

*“In essence, **harm reduction is radical empathy**. The basic idea is that regardless of whether people continue to use illegal drugs or engage in other problematic behaviours, **their lives have value**. While that may seem obvious and even banal, the reality of our drug laws is that **the moral crusade against substances has repeatedly taken priority over protecting life and health.**”*

– Maia Szalavitz

Introduction:

UISCE is the national advocacy service for People who use Drugs in Ireland and is comprised of people with lived and living experience of drug use and drug policy. The foundation of this work is the recognition that People who use Drugs are people, first and foremost, and that each person deserves rights, protections, and policies that are humane, evidence based, and health-led. This work can be seen across national and local levels. From serving on various committees and steering groups, to conducting peer-led outreach, training, groupwork, resource development, research, and the development of peer-led advisory boards-and increasing the participation of People who use Drugs in programmes, projects, policies, structures and strategies related to drugs and drug policy. UISCE serves an important role in creating the conditions for People who use Drugs to participate in the design, delivery and evaluation of policy and service provision around substance use in Ireland.

While UISCE will advocate on behalf of People who use Drugs, we also work diligently to promote the voices of People who use Drugs to speak for themselves and feel empowered to do so. This work does not solely stem from the fact that it is important for the people most impacted by a situation to feel seen and heard- but also because community engagement is a strategy that is truly effective. In the world of community development, the call to action of “nothing about us without us” has steered important research and policy change. It is UISCE’s goal to bring that mantra into every sector of substance use work in Ireland. The strong focus on this process allows for those with the most experience and strongest analysis of the causes and consequences of drug use to inform and shape drug policy and service provision; creating a context for a collaborative approach to identify emerging issues and developing collective responses.

The Irish history of drug use and the connection with social class and marginalization is well documented. Heroin use proliferated specific socially deprived Dublin communities through the 1980's and 1990's. Today, we continue to see structural violence and disadvantages contributing to drug related harm in economically deprived areas from Dublin, to Limerick, to Cork, and rural communities in between.

The Citizens' Assembly on Drug Use is an important moment in the history of Irish drug policy. It is a moment to reflect, learn, and challenge the ways in which policy has been implemented over the history of this country. It is a time to ask the uncomfortable question "is what we're doing working?" and further, "who is the current system working for?" The uncomfortable truth is that the current approach to drug policy is perpetuating inequities. As we move forward with analysing the current status of drug use and drug policy in Ireland with this Citizens Assembly, UISCE believes it is of the utmost importance to consider evidence we know to be true from the scientific literature and the ways in which we can promote equity and inclusion across our approach to drug policy.

Based on our experience, and the international literature that overwhelmingly supports these concepts, UISCE recommends the following concepts, interventions, and changes to drug policy for the Citizens' Assembly's consideration:

1. Peer participation and community engagement with People who use Drugs
2. Decriminalisation of People who use Drugs
3. Low threshold continuum of care for substance use disorders
4. Advancing drug checking interventions
5. Expansion of naloxone distribution
6. Implementation of safe consumption spaces
7. Implement a social determinants approach to address inequalities, promote broader wellbeing and improve quality of life

Recommendations:

Peer participation and community engagement with People who use Drugs

Community engaged research operates off the belief that communities have essential expertise to offer through their own lived and living experience. This expertise offers great value to policy and programme development when it is done respectfully and thoughtfully. The utilization of community engaged methodologies can aid in the breakdown of traditional power imbalances and increase health equity (Wallerstein & Duran, 2010). While the benefits of peer participation and community engagement in the field of public health is well known, substantial barriers can exist for conducting this work among People who use Drugs. Stigma, discrimination, and punitive drug policies were identified as barriers for People who use Drugs to engage in policy and programme development in a systematic review of the literature (Ti et al., 2012). Despite these barriers, there is well documented evidence for the efficacy of peer-led work as it pertains to outreach, overdose prevention, and harm reduction work. However, peer involvement at every stage of substance use research and intervention development is important- not just in direct work with People who use Drugs.

