Citywide Conference Report on

Criminalising Addiction: Is There Another Way?

Royal College of Physicians

May 21st 2013

Introduction

Anna Quigley opened the conference by explaining that Citywide were fulfilling a commitment to hold an open debate on the issue of decriminalisation as set out in the 2012 Citywide Policy Document. This Policy Document was developed through a wide consultation process and a number of issues were raised during the consultation that highlighted the need for a discussion on decriminalisation and legalisation. First there was concern expressed around criminalising people with addictions and the subsequent effects that this has on their lives. There was also major concern about the intimidation and violence that is impacting on people as result of the illegal drugs trade, while at the same time there was an awareness that Ireland’s track record in regulating legal drugs e.g. alcohol and benzos is not very impressive. Concern about these issues has been mirrored around the world as there is an international push to review the ‘War on Drugs‘ and to explore and implement alternative drugs policies. Citywide believe that it is important to examine the evidence that informs these policies in order to participate in the debate and the speakers at the conference presented from an evidence base.

A broad spectrum of 120 participants from Community Drug Projects, Voluntary Projects, Youth Services, Drugs Task Forces, Government Departments and Universities attended the conference which consisted of four presentations and a table discussion. The following report contains information from the speakers’ presentation slides:

- Pages 2-6: Brigid Pike, Breaking the Taboo: Debating the Alternatives to Criminalising Addiction
- Pages 7-15: Liam Herrick, Incarceration as a Health Strategy: Imprisonment for Drug Offences in Ireland
- Pages 16-21: Johnny Connolly, Beyond Criminalisation: Options for the Future
- Pages 22-26: Niamh Eastwood, Global Trends in Decriminalisation: A Quiet Revolution
- Pages 27-30: Table Discussion

Videos of the full presentations are available at http://www.citywide.ie/news/2013/05/27/watch-the-conference-presentations/
Brigid Pike – ‘Breaking the Taboo: Debating the Alternatives to Criminalised Addiction’

What is the ‘Taboo’?

- A series of international policy instruments that prohibit the non-scientific and non-medical production, supply and use of narcotic and psychotropic substances. These instruments are regularly reaffirmed at UN, EU and national Irish level.

**UN Drug Conventions:**


**2009 UN Political Declaration and Action Plan on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem:**

- Most recent affirmation by member states of the UN drug conventions, which is due to be reviewed by member states in 2014 in Vienna at the 57th Session of the Commission on Narcotic Drugs (CND), the drug-policy-making body of the UN.

**EU Drugs Strategy 2013-2020 (2012/C 402/01):**

- The Strategy is also based on international law, the relevant UN Conventions which provide the international legal framework for addressing the illicit drugs phenomenon and the Universal Declaration on Human Rights.

- This EU Drugs Strategy takes into account relevant UN political documents, including the UN Political Declaration and Action Plan on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, adopted in 2009, which states that drug demand reduction and drug supply reduction are mutually reinforcing elements in illicit drugs policy and the UN Political Declaration on HIV/AIDS.

- The Strategy has been drafted on the basis of the principles set out in the Lisbon Treaty and on the respective competences of the Union and individual Member States.
- Due regard is given to subsidiarity and proportionality, as this EU Strategy intends to add value to national strategies.
The Strategy shall be implemented in accordance with these principles and competencies. Furthermore, the Strategy respects fully the European Convention on Human Rights and the EU Charter of Fundamental Rights.

Ireland’s National Drugs Strategy 2001–2008:

‘Given Ireland’s international obligations in this regard [i.e. harm reduction measures such as SIFs, to which the opposition of the International Narcotics Control Board (INCB) was noted], the Review Group does not consider that the introduction of such forms of treatment are warranted at this time. However, the situation should be kept under review and the results of research, both national and international, should be monitored.’

Calls to ‘Break the Taboo’ Have Been Coming Thick and Fast Since 2009:

The Latin American Commission on Drugs and Democracy comprises 17 members from political, academic, legal, commercial, media and academic backgrounds, and including retired presidents of Columbia, Mexico and Brazil.

In its report in 2009 the Commission called on the international community to ‘break the taboo’ and start to debate international drug policy.

