Merchants Quay Ireland
Homeless & Drugs Services

MQI Submission to

The Citizens' Assembly on Drug Use

June 2023

Merchants Quay Ireland (MQI) is a Dublin-based NGO which provides support nationally to people experiencing substance use disorder who may also be experiencing mental ill-health and/or homelessness. MQI provides a wide range of services including residential treatment programmes aimed at supporting people into recovery.

MQI provide low threshold[1] day services providing food, showers, healthcare, and harm reduction, as well as detox, rehabilitation and aftercare programmes, and prison-based addiction counselling in twelve of Ireland's prisons.

We offer open access services, free of charge to those who require them and advice and information on how to access the services available. The healthcare service provided includes a doctor, nurse, dentist, counsellor and mental health team as well as harm reduction and case management services. We also run a dedicated Young Person's Support Programme for young people aged 18 – 25. Our Young Person's Support Worker supports younger clients who may need help with accommodation, addiction issues and access to education and benefits.

MQI's detox, rehabilitation and aftercare services provide drug-free treatments and easily accessible treatment for people who wish to become drug-free. Service users can be self-referred or may be referred from a wide variety of agencies across the country. MQI offers addiction recovery options at High Park Residential Rehabilitation Service in Drumcondra and at St. Francis Farm Detox and Rehabilitation Centre in Carlow. Aftercare options are also available.

Our work involves providing information and creating awareness and understanding of homelessness and addiction. We seek to promote health, reduce the harm caused by addiction and homelessness and to support recovery. We aspire for a society that supports the integration and well-being of all in society.

As a front-line service working on a daily basis with people who are homeless, have experienced trauma, are struggling with their mental health, and alcohol and drug problems, MQI is an expert in the field of addiction. As such we are well positioned to contribute to the debate on drug use in Ireland and to pioneer best practice to reduce harm and support the recovery of those affected by alcohol and drug problem use.

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[1] The term 'low threshold' refers to the accessibility and pre-requisites to obtaining a service, and within the substance use field, low threshold provision is often underpinned by principles of harm reduction.

Contents

Glossary of Abbreviations

A and E - Accident and Emergency.

ANP - Advanced Nurse Practitioners.

CAMDAS - Cavan and Monaghan Drug and Alcohol Service.

CBD - Cannabidiol.

CDTs - Commission for the Dissuasion of Drug Addiction.

CMHS - Community Mental Health Service.

CUD - Cannabis Use Disorder.

DPP - Department of Public Prosecutions.

DRI - Drug-Related Intimidation.

DRIVE - Drug-Related Intimidation and Violence Engagement.

DCR - Drug Consumption Rooms.

DUHEI - Drug Use in Higher Education Institutions.

EMCCDA - European Monitoring Centre for Drugs and Drug Addiction.

EU - European Union.

GP - General Practitioner.

HAT - Heroin Assisted Treatment.

HCV - Hepatitis C Virus.

HIQA - Health Information Quality Authority.

HIV - Human Immunodeficiency Virus.

HRB - Health Research Board.

HSE - Health Service Executive.

IGESS - Irish Government Economic and Evaluation Service.

IQR - Interquartile Range.

LGBTI - Lesbian, Gay, Bisexual, Transgender and Intersex.

LSD - Lysergic acid diethylamide.

MCAP - Medical Cannabis Access Programme.

MDMA - Methylenedioxymethamphetamine.

MEM - Migrant and Ethnic Minorities.

MSIC - Medically Supervised Injecting Centre.

MSIF - Medically Supervised Injecting Facility.

MQI - Merchants Quay Ireland.

NA - Narcotics Anonymous.

NDAS - National Drugs and Alcohol Survey.

NDRDI - National Drug-Related Deaths Index.

NDTRS - National Drug Treatment Reporting System.

NGO - Non-Governmental Organisation.

NPS - New Psychoactive Substances.

OAT - Opioid Agonist Treatment.

OST - Opioid Substitution Treatment.

PEH - People Experiencing Homelessness.

THC - Tetrahydrocannabinol.

TUSLA - Child and Family Agency.

UCC - University College Cork.

UCD - University College Dublin.

UK - United Kingdom.

UNODC - United Nations Office on Drugs and Crime.

UN - United Nations.

SAOR - Support, Ask and Assess, Offer Assistance and Referral.

SIFs - Supervised Injecting Facilities.

Introduction

MQI welcomes the opportunity to contribute to the Citizens' Assembly on Drug Use to inform its deliberations on the legislative, policy and operational changes the state could make to significantly reduce the harmful impacts of illicit drugs on individuals, families, communities, and wider society, and to bring forward recommendations in this regard. In accordance with the terms of reference, this submission focuses on the following 6 agenda items for discussion, of particular relevance to our work:

1. The drivers, prevalence, attitudes, and trends in relation to drug use in Irish society.
2. The harmful impacts of drug use on individuals, families, communities, and wider society.
3. Best practice in promoting and supporting rehabilitation and recovery from drug addiction.
4. The lived experience of young people and adults affected by drug use, as well as their families and communities.
5. An overview of the national policy context.
6. Efficacy of current strategic, policy and operational responses to drug use – The case for drug policy reform in favour of decriminalisation.

Drawing on the national and international evidence, we acknowledge the harmful impacts of drug use on individuals, families, communities, and wider society, and highlight the importance of adopting a compassionate, health-led approach to drug use, to reduce harm and support recovery. In this regard, we refer to practice in other jurisdictions that has been effective in reducing drug-related harm to the individual and society at large. The opportunities and challenges of adopting similar approaches in the Irish context is discussed, with consideration given to the implications on health, criminal justice and education. The submission reflects on what is currently working, and highlights policy and practice that could be improved to meet the needs of drug users and to reduce harm. In conclusion, MQI proposes 24 evidence-based recommendations for the Citizens' Assembly to consider, which, if implemented, would ensure a policy and practice response to drug use that is health-led and centred on reducing harm and supporting recovery.

Section 1 - The drivers, prevalence, attitudes, and trends in relation to drug use in Irish society.

The reality is that drug use is pervasive throughout Irish society across age cohorts, gender, and socio-economic strata. There has also been an increase in the number of migrant and ethnic minority (MEM) drug users in Ireland, presenting to services with different needs and requiring a diversity of service provision to meet their needs. The drivers, prevalence, and trends in relation to drug use in Ireland have changed since the enactment of the Misuse of Drugs Act 1977, 46 years ago. Not only has the social context changed during this period, so too have attitudes to the use of and policy response to illicit drugs. There has been a change in the profile, type and nature of drugs consumed in Ireland. The situation is constantly changing and evolving with new and emerging drug trends. As a result, constant monitoring is required to ensure the appropriate response to inform best practice and create public awareness and, in doing so, reduce-harm.

The European Drug Report (2023) highlights that availability of the commonly used illicit drugs remains high. There is also a broader range of drugs available throughout Europe. These are often at high potency or purity and present increased threats to public health. Cannabis products are becoming increasingly diverse and the production of synthetic drugs within Europe is on the rise.

New psychoactive substances and stimulants

New psycho active substances (NPS) continue to emerge in Europe and present a significant health and social threat. The new substances mentioned in the European Drug Report (2023) include synthetic cannabinoids, hexahydrocannabinol, synthetic cathinones, new synthetic opioids, benzimidazole opioids. In Ireland, the NDAS Survey (2019-2020) reported last-year prevalence of MDMA of 6.5% for young adults (aged 15-34 years). 1.9% of young adults had taken a NPS in the past year. MDMA (alone or with other drugs) was implicated in 14 poisoning deaths in 2017, up from 8 in 2016.

Cannabis

Cannabis remains the most commonly consumed illicit drug in Europe across all age groups.

Based on national surveys of cannabis use across Europe, the European Drugs Report (2023) suggests overall that around 8% of European adults (22.6 million aged 15 to 64) are estimated to have used cannabis in the last year (European Drug Report, 2023). In Ireland, the National Drug and Alcohol Survey (NDAS) conducted in 2019/2020 found that 7.1% of respondents reported cannabis use within the last year rising to 16.3% for use amongst young adults in the 18 – 25 age cohort (Mongan et al, 2021: 56 - 57).[2] Of those who had used cannabis in the past year, 19.6% met the criteria for cannabis use disorder (CUD) (Mongan et al, 2021: 5).

In 2021, the average tetrahydrocannabinol (THC) content of cannabis resin in the EU was 20%, more than twice that of herbal cannabis at 9.5% (European Drugs Survey, 2023). Traditionally cannabis has two main ingredients THC and cannabidiol (CBD) that work against each other. THC causes euphoria, impairment of attention, memory and learning, hallucinations, and paranoid ideas. THC may trigger and/or worsen schizophrenia, especially for those with a CUD or with regular and high THC use (Marconi, Di Forti, Lewis, Murray, & Vassos, 2016; Petrilli et al., 2022; Volkow et al., 2016). CBD balances out cannabis grown to have a higher THC cause. CBD is not hallucinogenic, has anxiety relieving properties and no adverse effects on cognition. There is an emergence in the growth of cannabis to have a higher THC content and a lower CBD content which causes euphoric effects but also more adverse effects. This race to produce more potent forms of cannabinoids has seen an explosion in the market producing substances such as 'shatter,' 'crumble,' 'honeycomb,' 'budder,' 'solvent hash,' and 'oil' which all have a THC content of between 50 – 90%.[3]

The prevalence of CUD has increased markedly. Recently published research from Denmark,[4] which looked at 6.9 million people over a 50-year period, found young men at highest risk of schizophrenia linked with cannabis use. The study authors estimate that as many as 30% of cases of schizophrenia among men aged 21 – 30 might have been prevented by averting CUD. The study concluded that young males might be particularly susceptible to the effects of cannabis on schizophrenia. At a population level, assuming causality, one-fifth of cases of schizophrenia among young males might be prevented by averting CUD (Hjorthøj et al, 2023:

[2] Mongan D., Millar, S.R., and Galvin, B. (2021) *The 2019–20 Irish National Drug and Alcohol Survey: Main findings.* Dublin: Health Research Board.

[3] For further information on the different types of cannabis, forms of consumption and side effects please see cannabisleaflet2ed.pdf (hse.ie).

[4] Hjorthøj, C., Compton, W., Starzer, M., Nordholm, D., Einstein, E., Erlangsen, A., Nordentoft, M., Volkow, N.D., Han, B. (2023). Association between cannabis use disorder and schizophrenia stronger in young males than in females. *Psychological Medicine* 1–7.

1). The findings of this study highlight the importance of early detection and treatment of CUD, and the policy decisions in relation to the use and access to cannabis, in particular for young people aged 16 – 25 years of age.

New cannabis products

Since Covid-19 there has been an emergence of both cannabis edibles and cannabis syrup in Ireland. Cannabis 'edibles' are food products infused with cannabis. They appear as sweets, gummies, and baked products, and are available to purchase via Instagram and other online media forums. The THC content of these products varies and is unknown. The side effects take longer to manifest and consequentially a person may ingest more if they think it is not working. As a result, there is an increased risk of consuming these products. There is no quality control in relation to these products and the packaging of these sweet products is colourful, raising concern that this is attracting young people in particular to use cannabis. The availability of high-potency extract and edibles on the illicit drug market is very concerning and has been linked to incidences of acute toxicity presentations in hospital emergency departments.

According to data from the National Drug Treatment Reporting System, the substance that generated the most demand for treatment services in Ireland in 2022 amongst those under 19 was cannabis. Cocaine generated most demand for treatment among those aged 20 – 34 years of age and opioids for those over 35 years of age receiving treatment. Polydrug use was common and was reported by over half of drug treatment cases (57%). Cannabis (40%) was the most common additional drug, followed by alcohol (36%), cocaine (36%) and benzodiazepines (32%).[5]

[5] O'Neill, D., Lyons, S., and Carew, A. (2023) *HRB StatLink Series 12 National Drug Treatment Reporting System 2022 Drug Treatment Demand.* Dublin: Health Research Board.

Primary Drug of Choice Amongst MQI Clients

As Table 1 shows, in 2021 and 2022 the category 'others' was the most reported primary drug of choice by MQI's clients under 25, followed by benzodiazepines, and cocaine.

Table 1 shows the primary drug of choice amongst clients under 25 presenting to MQI's services in the period 2021 – 2022.

Primary drug of choice	2021	Primary drug of choice	2022
Others	36%	Others	40%
Benzodiazepines	24%	Benzodiazepines	26%
Cocaine	17%	Cocaine	15%
Heroin	10%	Heroin	8%
Cannabis	9%	Cannabis	6%
Alcohol	4%	Alcohol	5%
Sample Size	270	Sample Size	391

(MQI data, June 2023).

In relation to MQI clients across all age cohorts (see Table 2), heroin was the most reported primary drug of choice and cocaine was the second most reported drug of choice in the period 2021 – 2022.

Table 2 shows the primary drug of choice amongst clients across all age cohorts presenting to MQI's services in the period 2021 – 2022.

Primary drug of choice	2021	2022
Heroin	48%	49%
Cocaine	20%	22%
Others	13%	12%
Cannabis	10%	8%
Benzodiazepines	5%	6%
Alcohol	4%	3%
Sample Size	6004	5634

(MQI data, June 2023).

Heroin/Opioid European Market

Heroin remains Europe's most commonly illicit opioid and contributes to a large share of the health burden attributed to illicit drug consumption.[6] Overall, the available indicators suggest that heroin use remained stable in 2021 compared with previous years. It is estimated that 0.33% of the EU population, around 1 million people, used opioids in 2021. Twenty-five per cent (71,000) of all those entering drug treatment in Europe in 2021 reported opioid use as the main reason for entering specialised drug treatment. Between 2020 and 2021, the mean age of all clients entering specialist drug treatment for heroin use, those entering treatment for heroin for the first time, and the proportion of older clients receiving treatment for heroin use, increased (European Drug Report, 2023). This change in the profile of heroin drug users indicates the need for policymakers and service providers to consider how to respond

[6] European Monitoring Centre for Drugs and Drug Addiction (2023) *European Drug Report 2023: Trends and Developments*. Luxembourg: Publications Office of the European Union.

appropriately to meet their needs and provide effective referral pathways to access general health and social support services.

In Ireland in the period 2016 – 2022 the proportion of treatment demand attributable to opioids has decreased year-on-year. This went from almost five in ten cases in 2016 to three in ten in 2022 (Health Research Board, 2023: 4). In 2022 cocaine was the most common drug reported in Ireland by those receiving drug treatment, accounting for 34% of cases. This was followed by opioids (33%) (mainly heroin). Cannabis was the third most common drug reported accounting for 19% of cases, followed by benzodiazepines (11%).[7]

Cocaine

After cannabis, cocaine remains the second most commonly used illicit drug in Europe. From 2016 to 2022, there was a 259% increase in the number of drug treatment cases in Ireland, where cocaine was the main problem drug (Health Research Board, 2023). A United Nations Report[8] found that Irish people are joint-fourth highest consumers of cocaine globally (UN Global Report on Cocaine 2023: 89). According to the report, 2.4% of the general population in Ireland reported using cocaine during the previous year, the same as in the US and Austria. Only Australia, the Netherlands and Spain reported higher levels of cocaine use. The report warned of the potential of future violence in Ireland due to competition for expanding cocaine markets and the rise in use of crack cocaine.