With the knowledge of these barriers and the efficacy of this work in mind, UISCE is calling for Ireland to take steps towards the meaningful participation of People who use Drugs in the design, delivery, and evaluation of drug policy, research, and interventions. A national framework to increase the participation of People who use Drugs in policy is critical if we are to achieve change. A structured approach informed by models of best practice to peer engagement should include local and regional peer led advisory boards and an independent national network which can address power imbalance, create more responsive services and more equitable policies. Using a ground up approach, we believe this national framework should be directly linked in with existing decision-making infrastructures. A key factor in the recognition that our current approach is not working, is the absence of People who use Drugs in the design and evaluation of policies, services and strategies. UISCE believes a structured approach to peer engagement will help to prioritise the voices of People who use Drugs to offer solutions related to policy design and service provision. This approach challenges the

narrative that People who use Drugs are “the problem” and recognises they hold the solutions.

Decriminalisation of People who use Drugs

The criminalisation of drug use and People who use Drugs is not an effective strategy to deter use of drugs nor does it offer any public health benefits related to substance use. A 2018 study conducted in the United States analysed the very idea of the threat of incarceration serving as deterrent of drug use. If threat of incarceration was a suitable substance use prevention method, then the rate in which states send people to prison for drug related charges would be correlated in a reduction in drug related harms. This study found no reduction in drug use, arrests, or overdose deaths in states with higher rates of incarceration (Gelb et al., 2018). The threat of incarceration is not an effective prevention strategy. It is estimated that 70% of people incarcerated in Ireland have a history of substance use (Dáil Éireann Debate, 2021). Further, an analysis of unnatural deaths of people incarcerated in Irish prisons from 2009-2014 found that 68% of those deaths were associated with illicit drug use (Iqtidar et al., 2018). Upon release, international public health literature has shown time and time again that formerly incarcerated people are at higher risk of dying of a fatal overdose (Grella et al., 2021). This literature highlights the common phrase “we can’t arrest our way out of this problem.” Not only is incarceration an ineffective prevention method, but it also worsens health outcomes for people with substance use disorders. The decriminalisation of drugs in Portugal has contributed to a decrease in the number of fatal overdoses, cases of HIV, and heroin and cocaine seizures (Felix et al., 2017). Portugal is not the only place where decriminalisation has occurred- several U.S. states and other countries have adopted this approach as well. By decriminalising drugs, it gives a society an opportunity to reinvest and redistribute funds to harm reduction and other services that would traditionally go to the criminal justice system to respond to drug use. By investing in harm reduction, treatment services, and similar organisations, health outcomes related to drug use can improve.

Beyond incarceration, punitive drug policies have broader impacts on quality-of-life outcomes as well, often known as the social determinants of health. A criminal record related

to a drug offense will impact a person's ability to find employment, maintain family regulation and dynamics, and navigate health systems (Cohen et al., 2022). While these punitive laws benefit no one- from the person who casually uses cannabis to someone who chronically uses crack- they are not applied equitably. The criminalisation of drug use has disproportionately impacted low-income communities, communities of colour, and the Traveller community (Clarkin, 2022; Cohen et al., 2022). It is important to name that Travellers account for less than 1% of the population of Ireland, but account for 10% of the general prison population. We must ask ourselves who is most likely to be impacted by criminalization, and how it can be used as a tool to further marginalize certain groups.

While arrest diversion programmes and drug courts may seem to be a less punitive approach, compulsory treatment for substance use disorders is not effective. A systematic review of compulsory treatment research found there are no improved outcomes associated with forcing treatment, and some studies found there to be potential harms (Werb et al., 2016). It is UISCE's recommendation that the Citizens Assembly consider the decriminalisation of drugs, and therefore, the decriminalisation of People who use Drugs. Decriminalisation of drugs and People who use Drugs differs from legalisation of drugs as possession of drugs is not met with criminal charges. Responses to possession of drugs in decriminalisation models ranges from referrals to resources to civil penalties. An editorial published in the British Medical Journal highlights this important distinction in the call for decriminalisation – “that is, downgrading of the status of personal drug use – so that using drugs is not a crime or is a lesser one.... This is not the same as legalizing drugs.” (Gilmore, 2012). This approach alleviates the harms done to a person as they will not move through the incarceration system, nor will they suffer the societal consequences from having a criminal record. Punitive approaches to drug use and drug policy does not protect communities from drug related harm- they only add to it.

