for the Chair for part or all of each of the 6 public meetings