Although not a new phenomenon, recent reports have highlighted that violence and intimidation are perceived to be associated with the dealing of cocaine at the community level. Drug users who accumulate debts can often be victimised to repay the debts (DRIVE, 2021: 18).[9] In Dublin inner city drug markets, research reveals that drug users from vulnerable communities often acquire cocaine, which is beyond their financial means. In doing so, they accrue debts which may leave them vulnerable to victimisation or indeed to becoming perpetrators of intimidation and violence (McCreevy et al, 2020).[10] The DRIVE report also highlights a growing participation of children aged 10 – 14 engaged in intimidation practices

[7] O'Neill, D., Lyons, S., and Carew, A. (2023) *HRB StatLink Series 12 National Drug Treatment Reporting System 2022 Drug Treatment Demand.* Dublin: Health Research Board.
[8] UNODC (2023) *Global Report on Cocaine 2023 Local dynamics, global challenges.* Vienna: United Nations Office on Drugs and Crime.
[9] DRIVE, 'A Data-Driven Model to Respond Effectively to Drug-Related Intimidation and Violence in Communities in Ireland,' November 2021: 18.
[10] McCreery, S., Bowden, M., and Keane, M. (2020) *Debts, Threats, Distress and Hope – towards Understanding Drug-Related Intimidation in Dublin's North East Inner City*. Dublin: Ana Liffey Drug Project, 2020 45 – 46.

like throwing stones and burning cars (DRIVE, 2021: 19). Despite the perception by some members of disadvantaged communities, where drug use is concentrated, that there is increased prevalence of drug-related violence and intimidation than before, there is no systematic data to indicate an increase in violence over time.

To address the stigma and fear of reporting drug-related crime and intimidation by drug gangs, a DRIVE (Drug-Related Intimidation and Violence Engagement) programme was established. An initiative of the national network of drug and alcohol taskforces in collaboration with An Garda Síochána, The Probation Service, HSE, family support and the community and voluntary sector, DRIVE is funded by the Department of Health for a three-year period. The DRIVE programme was conceived as a way of providing the public a facility to report drug-related crime without fear of retribution. It provides information on practical safety, drug support for those in debt and advice on specific incidences of intimidation. It also provides information to individuals on how to make a formal complaint and the possible outcomes of the complaint (DRIVE, 2021: 23). Operationalised at a senior level in the Gardaí, every division has a nominated Inspector who is assigned this portfolio by the Garda Commissioner. The Inspectors liaise directly with their local Superintendent in relation to each individual case and strive to ensure confidentiality, support, and reassurance to those who engage with DRIVE. Despite these assurances, challenges persist for members of the public who fear the repercussions of reporting crime. As noted in the DRIVE report, drug-related intimidation (DRI) is "*most prevalent in areas with the highest density of population and levels of social and economic deprivation"* (2021: 21). It is also prevalent and visible in big estates on the edge of many towns in Ireland. This report also cites reporting from the Regional Drugs & Alcohol coordinators that there may be DRI in very remote, isolated areas which may be underreported or not as visible (2021: 22). Furthermore, the report asserts that an "*unwillingness in communities to alert services/Gardaí to a potential drug use or family issue and mistrust of Garda and state agencies generally in some communities were main reasons cited for not formalising complaints*" (DRIVE Report, 2021: 23).

Syringe Analysis Pilot Project in Ireland

In 2021, the HSE National Social Inclusion Office, the HSE National Drug Treatment Centre Laboratory and Merchants Quay Ireland (MQI) collaborated to develop the Syringe Analysis Pilot Project, which was the first of its kind in Ireland. As part of the study, the HSE National Drug Treatment Centre Laboratory led on the application of this innovative process whereby

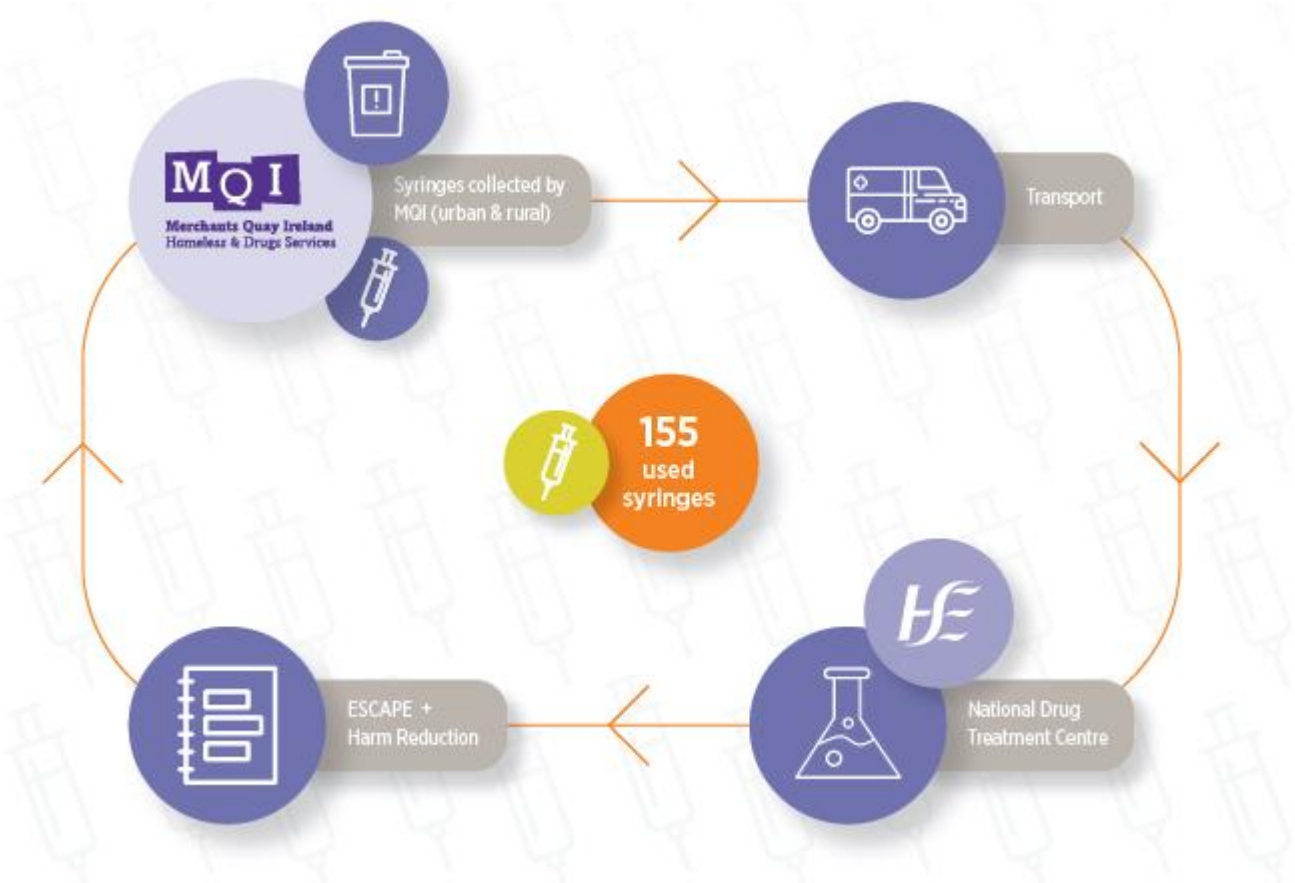
community services and a laboratory collaborated to conduct analysis to inform health-led responses using syringe analysis. Syringe analysis is a scientific approach that involves obtaining information through the analysis of the content of used syringes to help identify drug use trends at that particular point in time to inform tailored prevention interventions.[11] The pilot project involved obtaining 155 used syringes from the Dublin and Midlands Region to identify the latest injecting drug trends going forward.

The volatile nature of the drug market is a healthcare concern as new and more potent substances, including synthetic opioids, continue to emerge on the European drug market. This project did not identify the emergence of synthetic opioids in the syringe samples. Through this pilot project, the presence of NPS on the drug market and the re-emergence of cocaine injecting were confirmed. These findings require tailored health responses and further monitoring. This pilot demonstrates the successful collaboration between a harm reduction service and laboratory to identify drug trends to inform health-led responses. Such collaborative working serves to inform appropriate interventions provided by MQI and other similar services.[12] The data from the syringe analysis pilot project complements existing data on substances by providing timely and local information and includes samples from both Dublin and the Midlands. The analysis shows that substance use, and trends differed across the two locations. The evidence from this pilot highlights the need to conduct this analysis beyond Dublin and the Midlands on an ongoing basis.

[11] For more information about syringe analysis methods and the European Syringe Collection and Analysis Project Enterprise (ESCAPE) see www.emcdda.europa.eu

[12] For resources and information for people who inject drugs, download the Merchants Quay Ireland Safer Injecting Booklet available at Safer injecting: reducing the harm associated with injecting drug use. – Drugs and Alcohol and check out Drugs.ie the harm reduction information at Stimulant Injecting Harm Reduction - Drug and Alcohol Information and Support in Ireland - Drugs.ie

A diagram showing how the syringe analysis pilot project operated in practice.



(HSE Social Inclusion Office et al, 2022: 10).[13]

Key findings from the Syringe Analysis Pilot Project reveal:

- Of 155 used syringes, 11 were excluded because they did not contain any active substance, or they contained a metabolite.

[13] McNamara, S., Killeen, N., Stokes, S., and Keenan, E. (2022) *Irish Syringe Analysis Pilot Project. The identification of current injecting trends in the Dublin and the Midland region through the application of syringe analysis methodology.* Dublin: Merchants Quay Ireland and National Social Inclusion Office HSE - Irish_Syringe_Analysis_Pilot_Project_12.8.22.pdf (drugs.ie)

- In total, 32 different drugs and metabolites found heroin was the most prominent injected drug (93.3% Dublin and 98.2% Midlands Region).
- New drug trends were identified, such as the presence of synthetic cathinone, 3-MMC (11.3% Dublin, 23.6% Midlands), Methamphetamine (32.6% Dublin, 18.2% Midlands) and the possible injection of flurazepam in the Midlands Region (12.7%).
- Cocaine injecting re-emerged as part of a polydrug pattern (86.5% Dublin, 89.1% Midlands).
- While similar trends were identified across localities, the pilot found regional differences with niche trends presenting in the different locations such as the presence of 3-MMC (23.6%) and pregabalin (34.5%) in higher quantities in the Midlands Region and the detection of oxycodone (7%) ketamine in Dublin (7.8%).
- Greater insight is needed on adulteration across the drug market.

Key recommendations arising from the syringe analysis pilot project.

Based on the findings from the syringe analysis pilot project, the report made a series of recommendations, which MQI endorse, to improve harm reduction responses and improve analytical techniques to identify drug trends of concern. In particular, the report made the following recommendations:

1. The expansion of syringe analysis methodology for market monitoring purposes.
2. Monitor signals on the emergence of stimulant injecting trends in Ireland.
3. Combine syringe methodology with service user research.
4. Pilot analysis methods among other injecting user groups.
5. Continue to enhance harm reduction services for people who use drugs in Ireland.
6. Further develop monitoring for health purposes.
7. The implementation of the Medically Supervised Injecting Centre.

Use of illicit drugs is pervasive.

In 2019 – 2020, the National Drug and Alcohol Survey highlighted the following trends in relation to drug use in Ireland:

- The most commonly used illegal drugs in the 12 months prior to the survey were Cannabis (5.9%), Ecstasy (2.2%), Cocaine (1.9%), Poppers (1.4%), LSD (0.9%) and Amphetamines (0.8%).

- Males were more than twice as likely than females to report recent use of an illegal drug (10.2% versus 4.7%), and males aged 25 – 34 years had the highest reported level of recent illegal drug use (25.8%).
- Young people aged 15 – 24 years were most likely to report recent illegal drug use (18.5%).
- Those who used drugs were more likely to report recent use of at least three different drugs in 2019 – 2020 (20%) compared to 2014 – 2015 (15.4%).
- Drug use was most prevalent in the 15 – 34 age cohort. For those aged 15–34 years, the prevalence of recent drug use was higher among those who had only completed lower secondary school education (30.7%) compared with those with higher educational attainment or who were still in education. There was little difference in prevalence between 15–34-year-olds who were employed (18.7%), unemployed (20.8%), or students (17.2%).
- More than one third (37%) of respondents in the survey stated that there was a problem with people using or dealing drugs in their local area.
- Those who lived in deprived areas were more likely to report that there was a very big or fairly big problem with people using or dealing drugs in their local area.
  (NDAS, 2019 – 2022).[14]

A UCC survey of Higher Education Institutions[15] published in 2022 found that drug use is already normalised amongst young adults. This is reflected in the statistics from the survey. The survey population included undergraduate and postgraduate students aged 18 years and over and analysed over 11,500 responses from students across 21 higher education institutions. The aim of the survey was to give a national picture of drug use among Irish university students, to inform the development of policy and practice in the area. The following are some of the key findings arising from the DUHEI survey:

- Over half of students surveyed reported using an illicit drug, with over one-third reporting drug use in the last year, and one-fifth reporting using drugs in the last month.
- Over half of students surveyed felt drug use is a normal part of student life, but over half also felt drug use has a somewhat negative or an extremely negative impact on student life.
- Of those who had used drugs during Covid-19, one in three students had decreased their use, while just less than one in four had increased their use over this period.
- One in four male students report current drug use compared with one in six females.
- Current drug use rises year on year to peak in the last two years in college.
- The most commonly used drugs are cannabis (52%); cocaine (25%); ecstasy (23%); ketamine (16%); mushrooms (12%); amphetamines (9%) and New Psychoactive

[14] Mongan, D., Millar, S.R., and Galvin, B. (2021) *The 2019–20 Irish National Drug and Alcohol Survey: Main findings.* Dublin: Health Research Board.
[15] Byrne, M., Dick, S., Ryan, L., Dockray, S., Davoren, M, Heavin, C., Ivers, JH., Linehan, C., Vasiliou, V. (2022) *The Drug Use in Higher Education in Ireland (DUHEI) Survey 2021: Main Findings.* Cork: University College Cork.

Substances (8%). This order of prevalence of drugs/drug types is maintained across all three user groups.

- Cocaine has replaced ecstasy to now be the 2nd commonest drug used by students.
- For the majority of drug types, the age of first use was between 19-21, whereas for cannabis it was between 16-18. One in four current users started use before they were 16 years of age.
- Over one in two current users are at moderate or substantial risk of harms arising from their drug use.

As the evidence shows, the unfortunate reality is that the use of illicit drugs is part of Irish life. This also means that many have been in possession of illicit drugs for personal use and if caught are liable for a criminal conviction, which will have implications for their future life chances and opportunities. The implications of the existing legal framework in relation to drug use will be addressed in more detail on pages 43 – 46.

Attitudinal Survey of the Public

In February 2020 MQI commissioned Ireland Thinks to undertake an online poll of 1,239 adults aged 18+. The survey was conducted between February 10th and 21st 2020 and sought to gauge attitudes to addiction in Ireland. The findings reinforce the extent to which the Irish public have direct experience of addiction.[16]

[16] The poll was conducted by Ireland Thinks, on behalf of Merchants Quay Ireland. A representative sample of 1,239 adults aged 18+ were polled online between February 10th and 21st 2020.

Key Findings

- 59% of people said that they have direct experience of addiction, whether that be themselves, a family member, or a close friend.
- 85% of respondents agreed that drug users should have access to the treatment they require.
- 42% of respondents disagreed with the statement that "someone in recovery from addiction is as trustworthy as anyone else", while only 22% agreed.
- 53% of respondents disagreed with the statement "I have sympathy for people who inject drugs in public."
- 21% of respondents agreed that people who are addicted to drugs only have themselves to blame. (MQI Poll Results, 2020).