The Commission urged all sectors of society – parliamentarians, governments, judicial authorities, public security organisations, health sector specialists and civil society organisations – to take part in the policy debate. And they called for the debate to be carried on in every country at both national and regional level.

In 2011 the Global Commission on Drug Policy echoed the Latin American Commission’s call to ‘break the taboo’ and pursue an open debate on illicit drug policy. It emphasised the need for political leadership.

This Commission comprised 22 members from a similar range of backgrounds to the members of the Latin American Commission but from a wider spread of countries – not only South America but also the USA, Europe, Ghana, Pakistan, and including six former national leaders.

Closer to home, in thinking about the EU’s drug strategy, which expired at the end of 2012, the House of Lords, the upper house of the United Kingdom’s Parliament, called for ‘informed public debate’ on illicit drug policy. It highlighted the need for sound
evidence to inform deliberations and hailed the important role played by the press in supporting this debate.

- In 2012 the Home Affairs Committee of the UK’s House of Commons published its first report on drugs in a decade.

- After a wide-ranging and in-depth inquiry lasting a year and examining all areas of UK drug policy, the Committee called for a Royal Commission on the issue. The government rejected this call. Instead, in March 2013, the Home Secretary, Theresa May, requested the Home Office to undertake a study of international drug laws, not with a view to altering the legislative framework but to honour the commitment to review new evidence of what works in other countries. Countries to be visited include Portugal, Denmark, Sweden, and the states of Washington and Colorado in the USA.

- The last UNGASS on drugs took place 14 years ago, in 1998. It adopted a 10-year plan to make the world drug-free, i.e. by 2008. It is not an accident that the call for a fresh and open debate began the year after this action plan had expired – having not achieved its objective.

- In calling for this new Special Session, the sponsors noted that ‘despite continuing increased efforts by States, relevant organisations, civil society and non-governmental organisations, the world drug problem continues to constitute a serious threat to public health and safety and the well-being of humanity, in particular children and young people and their families, and to the national security and sovereignty of States, and that it undermines socioeconomic and political stability and sustainable development’.

- In calling for a second UNGASS on drugs, the sponsors have been careful not to pre-empt the debate by favouring any particular option. They are seeking genuinely open debate that will lead to policies that are effective tackling the world drug problem.

So:
- What is Ireland going to say at UNGASS 2016?
- What policy positions will it support?
- How is it going to prepare its contribution?
- Who will be involved, and how?
- What information will be considered in deciding Ireland’s position?
- In short, how open and public will the debate in Ireland be?
Debate

- **Politicians**: Recent comments by politicians in the Oireachtas and in the public arena suggest that the political climate in relation to illicit drugs has become more open in recent years to exploring responses to the illicit drug problem other than strict prohibitionist. See B. Pike (2012) ‘Politicians and the drug debate – 6 years on’ and ‘To prohibit or not to prohibit: that is no longer the question’. Drugnet Ireland (41): 7–8 and 11. www.drugsandalcohol.ie/17272/

- **Political Parties**: What are the positions of the political parties on illicit drug policy? What have they said in their election manifestos?


- **Civil Society**: At UN, EU and national level there is explicit commitment to involving civil society in the debate on and formulation of drug policy.

- **Ministerial Office**: What statements are the government and individual ministers making about the drug situation?
• *Mass Media*: Action 73 of the *NDS 2001–2008* tasked the Department of Tourism, Sport and Recreation, responsible for the NDS as a ‘possible central source of information for the public media’. The rationale was as follows: ‘Informed coverage and analysis and debate of drugs issues on an ongoing basis within the public sphere will contribute to the successful implementation of the NDS.’

**Informed Debate**

• Good information is a prerequisite of any good debate, including policy debate. What does this involve? On the one hand, the debate needs to be informed by theory, research-based evidence and analysis of the consequences, risks and benefits of the various options.