Low threshold continuum of care for substance use disorders

While low threshold care is often discussed, it is not always understood. Low threshold treatment for substance use is a care approach that aims to remove as many barriers to treatment as possible. Guiding principles of low threshold treatment include same-day treatment entry, harm reduction approaches, flexibility, and wide availability of locations to

access care- which means considering places that People who use Drugs frequent outside of traditional medical care settings (Jakubowski & Fox, 2020). When trying to prevent fatal overdoses, waiting lists and other time-consuming processes that delay same day treatment can create deadly consequences.

Methadone and Buprenorphine are treatment options for opioid use disorder associated with the lowest risk of overdose compared to other treatment options (Wakeman et al., 2020). Waiting lists in rural areas of Ireland can be as long as 3 months to initiate methadone treatment, which prolongs the risk of overdose or acquiring an infection (Holland, 2023). Additionally, expansion of buprenorphine as a treatment option has been slow across Ireland- with a 10 year gap between when the medication was first piloted and its availability being made to the rest of the country (Cullen, 2016; Mudiwa, 2015). Having a variety of evidence-based treatment options is important as people seeking treatment may have concerns about stigma associated with certain medications or adverse side effects (Awgu et al., 2011). Additionally, making these treatments low threshold is associated with improved survival among people with a substance use disorder (Nolan et al., 2015). The waitlists for vital, evidence-based care in Ireland puts people at risk of death. Various healthcare models exist to expedite initiation to low threshold substance use treatment through amplifying nurses' role in addiction care- with one such model being the Office Based Addiction Treatment programme. This model offers compassionate, non-judgmental same day medication access.

While treatment of opioid use disorders has a strongly defined best practices, further research and expansion of services is necessary to adequately respond to the growing use of stimulants, such as crack, in Ireland. While evidence-based treatments for stimulant use disorders are limited, contingency management interventions have a growing evidence base in support of the method as a treatment option (Ronsley et al., 2020) The use of contingency management interventions for treatment of stimulant use disorders is associated with an increased retention in treatment and longer abstinence from stimulant use compared to those who received the standard of care (Petry, 2011).

Additionally, care providers must become equipped to care for people engaging in poly-drug use, including the use of tablets such as benzodiazepines. More than half of overdose deaths

in Ireland involve multiple substances at time of toxicology, with benzodiazepines being most commonly involved (*Drug Use and Associated Problems in Ireland*, n.d.). This is particularly noteworthy, as the combination of use of benzodiazepines and opioids can increase overdose risk. Despite this risk, many people seeking treatment view benzodiazepines favorably to treat their anxiety and insomnia. This relationship once again highlights the importance of a strong patient and doctor relationship to navigate the risks and rewards of certain prescriptions within the realm of substance use care (Park et al., 2021).

The relationship between substance use and mental health is not one to be ignored- often referred to as dual diagnosis. The expansion of dual diagnosis treatment, which involves coordinated treatment of both substance use and mental health conditions, should be a priority of the Citizens' Assembly on Drug Use. For people experiencing a dual diagnosis, receiving care can be challenging. It is reported that some psychiatric teams will refuse to accept patients with a substance use disorder unless the individual has managed to become abstinent from their use (Proudfoot et al., 2019). This barrier to care can be nearly impossible for people seeking care to navigate, as a substance use disorder may have developed to self-manage an underlying mental health condition. As Ireland works towards advancing its continuum of care for substance use, additionally services and inter-service communication must be addressed for those experiencing dual diagnoses.