The poll found that 59% of people said that they have direct experience of addiction, whether that be themselves, a family member, or a close friend. Furthermore, there was widespread support for addiction treatment, with 85% of respondents agreeing that drug users should have access to the treatment they require. The poll also highlighted however, the stigmatising attitudes faced by people who have overcome addiction and are in recovery. The results of the poll reflect the need for Ireland to start talking openly and honestly about addiction and for Irish society to become a place where people facing addiction know they are not alone, and where they feel safe enough to ask for help. The Citizens' Assembly provides a forum where discussion on drug use, and addiction and the appropriate response can be discussed and addressed.

As the MQI poll (2020) indicates, the prevalence of direct experience of addiction in Ireland is widespread. In 2017, 786 people died from a drug-related cause, and in 2022 there were 12,009 drug treatment cases recorded.[17] These statistics paint a stark picture of the reality for many people in Irish society and yet the stigma surrounding addiction acts an impediment to those experiencing addiction to seek help and makes the process of recovery more challenging.

[17] Each record in the National Drug Treatment Reporting System (NDTRS) database relates to a treatment episode (a case), and not to a person. This means that the same person could be counted more than once in the same calendar year if they had more than one treatment episode in that year.

Respondents were also asked about the extent to which they agreed or disagreed with a series of statements in relation to drug use. As the findings reflect, respondents' attitudes were mixed indicating that the issue of drug use remains divisive and contentious with attitudinal differences apparent and varying degrees of tolerance to drug use prevalent.

MQI Poll Findings

The extent to which respondents agree or disagree with the following statements:

"Society is too tolerant of people who use drugs."

39% agreed, 24% neither agreed nor disagreed, 32% disagreed, and 5% didn't know.

"People who are addicted to drugs only have themselves to blame."

21% agreed, 22% neither agreed nor disagreed, 52% disagreed, 5% didn't know.

"I have sympathy for people who inject drugs in public."

31% agreed, 12% neither agreed nor disagreed, 53% disagreed, 4% didn't know.

"Someone in addiction is as trustworthy as anyone else."

22% agreed, 26% neither agreed nor disagreed, 42% disagreed, 10% didn't know.

"All drug users should have access to the treatment they require."

85% agreed, 5% neither agreed nor disagreed, 6% disagreed, 3% didn't know.

(MQI Poll, 2020)

Responding to the needs of a diverse profile of drug users

MQI concurs with the assertion in the EU Drugs Strategy 2021 – 2025 that attention needs to be paid to recognising and providing services to meet the diversity evident among people who use drugs (2021: 23). To respond to the different needs of drug users, there needs to be a concerted effort made to respond to the needs of specific groups of people who use drugs and who have drug use disorders that involve potentially more complex or specific care needs.

Groups highlighted for specific attention in the current EU Drugs Strategy include children and young people, older people with a history of long-term drug use and dependence, people with comorbid mental health problems, LGBTI, people with polydrug use, people who use drugs and are also parents, people with disabilities, ethnic minorities, migrants, refugees, asylum

seekers, people who engage in sex work and prostitution and homeless people. MQI echoes this perspective and the need for effective engagement with these groups. In accordance with the EU Drugs strategy, effective engagement with these cohorts *"requires models of care that recognise the need for cross-service partnerships between healthcare, youth and social care providers, and patients/carers groups"* (EU Drugs Strategy 2021 – 2025: 23).

There is a dearth of research on the prevalence of substance use among migrant and ethnic minority populations in Europe (de Kock, 2020: 6). To ensure evidence-informed policy and practice to respond to the needs of a diverse population, increasing data collection on the prevalence of substance use among migrant and ethnic minorities in EU member states is important. It is also important that the design and implementation of interventions to respond to drug use amongst migrants and ethnic minorities defines the local variations in targeted populations, for example, refugees, asylum seekers, other third-country nationals, Roma, intra-European nationals, etc., the type of substance use behaviour to be targeted, and the risk and protective factors, including social determinants as well as life-course (de Kock, 2020: 14). Furthermore, in responding to the needs of migrant drug users and older drug users, service provision needs to be accessible and include a range of outreach supports in the community, including needle exchange and treatment services for older drug users, and for migrants in direct provision.

MQI Recommendations:

Recommendation 1:

MQI recommends that the Citizens' Assembly focus on the prevalence of addiction in Irish society and the supports required by those experiencing addiction, and their family members.

Recommendation 2:

MQI recommends that the Citizens' Assembly address negative stereotyping of drug users and the stigmatizing and derogatory language and imagery often used in national print and broadcast media.

Recommendation 3:

Government to provide the necessary resources to expand the syringe analysis methodology for market monitoring purposes and monitor signals on the emergence of stimulant injecting trends in Ireland. Coupled with the expansion of the syringe analysis, combine syringe methodology with service user research and pilot analysis methods among other injecting user groups.

Recommendation 4:

Government to invest in the implementation of the Medically Supervised Injecting Centre in Dublin and examine the feasibility of rolling out a similar service in other locations in Dublin and regionally.

Section 2 - The harmful impacts of drug use on individuals, families, communities, and wider society.

According to the most up to date data available, Ireland exhibits one of the highest rates of drug related deaths in the European Union, three times the European average.[18] Ireland currently has the fourth highest rate of drug-related deaths in Europe.[19] In the period 2008 – 2017, there were 3,715 (54%) poisoning deaths.[20] During the same period there were 3,218 (46%) non-poisoning deaths. The annual number of poisoning deaths increased by 2% from 368 in 2016 to 376 in 2017. The median age of poisoning deaths in 2017 was 43 years of age. Men accounted for 70% of poisoning deaths and more than half (58%) of poisoning deaths involved polydrugs, with an average of four different drugs. Benzodiazepines were the most common prescribable drug group implicated in polydrug deaths (Health Research Board, 2017).[21] For an infographic presenting the key findings on Drug-Related Deaths in Ireland, 2017 please see: 10693 HRB Infographic Drug Related Deaths 2017.indd (drugsandalcohol.ie)

A recent publication from the Health Research Board[22] reveals stark findings from a feasibility study on people who were homeless at the time of death in Ireland in 2019. The study revealed that there were 84 deaths among people who were homeless from a total of 17,822 deaths reported to the coroners during this period. This equates to over one death a week (1.6 deaths per week), or 7 deaths per month in 2019. Males accounted for the majority (81%) of deaths. The median age at death for males was 40.5 years (IQR 16) and for females 39.5 years (IQR 14), highlighting the burden of premature mortality in the group. The majority of deaths (77.4%) occurred in the Leinster region, with 59.5% occurring in Dublin. A further 7.1% occurred in Cork, with the remainder distributed nationally. A high proportion of the deceased were in contact with medical services (39.3%), the majority (69.7%) of whom were in receipt of substance use treatment within the month preceding death. More women (62.5%) than men (33.8%) were in contact with health services (2023: 2).

[18] Joint Committee on Justice (2022) Report on an Examination of the Present Approach to Sanctions for Possession of Certain Amounts of Drugs for Personal Use (33/JC/27), page 2.
[19] EMCDDA "Drug Related Deaths and Mortality in Europe" July 2019.
[20] Poisonings (overdoses) refer to deaths in the general population due to the toxic effect of one or more drug(s) including alcohol.
[21] Health Research Board (2017) *National Drug-Related Deaths Index 2008 – 2017 Data*. Dublin: ill-health Research Board.
[22] Lynn, E., Devin, J., Craig, S., and Lyons, S. (2023) *Deaths among people who were homeless at time of death in Ireland, 2019.* HRB National Drug-Related Deaths Index. Dublin: Heath Research Board.

In relation the potential associated contributing factors, the study revealed that most people (92.9%) who were homeless at the time of death, had a lifetime history of substance use, with almost a quarter known to have alcohol dependence. Of those with a lifetime history of drug use, heroin was the most common drug used, followed by cocaine and benzodiazepines (2023: 16). Thirty-eight per cent had a history of mental health issues. More women (75%) than men (29%) had a history of mental health issues (2023: 18). For an infographic presenting the key findings from the HRB study please see: 12599 HRB Infographic Drug Related Deaths 2019 V5.indd

MQI Recommendations:

Recommendation 5:

In accordance with strategic priority 10 of the current EU Drugs Strategy 2021 – 2025, prioritise investment in drug-related research, innovation and foresight and build synergies to provide the EU and its Member States with the comprehensive research evidence-base and foresight capacities necessary to enable a more effective, innovative and agile approach to the growing complexity of the drugs phenomenon, and to increase the preparedness of the EU and its Member States to respond to future challenges and crises.

Ensure adequate investment in the development of strategic foresight and a future-oriented approach and in national data collection on drugs to support the central role of the EMCDDA, Europol and the Reitox network of national focal points in research, innovation and foresight. While we recognise the valuable data collated by the Health Research Board and the EMCDDA, it is important that there is timely data available on drug trends and patterns to ensure the harm reduction policy and practice responses are evidence-informed. In this regard, MQI recommends government prioritise and increase investment in peer-led, drug-related research in Ireland.

Recommendation 6:

MQI endorse the following harm reduction strategies contained in the HRB Report[23] (2023: 4) to reduce harm and mortality amongst drug users who are homeless:

[23] Lynn, E., Devin, J., Craig, S., and Lyons, S. (2023) *Deaths among people who were homeless at time of death in Ireland, 2019.* HRB National Drug-Related Deaths Index. Dublin: Heath Research Board.

- The provision of first aid training, including naloxone administration, overdose prevention, suicide awareness and epilepsy awareness for all those who work in homeless accommodation nationally.
- An emphasis on trauma-informed, sex-specific psychosocial and specialist mental health supports in addition to appropriate pharmaceutical treatments when treating someone with mental health issues as well as substance use.
- Decrease barriers to both accessing, and retention in, treatment services for both sexes, particularly OAT.
- Increase understanding around epilepsy among people accessing or working within the homeless services. This includes potential seizure triggers, adherence to medication, awareness among clinicians of this high-risk cohort and need for enhanced care.
- Increase focus on general harm reduction strategies for people who use drugs: harm reduction in relation to using alone, and mixing drugs, particularly central nervous system depressants.

The need for gender-specific services

MQI's briefing paper entitled *A Space of Her Own* (2021)[24] makes a compelling argument and strong rationale for investment in gender-specific homelessness, addiction, and health services for women. The policy brief highlights how women are often unable or unwilling to access existing services. Higher rates of gender-based violence, transactional sex and coercive control among women can leave them too ashamed, stigmatised, and afraid to seek the help they need. International research shows that female-only spaces facilitate greater emotional and physical safety for women, especially those who have experienced trauma and abuse. MQI has been advocating for the urgent delivery of a female-only wellness centre which could respond to the complex challenges faced by women. As part of this commitment to the provision of gender-specific services, MQI opened an all-female service ('Jane's Place') in 2022 which offers inclusive, and practical one-to-one support for women dealing with homelessness, addiction, and mental ill-health. Additional investment needs to be allocated for the provision of treatment and addiction services which provide residential facilities to accommodate women with children or who are pregnant, to stay while in treatment.

[24] Merchants Quay Ireland (2021) *A Space of Her Own. The need for gender specific services for women experiencing homelessness and addiction.* Dublin: Merchants Quay Ireland. A-Space-of-Her-Own-FINAL-8.9.21-Updated-FINALE-FINAL.pdf (mqi.ie)

The intersectionality of women's problematic substance use.

Research published by Merchants Quay Ireland in partnership with University College Dublin entitled 'You Can't Fix this in Six Months': Exploring the Intersectionality of Women's Substance Use in the Irish Context[25] shows that women link their substance use to a number of complex and interconnecting issues that require specialist interventions to ensure recovery, emotional and physical safety, and improved wellbeing. The research explores the lived experiences of women who are dealing with multiple issues which contributed to their substance use and how these relate to factors such as motherhood, poverty, social exclusion, trauma, domestic violence, transactional sex, homelessness, and involvement in the criminal justice system. The research on the intersectionality of women's substance use in the Irish context (Morton, et al, 2023) highlights a number of implications for policymakers and service providers, including for those who develop and commission services. To ensure public policy responds in an appropriate manner to the complex needs of women with problematic substance use, MQI recommends female specific policy interventions and services.

Support for families

Families come from a diverse range of communities and cultural backgrounds. Some areas of service delivery are underdeveloped in terms of addressing the diverse needs of family members. As a result, further work is required to identify the specific needs of different communities and explore creative ways to respond effectively to meet their needs.

Isolation is a key concern for families in rural communities. The development of outreach services is essential because of accessibility issues. As such, telephone support is vital. In this regard, MQI recommends the setting up of a national telephone helpline (for example the Ask Frank phone line in the UK) to provide a dedicated, confidential service for anyone affected by someone else's drug use, and to provide information about drugs, drug services and other family support services.

[25] Morton, S., Gallagher, B. and McLoughlin, E (2023) 'You Can't Fix this in Six Months': Exploring the Intersectionality of Women's Substance Use in the Irish Context. University College Dublin and Merchants Quay Ireland; Dublin Ireland.
https://mqi.ie/content/uploads/2023/03/Morton_Gallagher_McLoughlin_UCD_MQI.pdf

MQI Recommendations:

Recommendation 7:

Women's substance use needs to be viewed through the lens of potentially multiple experiences of abuse, trauma, and exploitation, rather than as a singular trajectory of problematic use and this should be reflected in service responses.

Recommendation 8:

There is a stigma associated with female substance use, which deters them from accessing treatment. Associated with this is a fear experienced by many women who are mothers that disclosure of their drug use and seeking help for their addiction will result in them being separated from their children. Currently there are only two Mother and Child Residential Treatment centres in the Republic of Ireland, in Limerick/Mid-West and Dublin/East Region. Additional investment needs to be allocated for the provision of treatment and addiction services which provide residential facilities to accommodate women with children or who are pregnant, to stay while in treatment.

Recommendation 9:

The current National Strategy on Domestic, Sexual and Gender-Based Violence Strategy, Zero Tolerance[26] gives limited attention to those in addiction and does not acknowledge the correlation between alcohol and drug misuse and domestic, sexual and gender-based violence. We welcome the commitment to double refuge accommodation during the lifetime of the strategy, however, many refuges do not provide for women in addiction who need to flee their homes as a result of domestic, sexual and gender-based violence. We note that the implementation plan does make a reference to illicit drug users but there needs to be more focus on this cohort and support for women who are substance users and victims of violence, to access refuge accommodation.

[26] Government of Ireland (2021) *Zero Tolerance. Third National Strategy on Domestic, Sexual and Gender-Based Violence 2022 - 2023.* Dublin: Government of Ireland.

Recommendation 10:

On referral by Tusla or by a Tusla-funded service provider, women in addiction experiencing domestic violence can apply for a 'rent supplement for victims of violence.' This payment can take up to 8 weeks to process. The time lag has obvious implications for women's safety. In light of this, MQI recommends that this payment is fast-tracked to reduce the waiting time so that victims of domestic violence have access to this income support in a timely manner.

Recommendation 11:

The exploitation, abuse and need for safety for women seeking support needs to be recognised and responded to by statutory and voluntary service providers, with safety prioritised for all women accessing supports. This should include female specific services and interventions, as well as safety planning, risk assessment, exploration with women about the current risks in their lives and clear policy and operational guidelines for mixed-gender interventions. Achieving emotional and physical safety and improved wellbeing are key outcomes.