• An understanding of prevailing social, cultural and moral beliefs and attitudes is also important for ensuring that the chosen policies reflect the views of, and are acceptable to, the majority of citizens. For a full discussion, see Chapter 3 ‘Informing choices’ in B Pike (2008) *Development of Ireland’s drug strategy 2000–2007*, Dublin: Health Research Board. www.drugsandalcohol.ie/12152/

• *Public opinion*: The last nationwide general population survey of knowledge, attitudes and beliefs regarding illicit drugs and drug use in Ireland, including 39 questions, was conducted in 2000.

• *Evidence-Based Policy*: i.e. policy based on scientifically derived data or information. Ireland has made enormous strides with regard to the collection of data on the extent and nature of drug misuse in Ireland, and on interventions. However, it is notable that there has never been an evaluation of Ireland’s national drugs strategy, neither the one introduced in 2001 nor the current strategy.
Liam Herrick – ‘Incarceration as a Health Strategy: Imprisonment for Drug Offences in Ireland’

The Irish Penal Reform Trust:

“Respect for Rights in the Penal System with Prison as a Last Resort”

- Founded in 1994
- Independent (no government funding)
- 4 staff members, voluntary Board
- Research, Awareness, Campaigning

History of Legislation in Ireland:

Misuse of Drugs Act 1977

- S.28 provides for residential treatment
- Section 15 provided for the offence of possessing a controlled drug for the purpose of sale or supply.
- Attracted a fine and/or a maximum term of imprisonment of 14 years.
- *Misuse of Drugs Act 1984* increased the maximum term to life imprisonment.
- Misuse of Drugs Regulations 1988

Criminal Justice Act 1999

- Criminal Justice Act 2006
- Criminal Justice Act 2007
- Criminal Justice (Psychoactive Substances) Act 2010

Moral Panic in the 1990s

- Assassination of Veronica Guerin in June 1996 reinforced fears that the government had lost control of the illicit drugs scene.
- Catalyst for legislative and policy responses to tackle the problem and reassure the public.
- Influenced by UK Crime (Sentences) Act 1992, Fianna Fáil’s 1997 General Election Manifesto committed to a tough and uncompromising stance on drug pedlars and pushers, stating: “*We will bring in mandatory 10-year minimum sentences for those caught in possession of controlled drugs with a street value of over £10,000.*”
Criminal Justice Act 1999

- Inserted section 15A of the Misuse of Drugs Act 1977, which created a new offence of possessing controlled drugs having a value of £10,000 (now €13,000) or more, for sale or supply.

- Amended section 27, so that conviction of a section 15A offence attracts a presumptive sentence of 10 years.

- Under section 27(3C), the presumptive sentence will not apply where there are “exceptional and specific circumstances” that would make a sentence of 10 years imprisonment unjust, including:
  (a) Whether that person pleaded guilty to the offence, and, if so
     (i) the stage at which he indicated the intention to plead guilty, and
     (ii) The circumstances in which the indication was given, and
  (b) Whether that person materially assisted in the investigation of the offence.

Subsequent Legislative Developments:

A 2001 report for the Department of Justice found a marked reluctance to impose the minimum 10-year sentence for s15A offences. In order to strengthen the presumptive sentencing provisions, the Criminal Justice Act 2006 was passed, which:

- Clarified that the accused need only know that he/she was in possession of drugs with intent to sell or supply and not the value of the drugs involved, to be found guilty.

- Created a new offence of importing controlled drugs having a value of €13,000 or more, which was subject to the same presumptive sentence of 10 years imprisonment.

- Provided that the court, in deciding whether the 10-year presumptive sentence should apply, could consider any previous drug trafficking convictions, as well as the public interest in preventing drug trafficking.

Elements of the Offence(s)

- Possession – easier to detect physical possession
- (Any) Controlled Drug
- Intent for sale or supply – Reverse Onus
- Value of £10,000 (€13,000)
- Market Value?
- Garda Estimate?
- Purity?
- Not adjusted since 1999
- No mens rea element
Scale of the “Problem”?