Further, it is of the utmost importance that people who are in substance use treatment feel as though their voices are considered in the treatment process. People prescribed methadone in Dublin have described concerns regarding lack of involvement in their treatment (Mayock & Butler, 2021). Person-centered care in substance use is characterized by a holistic and individualized care focus, shared decision-making, and an emphasis on the therapeutic alliance between patient and practitioner (Marchand et al., 2019). It is UISCE's recommendation that further development of the substance use continuum of care needs to adopt a low threshold, person centred approach to improve health outcomes and improve patient relationships, while being inclusive of emerging substance use needs.

Advancing drug checking interventions

The unpredictability of the unregulated drug market can increase a person's risk of fatal overdose. From the fentanyl crisis in North America, to various cutting agents and impurities- we have seen the ways drug markets can shift rapidly and impact the health of People who use Drugs. Equipping People who use Drugs with the knowledge of what is in their drugs is an effective overdose prevention strategy. As of a 2017 review of the literature, it was estimated that drug checking services exist across 20 different countries and have likely grown since the time of this review (Barratt et al., 2018). The use of spectrometry devices for drug checking has been in use in Europe since the 1990s (Barratt et al., 2018). In the summer of 2022, the HSE offered its first drug testing pilot at the Electric Picnic Music Festival. This served as an important first step in empowering People who use Drugs to be informed regarding the drugs they are taking. Unfortunately, this intervention was not easily accessible to people experiencing homelessness or who use on the street level.

People experiencing homelessness in Dublin are more likely to die of an overdose than the general population (Ivers & Barry, 2018). A review of 51 research studies examining drug checking found this tactic to be effective at influencing behavior change, minimizing harm, and reducing mortality (Giulini et al., 2023) Successfully implementing drug checking services is not without its challenges, however. As previously outlined, the criminalization of drugs and drug use can be harmful- and it impacts the success of programmes such as drug checking. Law enforcement actions and policies can serve as a barrier to successful implementation of such programmes. Further, the equipment needed to operate drug checking services is costly. It is UISCE's belief that thoughtful and well-funded drug checking interventions are vital overdose prevention strategies worth investing in. Simply put, it is not enough to just create this programmes- systemic change needs to occur for them to truly be successful. It is our recommendation to the Citizen's Assembly to consider expanding this work and implementing policy changes to support the success of these programmes.

Expansion of naloxone distribution

Naloxone is an opioid antagonist that can be quickly administered to reverse an opioid overdose. Naloxone holds no risk for abuse, and has no effect, harmful or otherwise, when used on people who do not have opioids in their system. There is no risk of physical

dependency or recreational use. It is an exceptionally safe and lifesaving drug. Intranasal naloxone, specifically, is easy to use and carry. Just recently, naloxone was made an over-the-counter medication by the Food and Drug Administration in the United States. In the state of Massachusetts, a naloxone standing order has existed since 2014 and expanded statewide in 2018 without any restrictions (Chatterjee et al., 2022). This standing order allows anyone to receive naloxone at a pharmacy without a prescription. With this standing order, naloxone access increased across the state, particularly in areas with high rates of overdose (Chatterjee et al., 2022). The widespread availability of naloxone and distribution among families and across social networks is lifesaving (Carroll et al., 2018). When talking about substance use, there can be a misconception that creating safer environments can lead to riskier or increased drug use. This is simply not true. Research has shown that naloxone distribution does not result in increased or riskier drug use (Jones et al., 2017). Given the lack of risks and lifesaving potential, it is UISCE's hope that the Citizens' Assembly will consider expanding access to this medication to save more lives. Naloxone offers no risk- but the highest of rewards.