Recommendation 12:

State investment in women's specific services is required to respond to the complex needs of women who are homeless, in addiction or experiencing mental ill-health. Research shows that women are often unable or unwilling to access existing services. Higher rates of gender-based violence, transactional sex and coercive control among women can leave them too ashamed, stigmatised, and afraid to seek the help they need. Female-only spaces facilitate greater emotional and physical safety for women, especially those who have experienced trauma and abuse. MQI established 'Jane's Place,' a gender-specific service for women who are homeless and/or experiencing addiction. Such services require sustained financial support from the state to respond to the need that exists.

Recommendation 13:

A whole of government approach is required to ensure that policy and intervention approaches strengthen opportunities for positive change for women engaging in statutory systems and other services, particularly where there is an initial episode of criminal justice or child protection and welfare involvement, regardless of their background, circumstances, and addiction.

Recommendation 14:

There should be ongoing attention to prescribing, availability, misuse, and overdose risk of medication, particularly benzodiazepines and pregabalin.

Recommendation 15:

MQI recommends the setting up of a national telephone helpline to provide a dedicated, confidential service for anyone affected by someone else's drug use, and to provide information about drugs, drug services and other family support services.

Section 3 - Best practice in promoting and supporting rehabilitation and recovery from drug addiction.

As documented in MQI's Annual Review 2021,[27] the organisation provides recovery services which offer service users pathways out of chaotic drug use and support them to become drug free (for example residential and community detox programmes). In 2021, there was a total of 773 referrals into MQI's recovery services. Of those referred, 497 people received ongoing contact and support in person, over the phone and via video call. MQI provides this service until such a time as the person is ready to come into treatment. MQI also offer information, advice, and a listening ear to the family and partners of clients in residential programmes as they work through the impact of their loved one's addiction.

To promote and support rehabilitation and recovery from drug addiction, a number of components are critically important in respect of support from friends and family, and support from one's employer should they be employed. For those who are unemployed, support from Department of Social Protection officials is important, as is the support and encouragement of a social worker or probation and welfare officer. As highlighted in the case studies of MQI service users in Appendix B of this submission, access to quality, affordable housing with security of tenure is also important especially in the aftercare, post-detox and rehabilitation period, as is access to education and employment. One of the challenges often experienced by those in recovery is the challenge of returning to an environment or locality where they will be triggered to start reusing and often it can be difficult to access housing that is suitable. As previously discussed on pages 24 - 25, the availability of gender-specific services is critically important for women in crisis with access to rehabilitation. As the study by Morton et al (2023) on the intersectionality of women's substance use highlights, the reasons for their problematic substance use are complex and in many incidences stem from trauma experienced in early life. As a result, the authors argue that policy and practice need to take account of the multiple experiences of abuse, trauma and exploitation and provide safety for women seeking support. The provision of female specific services and interventions forms part of this response.

[27] MQI-Annual-Review-2021.pdf (drugsandalcohol.ie)

Rapid access to a stabilisation service

A stabilisation service is also required to support and prepare an individual to be ready to access treatment. Polydrug use combined with chaotic lifestyles and homelessness requires a response that considers the needs of the client in the first instance and removes the barriers to treatment. In this regard, the establishment of a rapid access stabilisation service would offer a homeless polydrug user rapid access to a suite of options including low threshold residential stabilisation (all substances) and the option of treatment, including detox in the first instance rather than waiting to exhaust other options.

The provision of therapeutic supports

Another important component in the promotion and support of rehabilitation and recovery is providing therapeutic supports, like physiotherapy, for service users who, as a result of addiction and homelessness, have poor physical ability and are frail or pre-frail. This is a manifestation of premature ageing, common in this population. Poor physical ability means basic functions such as the ability to climb a flight of stairs are lost. This means the entrenched cycle of homelessness is harder to break with less options to move to independent housing. Research led by Dr Julie Broderick from Trinity College Dublin, conducted in Merchants Quay's Riverbank service in 2022, examined the feasibility of low threshold exercise work programmes for people with severe and multiple disadvantage accessing services for addiction challenges and homelessness. An earlier study in 2018-19 which informed this study, examined the physical function of people experiencing homelessness (PEH) admitted to inpatient medical wards in St. James's Hospital for acute care. The 2018 – 2019 study highlighted the poor physical functioning and high levels of frailty detected in this cohort (Kiernan et al 2021).[28] The early manifestation of geriatric syndromes in this population increases the risk of adverse outcomes and demonstrates the need for earlier intervention. Dr Broderick's recent study in MQI entailed running a 16 week-rolling, drop-in programme, which was accessible at any time on Wednesdays for the duration of the study period. Using the opposite end of the fitness/frailty spectrum, this programme focused on fitness rather than frailty, as the concept of frailty can be problematic for people, especially those under 65 years of age. The intervention involved a

[28] Kiernan, S., Ní Cheallaigh, C., Murphy, N., Dowds, J., *Broderick, J.* (2021) Markedly poor physical functioning status of people experiencing homelessness admitted to an acute hospital setting. *Sci Rep* 11, 9911 (2021). https://doi.org/10.1038/s41598-021-88590-0

multi-modal exercise class followed by protein supplementation to promote post exercise muscle protein synthesis. In an attempt to build sustainability beyond the life cycle of the programme, participants were educated about the benefits of physical activity and how they could exercise outside of the programme. The study found that in terms of retention, higher retention was found in the older (Kennedy et al 2022)[29] and female participants who had more stable housing and addiction issues. High feasibility was shown. The service users' reflections on the MQI intervention indicated the immediate benefits derived from the exercise intervention and the value people placed on the programme. This positive feedback coupled with the retention seen in certain groups indicates that targeted exercise and nutritional intervention in PEH are safe, feasible and acceptable.

Important learning from this study was that the rolling design of the programme meant those who were recruited later in the programme in terms of weeks were unable to attend an adequate number of times to make physiological changes. Additionally, it was reported that participants did not exercise outside of the intervention, therefore the once-a-week nature of the programme was viewed as insufficient. As a result, future programmes require an initial recruitment period with flexibility in start dates and more exercise opportunities for participants. It is evident that there is a need for earlier interventions (in the form of exercise/nutrition) to enhance physical health and improve outcomes. Changing physical status of PEH +/- addiction issues will not solve all complex challenges; however, it is a positive focus and distraction. Mainstream services are unlikely to reach this population initially. Low threshold services are key to engagement and delivery of interventions and should be targeted as a bridge to mainstream services. Further research evaluating effectiveness and outcomes of exercise and nutritional interventions, as well as increasing adherence to the exercise outside of supervised exercise is required.

A qualitative study conducted in Lebanon exploring the lifestyle practices including dietary intake, physical activity and sleep of people who use drugs, undergoing residential rehabilitation treatment, highlighted the perceived benefits and pitfalls (Mahboub et al,

[29] Kennedy, F., Romero-Ortuno, R., Ní Cheallaigh, C., Doyle, S., Broderick J. (2022) 135 A feasibility study to explore the role of exercise and protein supplementation to target frailty in people experiencing homelessness, *Age and Ageing*, Volume 51, Issue Supplement_3, November 2022, afac218.114, https://doi.org/10.1093/ageing/afac218.114

2021).[30] Although evidence-based models emphasising lifestyle behaviours for the treatment of drug use is still in its infancy, Mahboub et al found that the development of multicomponent effective drug use intervention programmes as part of health promotion is crucial to decrease risk of relapse. The study involved interviewing a purposive sample of 18 males and 9 females at different stages of recovery from drug use in rehabilitation centres. The six phases thematic analysis revealed three themes: chaotic lifestyle, structured lifestyle, benefits and pitfalls, and suggestions for making rehabilitation a better experience. The research participants discussed the transition from their chaotic lifestyle during addiction with poor food intake, disrupted sleep and low physical activity to a more disciplined routine enforcing normality in lifestyle practices with social and professional support. In the early phases of treatment increased food intake and weight gain were perceived as a health indicator of divergence from drugs. This led to more structured meals and efforts to lose weight in later stages. For some participants, lack of variety of physical activity programmes was highlighted. The promotion of healthy eating behaviours and environmental control were measures used to improve rehabilitation services. The study highlighted the challenges and necessity of maintaining a healthy lifestyle in rehabilitation centres and the necessities of addressing them. It also found that to improve the overall rehabilitation experience, prevent relapse and inform the development of future targeted intervention programmes tackling all aspects of behavioural changes is required.

To reduce the negative health and social impacts of drug use, low threshold services, outreach work and co-operation with people who use drugs and their families is essential (EU Drugs Strategy 2021 - 2025, 2021: 27). In this regard, availability, accessibility and coverage of risk and harm-reduction services need to be maintained and improved. Sustained investment to provide needle and syringe programmes, linked to low threshold social and health care services, opioid agonist treatment, accessible HIV and HCV voluntary testing and treatment interventions to prevent blood-borne infections among people who inject drugs is required. MQI supports the establishment of the MSIF. We also recommend consideration be given to providing supervised drug consumption facilities to reduce risks and harm, and to refer the most vulnerable groups to relevant services.

[30] Mahboub, N., Honein-AbouHaidar, G., Rizk, R., and de Vries, N (2021) People who use drugs in rehabilitation, from chaos to discipline: Advantages and pitfalls: A qualitative study. *PLoS ONE* 16(2): e0245346.

Challenges in Rural Areas

Although an issue for everyone experiencing addiction, stigma is particularly pronounced for those living in rural or remote parts of the country. As highlighted in Appendix C, given the limited availability of detox, rehabilitation and treatment services throughout the country and in rural localities, those living in rural Ireland with addiction or in recovery are very isolated. For example, for those residing in Ulster there is one methadone clinic in Cavan Town and a satellite service in Carrickmacross. There is a detox and rehabilitation facility in Muff in County Donegal but beyond this limited service, the only other option for treatment is in Dublin or other parts of the country.

Access to the services that do exist is often challenging for those with limited means or without access to a car. Public transport to access treatment in rural Ireland is limited with an irregular public transport service which is often expensive. In Cavan and Monaghan, there is also an absence of homeless services and no women's refuge. In relation to counselling facilities, there is only one HSE addiction counsellor for the whole Cavan and Monaghan region, which creates a waiting list for service users to access this service. There is also a lack of support from Community Mental Health Services (CMHS) for clients who present with dual diagnosis. Those presenting with dual diagnosis are not eligible to access the CMHS.

Responding to Dual Diagnosis

Dual diagnosis is the coexistence of mental health problems and substance misuse problems. Without access to specialist services, people with a dual diagnosis, who may already find it difficult to engage with services, will not only continue to have serious health and social needs, but are even more likely to be resistant to approaching services in the future. Specialist mental health interventions are required which provide a 24/48-hour response time in triaging emergencies for people with dual diagnosis and often serious underlying mental health illnesses. These service users also need direct access to specialist counselling services, and increased emergency access to suicide intervention. A trauma-informed approach is essential in responding to the needs of people with dual diagnosis. Greater collaboration between mental health and addiction services and an interagency response is of paramount importance to ensure the provision of a more integrated approach with smooth and efficient referral pathways to ensure the best possible outcomes for service users. In this regard, MQI welcomes the

development of the HSE's new Model of Care for Dual Diagnosis,[31] which sets out clear and integrated care pathways for people with a dual diagnosis.

Appointment of advanced nurse practitioners in addiction treatment

In the Netherlands, advanced nurse practitioners **(**ANPs) in addiction treatment can admit and discharge service users as well as initiate the prescribing of diamorphine and/or other substitute medications such as methadone. The UK, the US and Australia have also realised the value of addiction nurses and specifically nurse prescribers and have significantly increased access to cost-effective and gold standard services.

Nurses are uniquely placed to address the needs of this population across the continuum of care. In Ireland, there is a small number of trained nurse prescribers working in addiction, most of whom are not prescribing or else prescribing in a limited capacity. The current national drugs strategy has stipulated that the development of nurse prescribing should be explored further. MQI recommend the appointment of specialist addiction nurses to Accident and Emergency Departments, who are qualified as ANPs and work as fully autonomous practitioners to address the needs of people who use drugs and alcohol.

As highlighted in the EU Drugs Strategy, "*stigmatisation linked to drug use and drug use disorders needs to be addressed, especially as this stigma may have a detrimental effect on the mental and physical health of people who use drugs and could also act as a barrier to seeking support"* (2021: 23). In this regard, participatory approaches to include people with lived experience of drug-related stigma should be integral to the policy-making process in the formulation of public policy on drugs.

HIQA National Standards for Safer Better Healthcare Guidelines

In the delivery of its existing services, MQI adhere to the HIQA National Standards for Safer Better Healthcare guidelines[32] and continually monitor and audit services delivery against the criteria outlined in these standards. The standards are organised into the following 8 key themes which reflect the most important themes in the Irish healthcare context:

- Person-centred and support.

[31] Health Research Board (2023) *Model Care for People Mental Disorder and Coexisting Substance Use Disorder (Dual Diagnosis).* Dublin: Health Research Board.

[32] National Standards for Safer Better Healthcare | HIQA

- Effective care and support.
- Safe care and support.
- Better health and wellbeing.
- Leadership, governance and management.
- Workforce.
- Use of resources.
- Use of information.

MQI endorse these guidelines in all our service delivery as they promote quality and safety through the provision of safer, better, and more reliable care.

MQI Recommendations:

Recommendation 16:

MQI recommends the establishment of a rapid access stabilisation service, which would offer homeless, polydrug users' rapid access to a suite of options including low threshold residential stabilisation (all substances) and the option of treatment, including detox in the first instance rather than waiting to exhaust other options.

Recommendation 17:

MQI recommends the appointment of specialist addiction nurses to Accident and Emergency Departments, who are qualified as advanced nurse practitioners and work as fully autonomous practitioners to address the needs of people who use drugs and alcohol.

Section 4 – The lived experience of young people and adults affected by drug use, as well as their families and communities.

Every day MQI work with service users who have problematic drug use. We support them with treatment, detox and rehabilitation and recovery and provide support and services to their families. The root causes of problematic drug use are complex and multi-faceted and, in many instances, result from adverse childhood experiences, trauma, poverty and inequality. Regardless of the reasons why people experience problematic drug use and addiction, including their voices and lived experience is critically important in the discussion on legislative reform and changes to strategy, policy, and operational responses to drug use. MQI have captured many of these stories through qualitative research, podcasts, photographic exhibition, and case studies. The following video captures the experience of female addiction through Marianne's story of addiction and recovery:
https://www.youtube.com/watch?v=eYDWZg1NQEQ

The impact of addiction can be all encompassing. Its effects are chaotic, traumatic, and can catch families and friends in fierce and uncertain ways. People lose decades of their lives to addiction. Sometimes, they lose their life to it. 'The Lived Experience of Addiction'[33] provides a snapshot of people's lives in Ireland today. Addiction is part of Irish life in multiple and tragic ways. Despite its prevalence, addiction often exists between the lines in Irish society - unspoken and in silence.

Please see some of the case stories in Appendix B which reflect the diversity of experiences of some of MQI's service users and the challenges they encounter.

[33] https://mqi.ie/content/uploads/2023/05/MQI-The-Lived-Experience-of-Addiction.pdf

Section 5 – An overview of the national policy context.