- Larry Dunne – sentenced to 14 years in 1985
- Tony Felloni – sentenced to 10 years in 1986 sentenced to 20 years in 1996
- Edward Scanlon – 22 years in 1999
- John Gilligan – sentenced to 28 years in 2001 (reduced to 21 on appeal)
### Offences (Sentenced Prisoner) - Dec 2012:

<table>
<thead>
<tr>
<th>Offence</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Homicide Offences</strong></td>
<td>394</td>
<td>10.9</td>
</tr>
<tr>
<td><strong>Sexual Offences</strong></td>
<td>328</td>
<td>9.1</td>
</tr>
<tr>
<td><strong>Attempts/Threat to Murder, Assaults, Related Offences</strong></td>
<td>422</td>
<td>11.8</td>
</tr>
<tr>
<td><strong>Dangerous or Negligent Acts</strong></td>
<td>99</td>
<td>2.8</td>
</tr>
<tr>
<td><strong>Kidnapping and Related Offences</strong></td>
<td>50</td>
<td>1.4</td>
</tr>
<tr>
<td><strong>Robbery, Extortion and Hijacking Offences</strong></td>
<td>133</td>
<td>3.7</td>
</tr>
<tr>
<td><strong>Burglary and Related Offences</strong></td>
<td>345</td>
<td>9.6</td>
</tr>
<tr>
<td><strong>Theft and Related Offences</strong></td>
<td>656</td>
<td>18.3</td>
</tr>
<tr>
<td><strong>Fraud, Deception and Related Offences</strong></td>
<td>58</td>
<td>1.6</td>
</tr>
<tr>
<td><strong>Controlled Drug Offences</strong></td>
<td>691</td>
<td>19.2</td>
</tr>
<tr>
<td><strong>Weapons and Explosives Offences</strong></td>
<td>166</td>
<td>4.6</td>
</tr>
<tr>
<td><strong>Damage to Property and to the Environment</strong></td>
<td>80</td>
<td>2.2</td>
</tr>
<tr>
<td><strong>Public Order and Other Social Code Offences</strong></td>
<td>49</td>
<td>1.4</td>
</tr>
<tr>
<td><strong>Road and Traffic Offences</strong></td>
<td>27</td>
<td>0.8</td>
</tr>
<tr>
<td><strong>Offences against Govt., Justice Procedures and Org. Crime</strong></td>
<td>54</td>
<td>1.5</td>
</tr>
<tr>
<td><strong>Offences Not Elsewhere Classified</strong></td>
<td>39</td>
<td>1.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>3,591</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Drug Offenders in the Prison Population:

Selected Equivalent Garda Headline Offences:

Sentence Profile of Prisoners in Custody (Daily Snapshot):
Small Sample of ISIS Cases on 15a

- More than 1/3 no previous convictions
- More than 3/4 no previous prison
- More than 1/4 mental health
- Almost 1/2 alcohol addiction
- Fewer than 1/8 senior position in drug trade
### Persons in Custody under Sentence on 30 November 2012 – Offence Group Classified by Sentence Length:

<table>
<thead>
<tr>
<th>Sentence Length</th>
<th>Homicide</th>
<th>Sexual Offences</th>
<th>Attempts/Threat to Murder, Assaults, Harassments and Related Offences</th>
<th>Theft and Related Offences</th>
<th>Controlled Drug Offences</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;3 Months</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>10</td>
<td>2</td>
</tr>
<tr>
<td>3 to &lt;6 Months</td>
<td>-</td>
<td>2</td>
<td>17</td>
<td>21</td>
<td>3</td>
</tr>
<tr>
<td>6 to &lt;12 Months</td>
<td>-</td>
<td>5</td>
<td>32</td>
<td>89</td>
<td>13</td>
</tr>
<tr>
<td>1 to &lt;2 Yrs</td>
<td>1</td>
<td>28</td>
<td>61</td>
<td>124</td>
<td>49</td>
</tr>
<tr>
<td>2 to &lt;3 Yrs</td>
<td>2</td>
<td>21</td>
<td>85</td>
<td>119</td>
<td>78</td>
</tr>
<tr>
<td>3 to &lt;5 Yrs</td>
<td>14</td>
<td>53</td>
<td>124</td>
<td>188</td>
<td>186</td>
</tr>
<tr>
<td>5 to &lt;10 Yrs</td>
<td>60</td>
<td>121</td>
<td>96</td>
<td>125</td>
<td>269</td>
</tr>
<tr>
<td>10+ Yrs</td>
<td>25</td>
<td>83</td>
<td>21</td>
<td>4</td>
<td>104</td>
</tr>
<tr>
<td>Life Sentence</td>
<td>291</td>
<td>12</td>
<td>2</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total (3,710)</strong></td>
<td><strong>393</strong></td>
<td><strong>325</strong></td>
<td><strong>438</strong></td>
<td><strong>680</strong></td>
<td><strong>704</strong></td>
</tr>
<tr>
<td>%</td>
<td>10.6</td>
<td>8.8</td>
<td>11.8</td>
<td>18.3</td>
<td>19.0</td>
</tr>
</tbody>
</table>