Implementation of safe consumption spaces

Since its legal approval in 2017, Ireland has been waiting to implement a pilot safe injection facility in Dublin. This delay in implementation is largely due to objections from local businesses, schools, and community members. While it is always important to consider the concerns of the broader community before implementing a new intervention- the objections regarding the impact on tourism and proximity to schools are not grounded in the evidence we know to be true about safe injection/consumption spaces. The presence of facilities where people can use drugs under medical supervision does not increase crime rates and decreases public drug use (Levensgood et al., 2021). Beyond the broader public, these facilities offer important benefits to People who use Drugs. Safe consumption spaces are effective at reducing overdose fatalities and contribute to positive behavior change, like safer injection practices (Levensgood et al., 2021). Not only do these facilities offer the important work of meeting People who use Drugs wherever they are at in their drug use to offer quality care and safety- they can also assist in the pathway to recovery for those who choose to seek it. People who use safe consumption spaces have been found to be nearly twice as likely to seek

treatment (Kimber et al., 2008). While offering safe injection spaces are important, this intervention needs to evolve to be inclusive of People who use Drugs in different modalities- such as smoking. As a harm reduction measure, smoking is often encouraged over injection as it can be protective against the transmission of infections, such as HIV or Hep C.

With Ireland having among the highest overdose rates in Europe, it is of the utmost importance to implement this vital intervention- and to adjust it beyond the initial idea from five years ago. Safe consumption must be inclusive to those who choose to smoke their drugs, especially given the rise in crack cocaine use. Additionally, there must be a willingness to literally and figuratively meet people where they are at in their drug use- which makes it important to consider mobile consumption spaces for those who may not access a fixed location. Further, it is UISCE's recommendation to the Citizens Assembly to ask why this intervention must be considered a pilot. Safe consumption spaces have existed for approximately 30 years, implemented in over 100 sites, more than 60 cities, and in 11 countries. The question we should be asking is "how do we make this work within the Irish context?" not "will this work?" as the evidence is clear- safe consumption spaces are effective at saving lives.

Implement a social determinants approach to address inequalities, promote broader wellbeing and improve quality of life

While effective interventions to promote health, wellbeing, and life among People who use Drugs have been highlighted in this piece, it is often the environments we grow up in that influence our health outcomes. The World Health Organization defines the social determinants of health as non-medical factors that influence health outcomes (*Social Determinants of Health*, n.d.). These factors and conditions range from social policies, norms, economic factors, and political systems that shape the living conditions of peoples' daily lives. The initiation of drug use can be driven by factors such as income inequality, lack of affordable housing, discrimination, and poor access to education (Nyeong Park et al., 2020). For certain groups, such as women, LGBTQ+, Travellers, and people of colour- the impact of these circumstances can be even more consequential to their wellbeing due to societal marginalization or discrimination.

When factors such as structural violence, substance use, and trauma are left unaddressed- there are generational impacts. A study of three generations found that substance use is associated with problematic behaviours two generations later (Nepl et al., 2020). This is not to place blame on individuals for generational outcomes, as initiation of drug use is impacted by many environmental factors, such as being from a lower socio-economic status, lower educational attainment, parental death, or separation as well as previous traumatic experiences as a child, which are environmental causes of trauma. We want to acknowledge the importance of creating safe and equitable communities for people now and for years to come. It is UISCE's recommendation to create more upstream approaches to address the social determinants of health- such as expanding affordable housing and educational/employment opportunities. By doing so, we believe it will promote equitable wellbeing across Ireland and decrease generational trauma for years to come.

Conclusion

The Citizens Assembly on Drug Use is an important opportunity to create meaningful change for People who use Drugs in Ireland and to position our country to truly enact a health led approach to drug use. With the participation of People who use Drugs from policy to practice, outcomes across interventions and policies can be vastly improved. It is UISCE's hope that the recommendations outlined in this document can help to shape a more equitable, and evidence driven approach to responding to drug use and healing our communities from the harms of drugs and policies, services and interventions informed by moral judgement and punishment.

Drug markets are constantly changing, and the way people move through them is influenced by so many social factors. Between the cost-of-living crisis, the housing crisis, ongoing global conflict, and increased variability in contents of drugs- it is vital Ireland acts now to prevent more overdose deaths, improve health outcomes, and enhance our communities which enables people to thrive. It is UISCE's belief, grounded in scientific evidence, that these recommendations can save countless lives. With this submission to the

Citizens' Assembly, we hope to work with you and others to position Ireland to become a world leader in a progressive, health-led, person-centred approaches to drug use.

It is time we end the moral crusade against substance use. Let us choose life.

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