Ireland has a common law, constitutional legal system, and does not have a well-developed system of civil administrative law. The current legislation regarding drug use in Ireland is the Misuse of Drugs Act, 1977. This legislation is the main law regulating controlled drugs in Ireland. It controls the cultivation, licensing, possession, administration, supply, record-keeping, prescription-writing, destruction, and safe custody of scheduled substances. It also establishes the offences and penalties.

Possession of a controlled drug, without due authorisation, is an offence under Section 3 of the Misuse of Drugs Act 1977. Within Irish legislation, the law sets out to differentiate between possession for personal use and intent to supply.

Regarding offences for possession for personal use, the legislation imposes more lenient sentences for cannabis-related offences than for other substances. Sentencing can be different for possession of drugs for personal use and intent to supply and can also vary depending on the class of drug. It is up to the person being charged to convince the court that the possession was intended for immediate personal consumption, with the courts taking into consideration the amount of drugs seized. However, the law does not specify an amount of drugs that can be deemed for personal use, only that the amount must be "tangible and visible."[34] As a result, a person can be charged for any amount of drugs on their person.

Possession of cannabis or cannabis resin for personal use is punishable by a fine on first and second conviction. A third and all subsequent offences incur a fine and/or a term of imprisonment for up to one year on summary conviction (i.e. of a minor offence charged by way of a summons and heard in a lower (District) court, or alternatively, a fine and/or imprisonment for up to three years for conviction on indictment (i.e. a more serious offence for which a formal charge is brought and the case is referred to the criminal courts, where the defendant may opt for a jury trial).

[34] Drugs.ie. (n.d.). *Drugs and the law - Drug and Alcohol Information and Support in Ireland - Drugs.ie*. [online] Available at: http://www.drugs.ie/drugs_info/about_drugs/drugs_and_the_law/

Possession of all other controlled substances incurs a penalty of a fine and/or imprisonment for up to one year on summary conviction, and imprisonment for up to seven years for conviction on indictment.

Possession for the purpose of sale or supply incurs penalties ranging from imprisonment for up to one year and/or a fine on summary conviction, or up to imprisonment for life and/or an unlimited fine on conviction on indictment.

Compared to other European Union countries who have adopted alternate approaches for dealing with simple possession drug offences, Ireland's use of alternatives to criminal proceedings is limited (Kruithof et al, 2016). There is health diversion approach (see pages 39 – 40) and one formal alternative for drug-related offenders in use – the Drug Treatment Court in Dublin, however this mainly used for serious drug-related offences.

Many commentators have argued that the current legislative framework has not been effective in addressing an increasingly prevalent drugs problem in Ireland. Against this context, the issue of decriminalisation of possession of drugs for personal use has become an issue of prominence in recent years. The potential benefits of using alternatives to arrest for minor drug offenders have been discussed since 2017 (Griffiths et al., 2016) (National Drugs Strategy, 2017). The current National Drugs Strategy, Reducing Harm, Supporting Recovery 2017-2025,[35] provides a roadmap to achieving these aims, by promoting a more compassionate approach to people who use drugs, with addiction treated first as a health issue. In December 2017, the government established a Working Group to consider alternative approaches to the possession of drugs for personal use. The formation of this group was a key action in the National Drugs Strategy, Reducing Harm Supporting Recovery.

The work programme of the group consisted of meetings with experts from other countries, commissioning research on other jurisdictions and undertaking a public consultation. The consultation process included an online questionnaire, focus groups and an open policy debate. The online questionnaire received a response from over 20,000 people.

[35] Department of Health (2017) *Reducing harm, supporting recovery: a health-led response to drug and alcohol use in Ireland 2017-2025.*Dublin: Department of Health.

The Working Group's report was submitted to Ministers Harris, Flanagan, and Byrne at the end of April 2019[36], along with a minority report[37] from the Chairperson.

The report considered a range of approaches from depenalisation to decriminalisation and identified five policy options. Of these, the report recommends three policy options:

- Adult Caution: The existing Adult Caution Scheme is a discretionary alternative to prosecution, whereby a person found in possession of drugs for personal use could be given a formal caution by An Garda Síochána, who could also provide the individual with a health and social services information leaflet.
- Multiple Adult Cautions: Subject to the agreement of the DPP, a person could be given the benefit of an Adult Caution by An Garda Síochána more than once.
- Diversion to Health Services: People found in possession of drugs for personal use would be diverted to the Health Service Executive for a health screening and brief intervention with a health professional known as SAOR (Support, Ask and Assess, Offer Assistance and Referral). Where necessary, high-risk drug users will be offered onward referral for treatment or other supports.

Having considered the recommendations in the reports, the government decided to implement a Health Diversion Approach and under this new system, when a person is found in possession of drugs for personal use the government has agreed to implement a health diversion approach whereby:

- on the first occasion, An Garda Síochána will refer them, on a mandatory basis, to the Health Service Executive for a health screening and brief intervention.
- on the second occasion, An Garda Síochána would have discretion to issue an Adult Caution.

While early intervention to divert an individual to health services is appropriate, the health diversion approach has not addressed the fundamental problem of decriminalisation, which

[36] Department of Health (2019) Working Group to Consider Alternative Approaches to the Possession of Drugs for Personal Use Report of the Public Consultation.
[37] Sheehan G (2019) *Minority report of Working Group to Consider Alternative Approaches to the Possession of Drugs for Personal Use.* Dublin: Department of Health and Department of Justice and Equality.

penalises the drug user and maintains the option to criminalise them at a later stage. Instead of providing a health-led approach to reduce harm and support recovery, the government provided the option to divert the drug user back to the criminal justice system should they fail to comply with the diversion programme or repeat the offence. The health-led approach is not compatible with the criminal justice system.

A Joint Oireachtas Committee on Justice was also established to examine the present approach to sanctions for possession of certain amounts of drugs for personal use. The committee explored the potential to decriminalise the possession of certain amounts of drugs; the potential to introduce a regulatory model surrounding drug usage; the potential benefits or drawbacks of such approaches, and the experiences and policies of other jurisdictions in relation to drug use and possession. The committee makes important observations and recommendations in respect of drug use (including pursuing a policy of decriminalisation in line with international best practice in respect of possession of drugs for personal use) and acknowledges the root causes contributing to problem drug use and addiction. In addition to recommending a policy of decriminalisation, the committee makes a number of significant and progressive recommendations in respect of drug use. Of particular note, the report makes the following points and recommendations:

"1. The Committee acknowledges the harms associated with pursuing a criminal justice led approach to drug use and misuse and recommends that a health led approach is prioritised in both policy and practice.
2. The Committee recognises the role that poverty, inequality and trauma can play in the prevalence of drug use and addiction, and, accordingly recommends the implementation of a poverty and trauma-informed approach in the development and delivery of our addiction services.
3. The Committee recommends the expansion of the Medical Cannabis Access Programme[38] (MCAP), to ensure that more people affected by chronic illness can access cannabis in circumstances where other treatments have failed to relieve symptoms.
4. The Committee recommends that, in acknowledging drug addiction as a health issue, increased investment should be made into programmes, services and treatments which address

[38] The Medical Cannabis Access Programme is not required or intended for authorised medicinal products but rather is to facilitate access to cannabis-based products that are not authorised as medicines but are of a standardised quality and meet an acceptable level of quality assurance during their manufacturing process.

addiction and the harms associated with it, paying particular attention to harm reduction, improved social interventions and dual diagnosis services.

5. The Committee recommends that a fact-based, educational campaign on drug use and harm reduction should be implemented nationwide as soon as possible, which incorporates the changing nature of drug use.

6. The Committee calls for a rapid expansion of the drug testing pilot-scheme, first trialled in Ireland at the Electric Picnic Music and Arts Festival, in Stradbally, Co. Laois, in 2022.

7. The Committee recommends that a detailed multi-year plan is developed, specifying the measures that Government intends to take, in terms of both the health and justice systems, in order to reduce drug-related harms and addiction.

8. The Committee recommends that a policy of decriminalisation is pursued, in line with emerging international best-practice, in respect of the possession of drugs for personal consumption, through appropriate legislation reform, in favour of a health-led approach to drug use.

9. The Committee recommends the practice of cultivation of currently illicit substances at a modest, non-profit level be examined in light of above recommendations in order to regulate such activity.

10. The Committee recommends that steps are taken to introduce a regulatory model for certain drugs.

11. In certain circumstances where the decriminalisation of the possession or cultivation of certain drugs for personal use is pursued, the Committee recommends that in developing a Spent Convictions framework, that the provisions of the Spent Convictions legislation would apply.

12. The Committee recommends the commission of a comparative study that examines approaches towards drug possession and consumption in other jurisdictions including, *inter alia*, Spain, Portugal, Malta, Switzerland, the United States and Canada, to see which of the policies applied in these jurisdictions could be effectively implemented in an Irish context.

13. The Committee recommends that further research be carried out into the benefits and drawbacks of ‘community collectives’ or ‘social clubs’ as a means through which to grow personal supplies of cannabis or other drugs outside of the black market.

14. The Committee urges that the planning objections in relation to the opening of Ireland’s first medically supervised injecting centre (MSIC), as provided for under the Misuse of Drugs (Supervised Injecting Facilities) Act 2017, be resolved and that this centre be opened as soon as possible.

15. The Committee recommends that mobile overdose prevention clinics be funded to provide services in areas lacking established treatment centres.

16. The Committee recommends that all emergency medication including injectable and nasal Naloxone be made available to opioid users without the need for a medical prescription. Additionally, the drug, and training to administer it, should be made widely available as a matter of urgency, in order to reverse opioid overdoses in our communities.

18. The Committee calls for significant increased investment in community and voluntary projects, including in local drug and alcohol task forces, which support people in addiction, their families and their communities.

19. The Committee calls on the Department of Health to support the continued expansion of Ireland's Opioid Substitution Treatment (OST) programme, to ensure that the treatment is more widely available in communities across the country. Specifically, the Committee calls for the development of a specialty training structure for the programme, so that more General Practitioners can treat opioid addiction at source.

20. The Committee calls for an evaluation of the role that non-medical prescribers could play in treating opioid addiction in Ireland, by increasing access to Opioid Substitution Treatment (OST).

21. The Committee calls for support to the prescription of heroin assisted treatment (HAT) by suitably qualified medical practitioners, to reduce the risks and harms associated with the consumption of black-market heroin.

22. The Committee recommends that the proposed Citizen's Assembly on drugs be held as soon as possible, in order to engage in a wider discussion on the approach towards drug possession and drug use in Ireland" (2022: 6 – 8).

Section 6 – Efficacy of current strategic, policy and operational responses to drug use.

The case for drug policy reform in favour of decriminalisation

The need for drug policy reform

A move to decriminalise possession of drugs for personal use is just accepting the reality and legislating to reduce harm and provide a health-led rather than a criminal justice approach to possession of drugs for personal use.

Aside from the lack of evidence that criminalisation has deterred drug use, MQI believe it is counterproductive and wrong to label and criminalise those who use drugs. If we are serious about adopting a health-led approach to drug use, that reduces harm and supports recovery then we need to review and amend the existing legislation to reflect this ambition and invest more in health-led treatment services that support drug users and their families. We need to go beyond merely paying lip service to a health-led approach to ensure the provision of more compassionate services for drug users. Criminalising drug users is not compatible with a health-led approach.

Decriminalisation is a harm reduction model.

The evidence on the harms associated with drug use in Ireland is stark. In 2019, there were 4,549 overdose cases discharged from Irish hospitals, an increase on 2015 figures. Among the overdose cases in 2019, opioids were involved in 15.6% (n=708), cocaine in 5.0% (n=228), and cannabis in 2.4% (n=110) of cases. There were eight overdose cases involving lysergic acid diethylamide (LSD).[39] Action is required to prioritise a health-led approach and move away from criminalisation of drug users. The latter has been ineffective in curbing the drugs epidemic. The use of drugs continues unabated and drug-related mortality and drug harms in Ireland continue to be significant. Criminalisation of drug users has only served to exacerbate the stigma associated with drug use and deter many vulnerable individuals from seeking treatment. It has also cast a shadow over the ability to deliver evidence-based health-led

[39] Health Research Board (2021) *Focal Point Ireland: national report for 2021 – Harms and harm reduction*. Dublin: Health Research Board.

services that reduce harm to the problem drug users, which in turn impacts on their families and on wider society.

Drug use is a global problem.

Internationally many countries have already taken steps to decriminalise possession of drugs for personal use. Some examples of alternatives practices in other jurisdictions are outlined Appendix A**.** There is a growing recognition that prosecution does not solve the problem or curb the prevalence of drug use in society. Criminalisation has not worked, and we need a different approach that promotes safer use of drugs, stops organised crime from profiting from the sale and supply of illicit drugs, and provides a more compassionate response to drug users.

Of particular interest in the debate on decriminalisation in Ireland is Portugal's experience of decriminalisation of possession of drugs for personal use. Introduced in 2001, the evidence shows that decriminalisation coupled with significant investment in wrap-around social supports and treatment services and the use of a Commission for the Dissuasion of Drug Addiction (CDT)[40] has led to a significant reduction in the drug-related deaths, HIV and viral hepatitis transmission, overdose, and drug-related crime in Portugal – see Appendix A for more detail on Portugal's system of decriminalisation.

Implications of criminalising the drug users

The current legislation provides for a criminal justice response to drug use which criminalises the drug user for simple possession. The implications of a criminal conviction are significant in respect of potential imprisonment, travel restrictions and can impede their future employment prospects. It also serves to stigmatise people who use drugs and their families.

Legislation governs in an unequal manner.

The root causes of drug use often stem from poverty and inequality. There is a greater recognition that trauma and the social environment that an individual inhabits contributes to their drug use. Despite the fact that drug use prevails throughout Irish society amongst those from different socio-economic backgrounds, the argument has been made that the current law

[40] The Commission for the Dissuasion of Drug Addiction (CDTs) are regional panels made up of three people, including lawyers, social workers, and medical professionals. They are connected with a broader network of agencies, including drug treatment: primary care; mental health; schools; employment; social services; and child protection. There is one CDT for each of the 18 regions of continental Portugal and 3 in the autonomous archipelago of the Azores.

penalises those from marginalised communities more than drug users from affluent backgrounds. The former is a more visible cohort and consequentially more likely to be detected for possessing drugs for personal use. Furthermore, those who are detected are often those who are most visible – people who are struggling with their drug use, or experiencing homelessness and who do not have the luxury of their own accommodation so are engaging in drug use in the public domain.

Criminalisation undermines a health-led approach and acts a paradox.

At present there are incidences where possession of illicit drugs for personal use have been permitted. Indeed, different approaches to decriminalisation of small quantities of drugs have already been happening in Irish society. For example, in relation to the HSE pilot drug testing scheme at Electric Picnic in 2022.[41] Furthermore, the provision for the establishment of a Medically Supervised Injecting Facility[42] is permitted under the Misuse of Drugs (SIFs) Act 2017. Although the legislation provides an exemption for licensed providers from prosecutions for preparation or possession of a controlled substances in the premises, possession of controlled drugs continues to be an offence outside a Medical Supervised Injecting Facility (MSIF). This has potential implications for those found in possession of illicit drugs for personal use intending to use the MSIF. Implementing a health diversion approach while maintaining a criminal status for possession for personal use is contradictory. This anomaly in the law needs to be reviewed and amended.

A compassionate response to problem drug use.

The objective of any law should be focused on responding in a compassionate manner to addiction in recognition that problem drug use is a health issue requiring a health-led response as opposed to a criminal justice approach.