### Criminal Justice Act, 1999 – Section 27

- Section 27 (3I) Misuse of Drugs Act 1977 as amended provides that Temporary Release for persons serving sentences under section 15A can only be given “for grave reasons of a humanitarian nature”.

- This excludes Temporary Release and Community Return.
Law Reform Commission Consultation Paper on Mandatory Sentences 2011

The Commission found the presumptive drug offences regime to have had the following results:

- A discriminatory system of sentencing where all cases are treated alike regardless of differences in individual circumstances of offenders.
- The adaptation of the illegal drugs industry to the sentencing regime by using expendable couriers to hold and transport drugs, so that relatively low level offenders rather than those at the top of the drugs industry are being dealt with under the presumptive regime.
- A high level of guilty pleas in order to avoid the presumptive minimum sentence.
- A bulge in the prison system comprising low-level drug offenders.

International Perspectives

Evidence from Australia has shown that:

- Rather than reduce and prevent crime, crime increased during a mandatory minimum sentencing regime and decreased after its repeal.
- Mandatory sentencing did not lead to consistency in sentencing, but rather resulted in harsh and unjust sentences, where offenders of unequal blameworthiness and culpability were sentenced to the same result.
- Mandatory sentencing imposes a significant economic cost, as well as a long-term social cost to offenders, without a corresponding reduction in crime rates.

Law Institute Victoria, 'Mandatory Minimum Sentencing' (June 2011)

UK Sentencing Guidelines 2012:

- Categories 1-4 of Type of Drug
- 5kg Heroin = 1; 150g or 300 Ecstasy = 3
- Leading Role – expectation of significant £ gain
- Significant Role – influence others
- Lesser Role – limited function under direction

Law Reform Commission Consultation Paper on Mandatory Sentences 2011:

“The Commission provisionally recommends that the presumptive sentencing regime... should be reviewed because, while it has succeeded in one objective, namely, an increased severity in sentencing for certain drugs and firearms offences, it has not been established that it has achieved another general aim of the criminal justice system, namely reduced levels of criminality.”

Irish Options for Reform:

1. Repeal of section 15A completely
2. Adjust the monetary amount upwards
3. Amend the presumptive sentencing regime to refocus on the role played by the offender in the drugs trade and/or the substance involved.
4. Allow for the structured temporary release of all prisoners serving presumptive sentences (including access to community return)

Log on to [www.iprt.ie](http://www.iprt.ie) for more information and to sign up to the e-bulletin or follow the IPRT on:

- Facebook: [www.iprt.ie/facebook](http://www.iprt.ie/facebook)
- Twitter: [www.twitter.com/iprt](http://www.twitter.com/iprt)
Johnny Connolly – ‘Beyond Criminalisation: Options for the Future’

Misuse of Drugs Act, 1977 – 1984

- Summer of 1996: The resurgence of heroin use, drug-related deaths and assassination of Veronica Guerin.

Rabbitte Report and the National Drug Strategy

- To significantly reduce the harm caused to individuals and society by the misuse of drugs through a concerted focus on supply reduction, prevention, treatment and research.
- Absence of clear definition of harm or association between strategy and legal changes.