[41] The pilot involved festivalgoers anonymously putting drugs into HSE surrender bins at the HSE harm reduction tent and the festival medical tent. The substances were then moved by accredited staff members to an onsite portable laboratory and analysed by staff from the HSE National Drug Treatment Centre Laboratory using a Fourier Transform Infrared Spectroscopy (FTIR) machine. As part of the Safer Nightlife Harm Reduction Campaign, the pilot aimed to access, test and identify substances in a festival setting, alert the public, harm reduction services, and onsite medics to any dangerous substances identified and gain insights on drug trends.

[42] A MSIF is a clean, safe, healthcare environment where people can inject drugs, obtained elsewhere under the supervision of trained health professionals.

From the point of view of public health, decriminalisation will help to remove the shame and stigma associated with drug use as a criminal offence and enable the provision of more empathetic, health-led treatment services.

MQI Recommendations:

Recommendation 18:

Merchants Quay Ireland do not support the use or legalisation of illicit drugs. We recognise that drug use can cause harm to the user, their family, and the wider society in which they live. However, we acknowledge that drug use is a relatively common phenomenon which requires a proportionate legal response to the possession of drugs for personal use. Criminalising people for possession of drugs for personal use is not the answer. There is no evidence that it is a deterrent to drug use. Indeed, it has only served to perpetuate further marginalisation of problem drug users, and negatively impacts all drug users prosecuted for possession. In light of this, MQI recommend government legislate to introduce decriminalisation of possession of drugs for personal use as soon as possible. Decriminalisation coupled with increased investment in treatment and harm reduction services, would help to support and respond to the needs of problem drug users. It would also enhance and enable the provision of an evidence-based health-led approach to the treatment of drug use in Ireland.

Recommendation 19:

MQI welcomes the publication of the Joint Committee on Justice Report on An Examination of the Present Approach to Sanctions for Possession of Certain Amounts of Drugs for Personal Use (2022). In particular, we note the committee's support for pursuing a policy of decriminalisation, and for increased investment in "programmes, services and treatments which address addiction and the harms associated with it, paying particular attention to harm reduction, improved social interventions and dual diagnosis services" (2022: 6).

Specifically, MQI support and call on government to:

- Invest in the design and delivery of a national educational campaign on drug use and harm reduction.

- Invest in the harm reduction services to support the rolling out the HSE drug testing pilot-scheme, first trialled in Ireland at the Electric Picnic Music and Arts Festival, in Stradbally, Co. Laois, in 2022.
- Increase investment in local drug and alcohol taskforces to support problem drug users, their families and communities, and
- Building on the reduction in waiting lists during Covid-19, continue to expand the Opioid Substitution Treatment (OST) programme to ensure immediate access to treatment for service users at a community level throughout the country.

Recommendation 20:

MQI calls on government to increase investment in evidence-based harm reduction measures to support people who use drugs, to include the following measures:

- Widening access to Naloxone to include access to families of drug users to administer.
- Given the increase in cocaine use in Ireland, legislating for the provision of Drug Consumption Rooms (DCR) as a harm reduction measure.
- Government to commission a feasibility study on rolling out Heroin Assisted Treatment (HAT) (a proven effective treatment option for individuals with severe opioid use disorder) nationally.
- Providing those who have relapsed after treatment a 7-day window to access community or residential treatment services.

Recommendation 21:

MQI recommends increasing investment to provide greater access to residential and community-based detox programmes; access to medically supervised detox and rehabilitation programmes to include ongoing GP access, and supported accommodation for people leaving rehabilitation, throughout the country.

Recommendation 22:

The health diversion programme is a health-led, harm-reduction programme which should be delivered by non-governmental organisations (NGOs) working in the field of addiction. By funding NGOs to play a key role in the service delivery of the health diversion programme, government would be building and consolidating work already happening in the field in a cost-

effective manner. This would also ensure a service which is accessible to the most vulnerable in society, who may not otherwise present to statutory services.

MQI recommends that government designate funding to NGOs working in service delivery in the community to deliver the health diversion programme and to support drug checking.

Recommendation 23:

MQI call on government to provide dedicated and sustained 3-year funding for the provision of addiction services.

Recommendation 24:

MQI supports the prescription of cannabis for medicinal purposes, as currently provided for on a pilot basis under Irish legislation via the Medical Cannabis Access Programme. The programme facilitates access to cannabis-based products for medical use in line with legislation and with the clinical guidance for the scheme makes it possible for a medical consultant to prescribe a cannabis-based treatment for a patient under his or her care for the following medical conditions, where the patient has failed to respond to standard treatments: spasticity associated with multiple sclerosis; intractable nausea and vomiting associated with chemotherapy, and severe, refractory (treatment-resistant) epilepsy. MQI calls on government to extend this scheme at the end of the pilot, to provide relief for those eligible for this prescription.

Conclusion

The vision of the current National Drugs Strategy 2027 – 2025 is to create a "*healthier and safer Ireland, where public health and safety is protected, and the harms caused to individuals, families and communities by substance misuse are reduced and every person affected by substance use is empowered to improve their health and wellbeing and quality of life*" (2017: 8).

To achieve this objective, we need to invest in a multi-pronged, health-led approach to drug use which reduces harm and supports recovery. We also need to invest more in drugs-related research to ensure reliable and timely data on emerging trends to ensure our public policy and practice response to drugs is keeping ahead of the changing nature and patterns of drug consumption.

To conclude, Merchants Quay Ireland do not support the use or legalisation of illicit drugs (with the exception of prescribed cannabis for medicinal purposes, as currently provided for on a pilot basis under Irish legislation via the Medical Cannabis Access Programme). We recognise that drug use can cause harm to the user, their families, and the wider society in which they live. However, we acknowledge that drug use is a relatively common phenomenon (HRB, 2021)[43] which requires a proportionate legal response to the possession of drugs for personal use.

We acknowledge the harmful impacts of drug use on individuals, families, communities, and wider society, and highlight the importance of adopting a compassionate, health-led approach to drug use, to reduce harm and support recovery. In this submission, reference is made to practice in other jurisdictions that has been effective in reducing drug-related harm to the individual, and society at large. The opportunities and challenges of adopting similar approaches in the Irish context is discussed. The submission also reflects on what is currently working, and highlights policy and practice that could be improved to meet the needs of drug users and to reduce harm.

[43] Health Research Board (2021) *The 2019 – 2020 Irish National Drug and Alcohol Survey – Main Findings.* Dublin: Health Research Board.

In conclusion, MQI proposes 24 evidence-based recommendations for the Citizens' Assembly to consider. We hope these recommendations will help inform the Citizens' Assembly deliberations to improve the policy outcomes and the practice response to drug use and ensure that it is health-led and centred on reducing harm and supporting recovery.

Summary of MQI Recommendations to the Citizen's Assembly.

In response to the terms of reference, MQI make the following 24 evidence-based recommendations to the Citizen's Assembly on Drug Use for consideration. We believe, these recommendations, if implemented fully, would serve to reduce harm, support recovery, and provide a health-led approach to drug use in Ireland.

The drivers, prevalence, attitudes, and trends in relation to drug use in Irish society.

Recommendation 1:

MQI recommends that the Citizens' Assembly focus on the prevalence of addiction in Irish society and the supports required by those experiencing addiction, and their family members.

Recommendation 2:

MQI recommends that the Citizens' Assembly address negative stereotyping of drug users and the stigmatizing and derogatory language and imagery often used in national print and broadcast media.

Recommendation 3:

Government to provide the necessary resources to expand the syringe analysis methodology for market monitoring purposes and monitor signals on the emergence of stimulant injecting trends in Ireland. Coupled with the expansion of the syringe analysis, combine syringe methodology with service user research and pilot analysis methods among other injecting user groups.

Recommendation 4:

Government to invest in the implementation of the Medically Supervised Injecting Centre in Dublin and examine the feasibility of rolling out a similar service in other locations in Dublin and regionally.

The harmful impacts of drug use on individuals, families, communities, and wider society.

Recommendation 5:

In accordance with strategic priority 10 of the current EU Drugs Strategy 2021 – 2025, prioritise investment in drug-related research, innovation and foresight and build synergies to provide the EU and its Member States with the comprehensive research evidence-base and foresight capacities necessary to enable a more effective, innovative and agile approach to the growing complexity of the drugs phenomenon, and to increase the preparedness of the EU and its Member States to respond to future challenges and crises.

Ensure adequate investment in the development of strategic foresight and a future-oriented approach and in national data collection on drugs to support the central role of the EMCDDA, Europol and the Reitox network of national focal points in research, innovation and foresight. While we recognise the valuable data collated by the Health Research Board and the EMCDDA, it is important that there is timely data available on drug trends and patterns to ensure the harm reduction policy and practice responses are evidence-informed. In this regard, MQI recommends government prioritise and increase investment in peer-led, drug-related research in Ireland.

Recommendation 6:

MQI endorse the following harm reduction strategies contained in the HRB Report[44] (2023: 4) to reduce harm and mortality amongst drug users who are homeless:

- The provision of first aid training, including naloxone administration, overdose prevention, suicide awareness and epilepsy awareness for all those who work in homeless accommodation nationally.
- An emphasis on trauma-informed, sex-specific psychosocial and specialist mental health supports in addition to appropriate pharmaceutical treatments when treating someone with mental health issues as well as substance use.
- Decrease barriers to both accessing, and retention in, treatment services for both sexes, particularly OAT.

[44] Lynn, E., Devin, J., Craig, S., and Lyons, S. (2023) *Deaths among people who were homeless at time of death in Ireland, 2019.* HRB National Drug-Related Deaths Index. Dublin: Heath Research Board.

- Increase understanding around epilepsy among people accessing or working within the homeless services. This includes potential seizure triggers, adherence to medication, awareness among clinicians of this high-risk cohort and need for enhanced care.
- Increase focus on general harm reduction strategies for people who use drugs: harm reduction in relation to using alone, and mixing drugs, particularly central nervous system depressants.

Recommendation 7:

Women's substance use needs to be viewed through the lens of potentially multiple experiences of abuse, trauma, and exploitation, rather than as a singular trajectory of problematic use and this should be reflected in service responses.

Recommendation 8:

There is a stigma associated with female substance use, which deters them from accessing treatment. Associated with this is a fear experienced by many women who are mothers that disclosure of their drug use and seeking help for their addiction will result in them being separated from their children. Currently there are only two Mother and Child Residential Treatment centres in the Republic of Ireland, in Limerick/Mid-West and Dublin/East Region. Additional investment needs to be allocated for the provision of treatment and addiction services which provide residential facilities to accommodate women with children or who are pregnant, to stay while in treatment.

Recommendation 9:

The current National Strategy on Domestic, Sexual and Gender-Based Violence Strategy, Zero Tolerance[45] gives limited attention to those in addiction and does not acknowledge the correlation between alcohol and drug misuse and domestic, sexual and gender-based violence. We welcome the commitment to double refuge accommodation during the lifetime of the strategy, however, many refuges do not provide for women in addiction who need to flee their homes as a result of domestic, sexual and gender-based violence. We note that the implementation plan does make a reference to illicit drug users but there needs to be more focus

[45] Government of Ireland (2021) *Zero Tolerance. Third National Strategy on Domestic, Sexual and Gender-Based Violence 2022 - 2023.* Dublin: Government of Ireland.

on this cohort and support for women who are substance users and victims of violence, to access refuge accommodation.

Recommendation 10:

On referral by Tusla or by a Tusla-funded service provider, women in addiction experiencing domestic violence can apply for a 'rent supplement for victims of violence.' This payment can take up to 8 weeks to process. The time lag has obvious implications for women's safety. In light of this, MQI recommends that this payment is fast-tracked to reduce the waiting time so that victims of domestic violence have access to this income support in a timely manner.

Recommendation 11:

The exploitation, abuse and need for safety for women seeking support needs to be recognised and responded to by statutory and voluntary service providers, with safety prioritised for all women accessing supports. This should include female specific services and interventions, as well as safety planning, risk assessment, exploration with women about the current risks in their lives and clear policy and operational guidelines for mixed-gender interventions. Achieving emotional and physical safety and improved wellbeing are key outcomes.

Recommendation 12:

State investment in women's specific services is required to respond to the complex needs of women who are homeless, in addiction or experiencing mental ill-health. Research shows that women are often unable or unwilling to access existing services. Higher rates of gender-based violence, transactional sex and coercive control among women can leave them too ashamed, stigmatised, and afraid to seek the help they need. Female-only spaces facilitate greater emotional and physical safety for women, especially those who have experienced trauma and abuse. MQI established 'Jane's Place,' a gender-specific service for women who are homeless and/or experiencing addiction. Such services require sustained financial support from the state to respond to the need that exists.

Recommendation 13:

A whole of government approach is required to ensure that policy and intervention approaches strengthen opportunities for positive change for women engaging in statutory systems and other services, particularly where there is an initial episode of criminal justice or child protection and welfare involvement, regardless of their background, circumstances, and addiction.

Recommendation 14:

There should be ongoing attention to prescribing, availability, misuse, and overdose risk of medication, particularly benzodiazepines and pregabalin.

Recommendation 15:

MQI recommends the setting up of a national telephone helpline to provide a dedicated, confidential service for anyone affected by someone else's drug use, and to provide information about drugs, drug services and other family support services.

Best practice in promoting and supporting rehabilitation and recovery from drug addiction.

Recommendation 16:

MQI recommends the establishment of a rapid access stabilisation service, which would offer homeless, polydrug users' rapid access to a suite of options including low threshold residential stabilisation (all substances) and the option of treatment, including detox in the first instance rather than waiting to exhaust other options.

Recommendation 17:

MQI recommends the appointment of specialist addiction nurses to Accident and Emergency Departments, who are qualified as advanced nurse practitioners and work as fully autonomous practitioners to address the needs of people who use drugs and alcohol.

Efficacy of current strategic, policy and operational responses to drug use.

Recommendation 18:

Merchants Quay Ireland do not support the use or legalisation of illicit drugs. We recognise that drug use can cause harm to the user, their family, and the wider society in which they live. However, we acknowledge that drug use is a relatively common phenomenon which requires a proportionate legal response to the possession of drugs for personal use. Criminalising people for possession of drugs for personal use is not the answer. There is no evidence that it is a

deterrent to drug use. Indeed, it has only served to perpetuate further marginalisation of problem drug users, and negatively impacts all drug users prosecuted for possession. In light of this, MQI recommend government legislate to introduce decriminalisation of possession of drugs for personal use as soon as possible. Decriminalisation coupled with increased investment in treatment and harm reduction services, would help to support and respond to the needs of problem drug users. It would also enhance and enable the provision of an evidence-based health-led approach to the treatment of drug use in Ireland.

Recommendation 19:

MQI welcomes the publication of the Joint Committee on Justice Report on An Examination of the Present Approach to Sanctions for Possession of Certain Amounts of Drugs for Personal Use (2022). In particular, we note the committee's support for pursuing a policy of decriminalisation, and for increased investment in "programmes, services and treatments which address addiction and the harms associated with it, paying particular attention to harm reduction, improved social interventions and dual diagnosis services" (2022: 6).

Specifically, MQI support and call on government to:

- Invest in the design and delivery of a national educational campaign on drug use and harm reduction.
- Invest in the harm reduction services to support the rolling out the HSE drug testing pilot-scheme, first trialled in Ireland at the Electric Picnic Music and Arts Festival, in Stradbally, Co. Laois, in 2022.
- Increase investment in local drug and alcohol taskforces to support problem drug users, their families and communities, and
- Building on the reduction in waiting lists during Covid-19, continue to expand the Opioid Substitution Treatment (OST) programme to ensure immediate access to treatment for service users at a community level throughout the country.

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programme facilitates access to cannabis-based products for medical use in line with legislation and with the clinical guidance for the scheme makes it possible for a medical consultant to prescribe a cannabis-based treatment for a patient under his or her care for the following medical conditions, where the patient has failed to respond to standard treatments: spasticity associated with multiple sclerosis; intractable nausea and vomiting associated with chemotherapy, and severe, refractory (treatment-resistant) epilepsy. MQI calls on government to extend this scheme at the end of the pilot, to provide relief for those eligible for this prescription.

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Appendix A

International, and European Union perspectives on drug use.

Drawing from the international and European perspective on drugs the following examples provide different policy approaches to drug use in Europe and in Canada.

The Portuguese Experience of Decriminalisation

Portugal's legal and judicial system is based on Roman civil law. Decriminalisation was introduced in 2001. The Portuguese Constitution states that the government has a duty "to guarantee access by every citizen, regardless of his economic situation, to preventive, curative and rehabilitative medical care". Portugal has 18 administrative regions and includes two autonomous regions – the archipelago of the Azores and Madeira Islands.

Prior to the introduction of decriminalisation, Portugal experienced a rapid use of injecting heroin, infectious diseases, and open-air drug markets in the 1980s. From 1990 to 1999, the number of drug-related AIDS cases in Portugal increased from 47 to 635. In 1999, Portugal had the highest rate of drug-related AIDS cases in the EU and the second highest prevalence of HIV among injecting drug users (Hughes, 2017).

It was against this context that Portugal decriminalised the use of possession and acquisition of all illicit drugs, when deemed for personal use on 1st July 2001[46]. The definition of "one's own consumption" is a quantity "not exceeding the quantity required for an average individual consumption during a period of 10 days" (Article 2 (2)). The rationale behind decriminalisation was social integration of problematic drug use, using a de jure reform mechanism whereby possession became an administrative offence, with diversion to dissuasion committees and targeted referrals to treatment. This applied to all drugs with threshold limits of 10 days' supply with defined quantities in respect of different drugs. For the quantities delineated are 1 gram of heroin, 1 gram of ecstasy, 1 gram of amphetamines, 2 grams of cocaine, or 25 grams of cannabis. Possession of drugs is still illegal and while possession of 10 days' supply within the threshold limits outlined above is no longer a criminal offence, it is an administrative offence. If found in possession of drugs, an individual will be referred to the Dissuasion Commission, a diversion scheme under the Ministry of Health, and will be assessed. The risk assessment conducted will determine if the individual should receive an administrative sanction or further health referral. Those found in possession of over 10 days' supply will be convicted of the criminal offence of supplying drugs and referred to the criminal justice system. It is also the case that an individual will also be charged with supplying drugs if it is determined that they are possessing drugs for supply, for example if they have a significant amount of money in their possession or if the drugs are divided into individual portions.

Outcomes

The Portuguese experience demonstrates the value and impact of decriminalisation in reducing harm, improving health outcomes and reduced cost to the exchequer. A cost efficiency study in Portugal after the decriminalisation of drug possession for personal use was introduced, found that an administrative offence at the Dissuasion Commission cost nearly half of what a similar procedure would have cost in the courts system.

[46] The decriminalisation is a *de jure* reform, enacted through *Law no* 30/2000.

Overall, the numbers of drug users in treatment increased in Portugal from 23,654 to 38, 532 between 1998 and 2008 (Hughes and Stevens, 2010). An evaluation of the CDTs found that approx. a quarter of participants were referred to specialised services in addictive behaviours, mainly treatment structures and for half of them this was the first contact with treatment structures (Carapinha, Guerreiro and Dias, 2017). The largest increase in treatment was in outpatient opioid substitution therapy. Further evaluation of drug treatment involvement pre and post drug policy reform, showed that treatment engagement increased by 94% (Pombo and da costs, 2016). Heroin injecting[47] and HIV infection decreased from 28% to 19.6% (Pombo and da costs, 2016). Portugal also observed a change in the population of people who use drugs, who were aging and becoming better educated. The conclusion drawn from this was that the implications of decriminalisation and policy reform resulted in change in the drug use profile of heroin-addicted patients, with stable or reducing harms.

Drug-related HIV infections decreased significantly between 2000 and 2009 from 1,400 to 200 cases per year. There have also been significant decreases in mortality for HIV, HCV, and tuberculosis (Moreira, Trigueiros and Antunes, 2007) and the number of new diagnoses of HIV and AIDS has also decreased. For example, the number of new cases of HIV reduced from 2000 and 2008 from 506 to 108 (Hughes and Stevens, 2010). Hughes et al (2018) attribute this to an expansion of harm reduction services which may have reduced the stigma of accessing such services after criminal penalties were removed. Since 2016, the annual notifications of drug-related HIV infection cases have continued to decrease in Portugal to 30 cases (EMCDDA, 2017)

In 2015, the rate of drug-induced mortality among adults aged 15 – 64 years was 5.8 deaths per million. The European average was 20.3 deaths per million (EMCDDA, 2017). Furthermore, the reduction in overdose and opiate-related deaths highlights how decriminalisation and the wider drug strategy implemented in Portugal has been very impactful in reducing harm to problem drug users. The numbers presented in the criminal justice system also decreased which has meant the Portuguese police have more time to pursue more serious offences such as drug trafficking (Hughes and Stevens, 2010).

Application of the Portuguese system to the Irish context

The *Report of the Working Group to Consider Alternative Approaches to the Possession of Drugs for Personal Use* concluded that the model of decriminalisation applied in Portugal was not suited to the Irish context. Its reason for making this determination was based on incompatibility of the Irish legal system to facilitate this model of decriminalisation. The Working Group concluded that there would be difficulties in applying decriminalisation with an administrative or civil sanction in Ireland as such an approach would not be compatible with the Irish legal system. The Working Group identified three main problems with making such a legislative change:

- The Gardaí would no longer have the power to stop and search a person for possession of drugs for their personal use. The Working Group considered whether Garda powers to stop and search based on public health considerations could be preserved if possession for personal use was decriminalised, and formed the view that this could give rise to constitutional and legal difficulties as no criminal offence would have been committed.

[47] Heroin users now smoking heroin rather than injecting.

- Organised crime gangs could use the limits set for personal possession to facilitate a supply chain just below these thresholds. Although the report also notes that the 'Working Group understands that people involved in the sale and supply of drugs already carry minimum amounts of drugs in order to avoid criminal prosecution for sale or supply at present in Ireland' (p. 61).
- Removal of the offence could lead to de facto legalisation 'given that there would no longer be a criminal offence of possession for personal use' (p. 67), and there may be unintended and undesirable consequences.

For these reasons, the Working Group recommended that that Gardaí continue to have the power to stop and search but that they would also be able to divert people to appropriate services (p. 67) via the health diversion approach (discussed on pages 39 - 40 of this submission).

Malta

Malta became the first country to legalise limited cultivation and possession of cannabis for personal use. In December 2021, under the Responsible Use of Cannabis Act, the following measures were enacted in law in Malta:

- Residents aged 18 and over are allowed to grow up to four cannabis plants per household and keep up to 50 grams at home. Possession outside the home is limited to 7 grams.
- Smoking Cannabis in public or in front of a child is against the law and subject to fines.
- Anyone who has a criminal record for cannabis possession can request it to be removed.
- Cannabis associations are permitted through which members can access up to a maximum of 7 grams of cannabis per day and 50 grams per month.
- A new regulatory authority was created to oversee the cannabis associations who are required to register and report to the authority.

Luxembourg

Cannabis in Luxembourg is decriminalised for recreational use and legalised for medical use. Prosecution depends on the amount of cannabis one possesses. In April 2001, Luxembourg updated its 1973 law, and reclassified cannabis as a Category B controlled substance, meriting only a fine for a first offence, effectively decriminalising personal possession. Since 2001, prison penalty has been substituted by a monetary fine ranging from 250 to 2,500 euros.

In November 2017, the Minister of Health announced a two-year pilot programme under which Luxembourgers would be able to obtain cannabis extracts and cannabinoids for medical purposes.

In June 2018, a bill to legalise the medical use of cannabis was unanimously approved. In November 2018, the government announced that it would legalise the recreational use of cannabis. In October 2021, the government announced plans to legalise growing up to four cannabis plants per household for personal use.

Luxembourg is planning to establish a chain of production of cannabis and its sale under the control of the state for those aged 18 years and over, for recreational use. In the programme for government 2018 – 2023, the Luxembourg government outlined its intention to reduce harm to users of illicit drugs, keep them away from the illicit drugs market and address crime at the supply level by a policy shift. In June 2022, draft legislation was introduced to parliament outlining a more restricted policy than originally proposed in the Programme for Government. The restricted policy is thought to be as result of commitments to international laws and agreements already in place. The draft legislation provides for the legalisation of a limited cultivation (four plants per household) and possession of cannabis for personal use for those aged 18 and over. Use in public remains prohibited in the draft legislation and subject to a fine.

Germany

In Germany, cannabis for medical use has been legal under strictly defined circumstances since 2017. The coalition government who came to power in September 2021 plan to legislate to legalise cannabis for recreational use by providing for a regulated cannabis market that would allow for the licensed cannabis market to permit for the licensed cultivation and sale of cannabis to adults aged 18 years and over from regulated stores.

A proposed legalisation framework would allow adults to possess up to 30 grams (approx. 1 ounce) of cannabis as well as home cultivation of three cannabis plants per adult.

Recreational use is currently illegal in Germany, but possession of small amounts is generally not prosecuted.

The draft legislation has recently been scaled back, permitting adults to purchase and own up to 30 grams (1 oz) of cannabis for recreational use and to privately grow up to three plants at home and buy weed in clubs of up to 500 members, which must not be profit-oriented. There will be a ban on advertising the drug, a limit on THC (tetrahydrocannabinol, a psychoactive substance in cannabis) for under 21-year-olds, and consumption will be restricted to specific areas. The draft bill was circulated on 28 April 2023.

Home cultivation and cannabis clubs form the first of two pillars in Germany's push to legalise. The second pillar is regional model projects to build up commercial supply chains, which will take five years and will be evaluated constantly.

Canada

Canada legalised the use of recreational cannabis for adults nationwide in 2018.

In February 2023, the province of British Columbia started a federally approved exemption from the Controlled Drugs and Substances Act to trial decriminalising small amounts of hard drugs such as cocaine and heroin. Under the three-year pilot study adults can possess up to 2.5 grams of such drugs, as well as methamphetamine, fentanyl, and morphine. While those substances will remain illegal, adults found in possession of a combined total of less than 2.5 grams of the drugs will not be arrested, charged, or have their substances seized. Instead, they will be offered information on available health and social services.

Thousands of police officers in the province have been offered training on the rule change, including those in Vancouver, the largest city in the province. This training programme will be offered to police officers throughout the duration of the pilot study. The training programme will run from 31 January 2023 until 31 January 2026, unless it is revoked by the federal government.

Exemptions to the scheme include:

- The sale of drugs remaining illegal.
- It is also illegal to possess drugs on the grounds of schools, childcare facilities, and airports.
- As these drugs remain prohibited there are no plans to sell them in stores.
- Trafficking them across borders also remains illegal.

Appendix B

Case Studies of Merchant Quay Ireland Service Users

Richard's Story

This case study documents Richard's story and experience of residential detox and rehabilitation at MQI's St Francis Farm, and of using MQI's aftercare service.

When I walked into St. Francis Farm, I was like, "Why is everyone so nice? What do they want from me?" After a while, I learned that's what people are normally like, but I just wasn't used to it on the streets. No one had ever been nice to me without wanting something from me before.

I was seventeen when I started on heroin because my younger brother passed away. I've lost four brothers to this stuff. The more people I lost, the deeper into drugs I got. You're only human, you know. There's only so much pain you can take. I had ambition when I was younger, I wanted to go to college, but I grew up in an area where the best anyone could possibly hope for was having a trade, doing an apprenticeship for four years, and only the best of people did that. It doesn't matter who you are, growing up, you're going to look up to the people around you. So, from what I could see, the best I had to hope for was going to prison. I always wanted more, and I used the drugs a lot to numb the disappointment I already felt about my life. I just gave up hope. But I just thought I used drugs because I liked how they made me feel. I could never do NA (Narcotics Anonymous) meetings or anything, I couldn't sit down and talk about my drug use, because I didn't understand what was behind it.

I did treatment for the first time when I was nineteen. I wasn't ready for it then, but even though I didn't manage to stay drug free that time, something hit home. It helped me see that I could have a better life. It ensured that I never actually thought drug addiction was the life I was meant for; I knew I would get out of it one day. After that, there was no "happy using" for me. You can get very lost in addiction, but I always felt there was a part of me there, I never fully lost myself in the thick of it. I'd be on my way to get my medication and I'd see people bringing their kids to school, and it reminded me that I wanted a better life.

When I went to treatment the last time, I was finally ready. By that stage, I'd realised that drugs only work for so long and then it is hospitals. I got on very well at St. Francis Farm. None of the other detox places would take me, it's like I was written off. But the Farm gave me the time I needed to come off the drugs I was on. They've seen everything before, so they're able to cater to the specific needs of everybody who comes there. It's away from towns and cities, from the buzz and temptation. You're around normality, you have a structured day, and that starts to rub off on you. People come in with these street mentalities and within a month of being there, you see them changing. You start to get a closer look at the real person. Once you take the drugs out, the rest is just behaviour, it's just what you learn on the streets, and you can begin to unlearn it. The people who work in treatment really know what they're talking about. It can be hard to understand what they're on about when you first come in, from a background like mine, but once you come back to reality, you start to get it. They've helped me a lot. If places like St. Francis Farm weren't there, there'd be no way for people like me to start understanding why they turned to drugs. You start learning about trauma, and where the need for escape could have come from in your life; why you're different from John next door who grew up similar but never turned to drugs. I never got it when I was younger because you don't want to get it, you know? You think there is still loads more living in you, and the drugs are helping you live, and you love something about the feeling it gives you. But that all burns out very quickly. You lose enough people close to you and eventually the drugs stop working. It all gets so tiring.

It got to a point for me where none of the drugs were working anymore. No matter how much I took, so I realised I had to do something before the head went. And the head will eventually go. The only thing that was going to happen was that I'd get worse. I'd have less teeth, more injuries, and then, I'd die. I was scared, but once you get moving, you start to realise, "I can do this." That's the drive you get from recovery, as time goes by, and you're getting healthier and stronger, and you start coming back to yourself. I'm getting my confidence back, my self-esteem.

I found it really helpful talking to the staff members who have been through recovery themselves. That's kind of proof to me that this does work. This works, you know? I also found it was helpful how MQI set up a place for me to go and stay once I left, because if you leave and go right back to where you're from, you haven't a chance in the world. This is something I had to learn over and over again. The way they prepare a place for you in the Aftercare Service is crucial. You've been living a certain way for such a long time, so doing the detox and the therapy is just the first part of it. Then you have to learn how to live your life that way, and how to integrate back into society. They make sure you're not alone while you're doing this, though. They support you.