Criminology; the Hidden Discipline and Understanding Drug Law Enforcement

- Trends in prosecutions for supply, possession and total drug offence prosecutions 1993–2005:
• Cannabis and possession offences compared 1995 – 2005:

But What are we Missing? The ‘Dark’ Figures of Crime Law Enforcement:

• The law in statute & practice
• 1 out of 4 crimes reported
• 1 out of 11 if shoplifting included
• 40% reported are not recorded
• ‘Dark figure’ higher for drug-related crime
• Tolerance (of soft drugs)
• Public Apathy/ disillusionment
• Fear of reprisal
• Discretion and selective enforcement
• Discrimination

Under 17 year olds prosecuted for drug offences, by gender 1995-2005:
Has Drug-Related Crime Reduced? If So, Why?

<table>
<thead>
<tr>
<th></th>
<th>Keogh 1997: Drug users cause 66% crime</th>
<th>Furey and Browne 2004: Drug users cause 28% crime</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crime as main income source</td>
<td>59%</td>
<td>13%</td>
</tr>
<tr>
<td>Unemployment rate</td>
<td>84%</td>
<td>55%</td>
</tr>
<tr>
<td>Drug first used - cannabis</td>
<td>51%</td>
<td>55%</td>
</tr>
<tr>
<td>First introduced to drugs by a friend</td>
<td>81%</td>
<td>86%</td>
</tr>
<tr>
<td>Drugs sourced from local dealer</td>
<td>46%</td>
<td>76%</td>
</tr>
<tr>
<td>Number who had been to prison</td>
<td>81%</td>
<td>66%</td>
</tr>
<tr>
<td>Estimated daily expenditure</td>
<td>€51</td>
<td>€75</td>
</tr>
</tbody>
</table>

Summarising the Link between Drugs and Crime

- Most drug users do not commit crimes other than those of possession – recreational use
- There is a link between some forms of illicit drug use and crime (Mostly heroin and cocaine).
- Most problematic users receive prison sentences for drug-related offences rather than drug offences
- Most problematic users began criminal career before drug use
- Drug use speeds up the rate of offending
- There is no clear causal link between drug use and crime
• Links between alcohol and violent crime exist in evidence

But Who is the Criminal?

• Single, male, aged 14 to 30,
• Urban, living in the parental home,
• From large and often broken families,
• Left school before the legal minimum age of 16,
• High levels of unemployment,
• Best ever job being in the lowest socio-economic class,
• High number convictions and rates of recidivism,
• A history of family members being in prison,
• From local authority housing and areas of high levels of long-term unemployment.

Are Communities Most Affected by Drug-Related Crime Safer?

• Criminal laws exist so people do not take the law into their own hands
• Are communities still over policed but under protected?


Changing Nature of Drug Markets:

• Hidden,
• Credit-based,
• Mobile,
• Violence,
• Intimidation,
• No-go areas,
• Youth gangs,
• Community stigma,
• Fear of reprisal,
• Erosion of Partnership.
• But also, some economic benefits.
Getting Real about Supply Control:

- Third biggest market globally after oil and arms
- Global value $94 billion, Wine & Beer $24 billion, Tobacco $21.6
- Street prices far higher massive profits from dealing
- Retail value four times higher than the wholesale value

Evaluating Supply Reduction:

- Little evidence supply control long-lasting impact on dealing levels
- Some evidence of containment/ displacement
- Estimated that 10–20% available drugs seized
- Amount undetected means long-term impact minimal
- UK study 80% to be seized to have any real effect
- Drug distribution adapt quickly, arrested dealers replaced
- Demand inelastic for problematic users, relative to other
- Adverse effects of drug law enforcement - Increased prices may simply lead to more acquisitive crime

Deterrence Theory and Rational Choice

Decision making in drug context influenced by:

- Availability
- Price
- Likelihood of apprehension and punishment
- ‘The so-called Irish ‘War on drugs’ is not the relentless and ruthless blitzkrieg implied by the overheated political rhetoric....the vast majority of the relatively few ‘inherent’ drug crimes that are prosecuted annually are dealt with quite leniently. Very few of the ‘Mr Bigs of drug importation and distribution are caught and imprisoned and few enough of their important gang members. Indeed, many of the small number of people who receive lengthy sentences of imprisonment, are, in fact, easily replaceable couriers or other small cogs in the machine, who do not stand to make great profits from their involvement in the drugs trade...supply control is limited to causing relatively minor ripples in an estimated billion euro business, which seems to be able to continue its uninterrupted supply, to all areas of the country, of very substantial amounts of illicit drugs at cheaper than ever prices’.
Legalisation and Head Shops

- Increase in experimentation and use
- Aggressive marketing and large profits
- Counter to trend approach to alcohol and tobacco
- How will it improve situation for communities most affected?

Recreational Use Across Society

- The regular and the weekend drinker
- One pays the bills, the latter brings the profits
- Drug testing

Decriminalisation and Harm Reduction – the Portuguese Model

- Large reduction in drug-related deaths
- No increase in drug prevalence
- Broad political support from former opponents
- Positive discrimination and recession

Beyond Moral Panic?

- Depenalisation: the Drug Court model
- Defining problems using a Drug Harm Index
- Legislation and community safety within a coherent evidence-based approach
- Criminal Assets

The Uneven Distribution of Drug Harms:

Kornblum (1991:431), writing from the perspective of minority ghettoes in the US, states: ‘Proposals to legalise cocaine or other more addictive drugs generate little support in the ghetto communities where their sale and use has had the most pernicious effects...few proposals for dealing with the drug problems of minority communities will receive much support from those communities unless they are viewed as originating from the communities themselves’.

For more information contact Johnny Connolly at jconnolly@hrb.ie

Photos by Ronnie Close
Niamh Eastwood ‘Global Trends in Decriminalisation: A Quiet Revolution’

A little bit about Release...

- Charity
- Legal Services
- Expert Drug Services
- Campaigning
- Reactive
- Proactive

Better Drug Laws Campaign

- Sting, Judy Dench, Richard Branson and a number of celebrities support the campaign.

Purpose of Decriminalisation Paper

- Portugal well evidenced

- Other jurisdictions not discussed or used as advocacy examples

- Challenge the fallacy that decriminalisation results in increased drug use

Definition of Decriminalisation

- No criminal record

- Included ‘de jure’ and ‘de facto’ models

- ‘de jure’ schemes included any type of legislative process that decriminalised possession including discretionary schemes

- Ignored escalated approaches e.g. UK

- Included states where only cannabis decriminalised
Positive Examples:

- **Portugal**
  - Reduction in Young People using drugs & Problematic drug use

- **Czech Republic**
  - Cost Benefit Analysis of criminal system
  - Assessment of drug using patterns to set thresholds

- **Australia**
  - Levels of drug use
  - Comparison studies between criminalised & decriminalised states – negative impact on employment, relationship and accommodation.

- **USA**
  - Levels of cannabis use in decriminalised states
Areas of Caution:

- Net widening
- Hollow models of decriminalisation e.g. Russia & Mexico

Why Campaign for Decriminalisation of Drug Possession?

- Reduces immediate harms for people who use drugs
  - Criminalisation
  - Stigmatisation
  - Barriers to integration
- Hypocrisy of the Policy

Narcopolitics
Dave, Boris & Yvette

Irish politicians not immune...

What Decriminalisation does not Achieve:

- Little evidenced impact on supply side
- Drug related violence
- Destabilisation of states (‘narco-states’)
- Trade still in the hands of organised crime
Incremental Change

Decriminalisation is part of an incremental reform process:

- Netherlands
- Spain
- Czech Republic
- Washington & Colorado
- Uruguay

Calls for Drug Policy Reform:

- Global Commission on Drug Policy
- Colombia, Guatemala & Mexico Governments
- Organisation of American States
- Domestically – UK

For more information on the work of Release, visit their website at www.release.org.uk


For a hard copy, please contact Citywide by e-mailing lisa@citywide.ie or calling 01 8365090.
Table Discussions
Facilitators were assigned to each of the ten tables at the conference and given two questions to discuss with their group. The facilitators were asked to reach a consensus on three points for each question and to hand their six points back to the organisers. These points were then collated and divided into the categories below.

**Question 1:** Given the evidence presented, what are the barriers to ending the criminalisation of drug users in Ireland (for using drugs)?

**Confusion between ‘Decriminalisation’ and ‘Legalisation’**

- Greater information and clarity is needed to explain what decriminalisation and restorative practise means.
- Greater information and clarity is needed to explain to the difference between decriminalising possession of drugs for personal use and legalising drugs.
- Evidence based language can be confusing and the public, for the most part, don’t understand it. This is a complex issue and should be simplified for the public.

**Lack of Political Will**

- This is the biggest barrier to action on this issue
- Lack of political will and leadership on this issue by all parties has led to a misunderstanding of the issues
- There is a lack of joined up thinking re: Drug policy and legislation.

**Lack of Political & Community Engagement**

- Political leadership and informed debate with all stakeholders is needed and is important for legislation change.
- Service users and families should be involved in the debate, their opinions should be central.
- Community drug problems can lead to a lack of engagement which in turn can affect participation in drugs education and awareness campaigns. These programmes can assist in widening the debate at community level.

**The Media:**

- Affects public opinion,
- Promotes the myth that prohibition works,
- Gives a negative perception of drug users,
- Creates fear and can create a biased view.
Public Perception:

- Because the issues of legalisation and decriminalisation are so intertwined in public perception there is a fear of increased drug use in the community and a ‘free for all’ in drug dealing.
- There is a fear of the unknown impact of decriminalisation in Ireland.

Resources

- If resources are not put into the health and social aspects at the time of decriminalisation people will not be convinced.
- Despite the NDS stating that actions and services should be evidence based; the economic situation has led to a lack of attention to evidence.
- Gardai will need to be resourced and trained to support a new approach.

**Question 2: What can be learned from the international evidence about how we should deal with the criminality attached to the drugs market?**

Justice and Health

- The example of Portugal puts responsibility on to the government to provide treatment and rehabilitation using an interagency approach.
- Bringing drug use into the public health domain would make it safer.
- Prison has to be a last option, the use of sanctions should be considered. The public health model and criminal justice model need more synergy.
- An evidence based approach for economical, social, health reasons should be adopted.
- The UK model should be looked at: sanctions based on seriousness of drug offence (i.e. 1.Leadin Role, 2.Significant Role, 3.Lower Role).

Legalisation and Regulation

- Regulating consumption could deal with the criminality. Fear could be decreased as street sales/day dealing could decrease due to control, the environment would be safer and there would be less intimidation.
- In a regulated market, more information could be collected on how/why/when people are using drugs. Purity could also be controlled; what goes into the drugs and the effects of them.
- Money collected from fines could be used to benefit affected communities.
- It would be important for the funds from the proceeds of drug crime/tax go back to the services in areas affected.
Open Discussion

- Open and honest discussion about how to handle the issues around decriminalisation of drug users for using drugs is needed.
- It is essential to engage with the public from the very beginning of the process and throughout.

Leadership

- There is a need for an all party committee on drugs in order to show that the drug problem is given the priority it deserves.
- A Drugs Minister is required.

Cost/Benefit Analysis, Monitoring and Evaluation

- Cost/Benefit analysis should be conducted.
- Cost effective rehabilitation should be used instead of prison.
- A full evaluation of the National Drugs Strategy is needed.
- Careful monitoring and evaluation of the impacts of decriminalisation will be required.

Other Comments

- Drug offences for people should be expunged after a certain amount of time.
- Criminalising doesn’t help in rehabilitation and is harmful
- It was noted that it is important to keep the debate as broad as possible at this stage by acknowledging that there other issues deeply intertwined and embedded with the underlying elements of crime and addiction.

Conclusion

Anna Quigley thanked the speakers and invited comments from the floor. A number of participants commended Citywide for opening up the debate and felt that the presentations provided clarity on the difference between decriminalisation and legalisation. This clarity is very important for shaping our future discussions. There was general, but not complete agreement, that the evidence for decriminalisation was convincing, while the issues around legalisation appear from the evidence to be more complicated. It was also noted that the underlying issues of poverty and social disadvantage remain crucial to addressing the impact of drugs on the lives of people, families and communities. Anna closed the conference by restating that this event was a first step and that Citywide would plan how to follow up on this in the near future. A proposal was agreed from the floor that Citywide write to the Minister to inform him about the discussions and about the next steps planned.
References

Brigid Pike


Johnny Connolly