I'm starting college now next week. I'm ready and I know I can do it. I'm going to do something in social care because given my life experience, I think I can help people. If MQI donors help five people, that's not money, that's saving five lives, and that's five people who could go on and help another five-hundred people. I want to help people now; I've been given this chance. If this service wasn't here, I wouldn't have had a chance, not a hope. Even now, I can pick up the phone and ring the counsellors down on the Farm whenever I want. They still help me.

In addiction you can think "if I come off this, this life is gone, this is all I know," and it's scary, because you feel like you're losing who you are, but really, you're coming back to who you are. In recovery, you form connections to new things, to new people, you reconnect with your own life. This is the stuff that I'm learning. What I need now is college. I need a bit of meaning in my life, a bit of purpose. Once I have that, and so long as I don't forget where I came from, I reckon I'll be alright.

I'm just after that normal life. It's not about money, it's not about mindlessly working, I have to be doing something with a meaning, helping people who are after coming from that same life I had. I have big dreams. Sure, why not, like? Nothing has knocked me down yet.

Naomi's Story

This case study documents Naomi's story. She highlights the difficulty accessing supports in the city and of navigating the barriers she faces as a woman in addiction.

I have five kids, and when myself and their father separated several years ago, I was struggling with the five of them on my own. We lost the house, and I started drinking to cope.

My kids ended up living down with my da, but he's an alcoholic too, and eventually became homeless as well. My ex got full custody of the kids, and I don't see them at all anymore, which is really difficult. I think I spent four months solidly crying over the loss of my kids.

At the moment, I have to drink in the morning, I need it straight away. I'm on six bottles of wine a day, and more if I get vodka. I cleaned the hostel room this morning and there were about twenty bottles. I'm not from Dublin city centre, so I didn't really know about Merchants Quay before I became homeless. But once I was on the streets, I was in town all the time, and able to go to them more. I'm in a hostel at the moment, which Merchants Quay helped me get into. I love the kitchen area and chatting to the staff there. They are really nice.

The fact that I'm addicted to alcohol sometimes makes it difficult for me to find a place that will allow drink in. I've slept on the streets an awful lot, in doorways, everywhere. It's hard, especially when you're on your own and as a woman, it's frightening. Nobody wants to sleep on the street, but sometimes it's the only option. I obviously want to stop drinking, but you can't just stop overnight, and it's difficult to do when your circumstances haven't changed.

The hostel is mostly fellas; there's only three girls in it. It's not too bad, but I would feel safer if I was with more women. Me and the other two girls have our rooms away from the fellas, at least.

I definitely feel judged as a homeless woman, and as a woman who drinks. I feel like everybody judges every homeless person, even if they're homeless themselves.

Sometimes I spend time with my da because he's in my situation, homeless and addicted to alcohol. I'm kind of a bit stuck on my own at the moment, so I'll have a chat with anyone. I've filled out the forms to get into treatment, I just really want to stop drinking, you know? You lose so much time to addiction, but I've got a lot to live for, and I would really love help.

If there was a women's drop-in service, I would definitely use it. It'd be good to have a place to go in and talk things through and feel safe. I don't really access the services too much, as it is.

Ciaran's Story

This case study documents Ciaran's story and his experience of addiction and how MQI Cavan and Monaghan Drug and Alcohol Service (CAMDAS) helped him.

When I first started coming to CAMDAS, I wasn't even able to look people in the eye, I couldn't talk to more than one person at once. Often, I'd just be looking out the window because I was so anxious. If it wasn't for this place, I'd still be that way. I started acting out because of childhood trauma. My parents were alcoholics, so every day there'd be screaming and shouting. When I turned thirteen, I started getting violent and fighting with grown men in town. There was one day I got in an awful fight. I was up against a group of men in their thirties. They hit me with bottles and broke my back. I'm still in chronic pain from the injuries I suffered.

I was in and out of prison as a teenager because of drugs and violence, but I knew I didn't want this life for myself. I was still doing drugs a bit on the weekends, but I wanted things to get better, so I threw myself into football, and really concentrated on that. I was very good at it, but I hadn't realised how bad the damage to my back really was. I was in the football trials for Ireland, and a fella was coming to watch me for them, so I started going to the gym to strengthen up. Only then did I find out I had nerve damage, and I just couldn't play football like I used to. My favourite thing in the world and I couldn't do it anymore. That's when I started going heavy on the drugs and retired from football completely. My injuries worsened and my back completely blew out. I couldn't make a cup of tea, couldn't put my clothes on. I became dependent on the medication I was taking.

Since getting into recovery, I've basically changed my life. I'm a nice fella, and I know it's not cool, that life. I know now that the bigger man walks away. But I was only a kid when I was in it, and that was the only way I knew how to defend myself, because I was no good at talking.

All the counselling I've been given has shown me how to cope in this world. I have to really go with the things they taught me in order to deal with everyday life, so I can go out and chat with people. The chats I've had here at CAMDAS are unlike anywhere else. The things I've learned through counselling, it's crazy. Nowadays if something annoys me, I won't snap. I'm more relaxed.

The best thing I've learned here is about drug control, what drugs will do to you in the long run, how not to abuse them, how to know your triggers. I had to stop hanging around with all my old friends because a lot of them would be in addiction. It's been really hard, and I feel guilty, but I had to do it for myself. CAMDAS has completely changed my life. Even if I'm in pain, I make sure I come in every day. It's nice and peaceful here. I'm in a better headspace now.

Valerie's Story

This case study documents Valerie's story and experience of residential detox and rehabilitation at MQI's St Francis Farm, and her journey of recovery.

I started taking drugs at fourteen, because I had a difficult family situation. I got into a relationship at eighteen that was emotionally and physically abusive. It brought me to my knees, and I thought there was no way out. My self-worth, my pride, my dignity, everything was stripped from me. I had a bad addiction because my partner sold drugs, so they were within my reach all the time. For five years I went through hell, and everything spiralled out of control. I lost friends, family, nobody wanted to be around me, because the disease of addiction just completely took over me, changed me, and I didn't know who I was. I'd love people to get that in order to understand addiction, you have to get your head around the fact that a lot of it starts before people are even old enough to know what is happening to them. They're children, looking for a way to cope with bad things that happened to them. It's easy to judge, but a lot of people who are in addiction are really just the children they were when something terrible happened. Addiction doesn't give you a choice. Addiction is ruthless, cunning, baffling, powerful; it will destroy you, your family, everything, and take what you have. I was very ashamed of my addiction. I tried to hold things together, but I couldn't. Addiction took everything from me. The turning point in my life came when I signed myself into hospital because I wanted to end my life. My mother was told about St. Francis Farm by a friend who said, "Get her in there, it's a brilliant service." I linked in with a keyworker at Merchants Quay who's been an amazing help and a great support through my journey and recovery. I saw her every week for four months before going to the Farm. She really helped me realise that I was ready. I think in times of desperation, when you are at your rock bottom, you think there is no help out there for you, but she showed me that there was. I couldn't have asked for a better time and for better people to get me through my recovery. MQI really made it as comfortable as possible for me. I'm only in my twenties now, and I didn't think there was help out there for young women. There's a lot of stigma attached to women in recovery. From being in recovery the past fourteen months, I think women have different experiences. We have children, so we can't just get up and get out. You are constantly up against challenges. I'm going to college, and I'm looking forward to starting a placement soon. These are all the rewards that you get in recovery if you stick it out. I'm looking forward to it. The biggest thing I've learned about myself throughout recovery is to believe in myself, that I'm a human being, that I'm equal, that I've just as much right to be here as the next person, and to trust myself that I can do this. No matter what I've been through, it's only a chapter of my life. The rest of the book still has to be written.

David's story

This case study documents David's story and experience of residential detox and rehabilitation at MQI's St Francis Farm.

I had cancer twice in my twenties. I was used to being healthy and strong, so finding out I wasn't, it was a shock and it knocked me sideways. I got very sick like, I went down to under five stone and was in hospital for months. I know I'm not the only one, lots of people have to go through it, but I really struggled. The cancer destroyed my body and my confidence. My mental health suffered the most, and I suppose I started using drugs to cope. I managed for the first couple of years. I had my own place, I was working. I had money saved up for a deposit on a house. And then things just spiralled out of control. It got bad very quickly. I lost people around me, my job and my girlfriend. All those things vanished. I was in my early thirties when I first became homeless. It's very hard out there. I spent a couple of years staying in hostels. I slept in doorways all around the city centre. Twice I woke up and a person was dead beside me. I was going out of my head and taking drugs just to survive on the streets. I wanted to get help years ago but when you're in addiction, you just can't reach out and grab it. I couldn't even talk to anyone about it, that's how alone I felt. Merchants Quay Ireland was a lifeline. Being able to come to Riverbank for a shower and something to eat kept me together. And the help I got there from the staff, the support they gave me when I needed it most... that's what kept me holding on I suppose.

I got septicaemia in my foot. It seemed like I just woke up with it one morning, but the injury itself had happened about a month before. I was taken to hospital and while I was there, I got onto methadone. From there I was able to get into detox at MQI's St. Francis Farm. As soon as I arrived at St. Francis Farm, I felt safe. I felt people understood me. The staff can relate to how people's problems start. It's like unravelling a knot. The main thing with me is sorting out my mental health, just accepting myself for who I am. I got a lot of stuff out during the one-to-one counselling. Being off drugs in rehab and doing all this work, it's like I've just been reborn. I'm still learning to manage obviously. People see that I'm trying to help myself. I've got back to rebuilding relationships with my family in the last couple of months. Being in St. Francis Farm has opened my eyes. I am afraid of the future. But I am beginning to see life is worth living and I want to make it a nice life. I made the choice to go to St. Francis Farm because I had to. I was definitely on my last life out there. If I hadn't the support of Merchants Quay, more than likely I'd be in ground. That's the truth of it. It's not a nice place to be, I definitely don't want to go back to it.

Declan's story

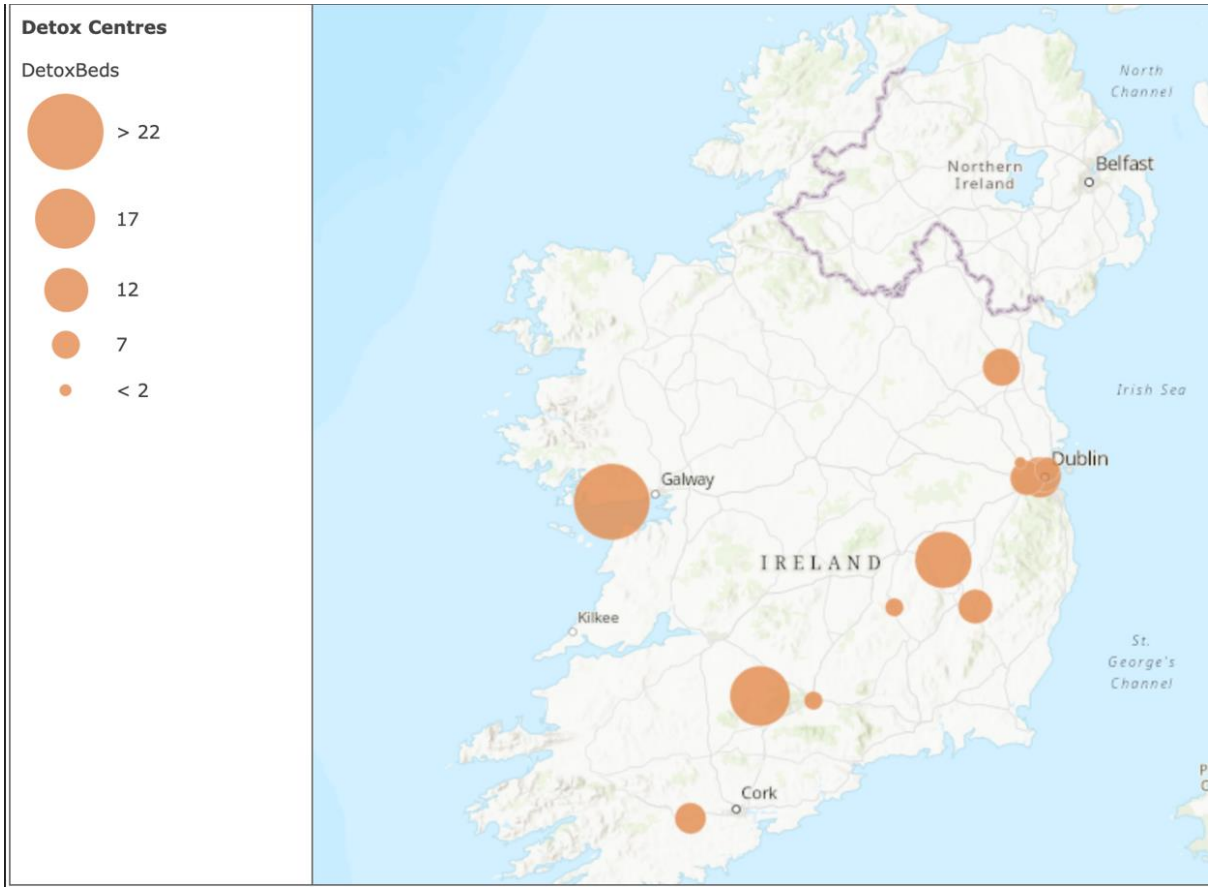
This case study documents Declan's story and experience of residential detox and rehabilitation at MQI's St Francis Farm, and his journey of recovery.

I came from a good family. We had everything we wanted materially, but we were involved in a serious car accident when I was 12. Myself and my siblings were all in the car. My father lost his legs. I remember standing there, looking at him on the ground. Seeing something like that, the trauma of it. Three of us ended up in addiction, and my father an alcoholic. I was functioning for a long time. I bought houses, built a business. I had kids and sent them to college. I was a respected member of the community. Trained football teams. But my life was a lie. I used to be going down preaching to young fellas, training and playing football, and I'd be out of my head. It just became a thing that I had to use every day to get through the day. I had a drug for every occasion. I thought for years I had a handle on it, but when I look back now, my life was chaos. I ended up losing my marriage, my business, my family. My life spiralled out of control. I never thought I'd wake up in emergency accommodation in the middle of Laois, with nobody around me. My life was controlled by drugs. Addiction is hell. Pure hell. The mental torture of it and the pure despair. At the end, it just became so bad for me that whether I was stoned or not, I'd be sitting on the edge of the bed crying and pulling my hair out. I had disconnected from everyone, I was down to about seven stone. Eventually it was a matter of life and death. I was 30 years in addiction when I got into MQI's St. Francis Farm Residential Detox Centre. I was clean for two days when I got a call to say my brother died of an overdose.

I'd been numb my whole life. Felt nothing. But at the funeral, that was the first time I was ever able to feel anything, because I had no drugs in me. I remember looking into the grave; that's the first time I wanted to live. It was powerful. St Francis Farm was hard, but I was treated with respect, and I treated the staff with respect. There was no difference between the staff and the clients. It was very peaceful, and I felt at home. After going through detox and rehab, I did the MQI aftercare programme in Dolphin's Barn. That gave me the time to get back living. To be able to connect with my family, take on more responsibility. To be able to hug my kids and feel for someone when there's something going on. That's been very important. Addiction does awful things to a family. I don't know how my parents put up with it. Three of us going through addiction. I don't know how they stuck it. We broke their hearts, really. We were all using when my mother and father died. When I look back on it now, I wish I could just be clean – just for a day – to go to their funerals. I'm doing better now. I'm going back to education this year, and I've a good relationship with my family. I was down at home recently, we were all sitting in the sitting room. It was nice and peaceful. I felt love.

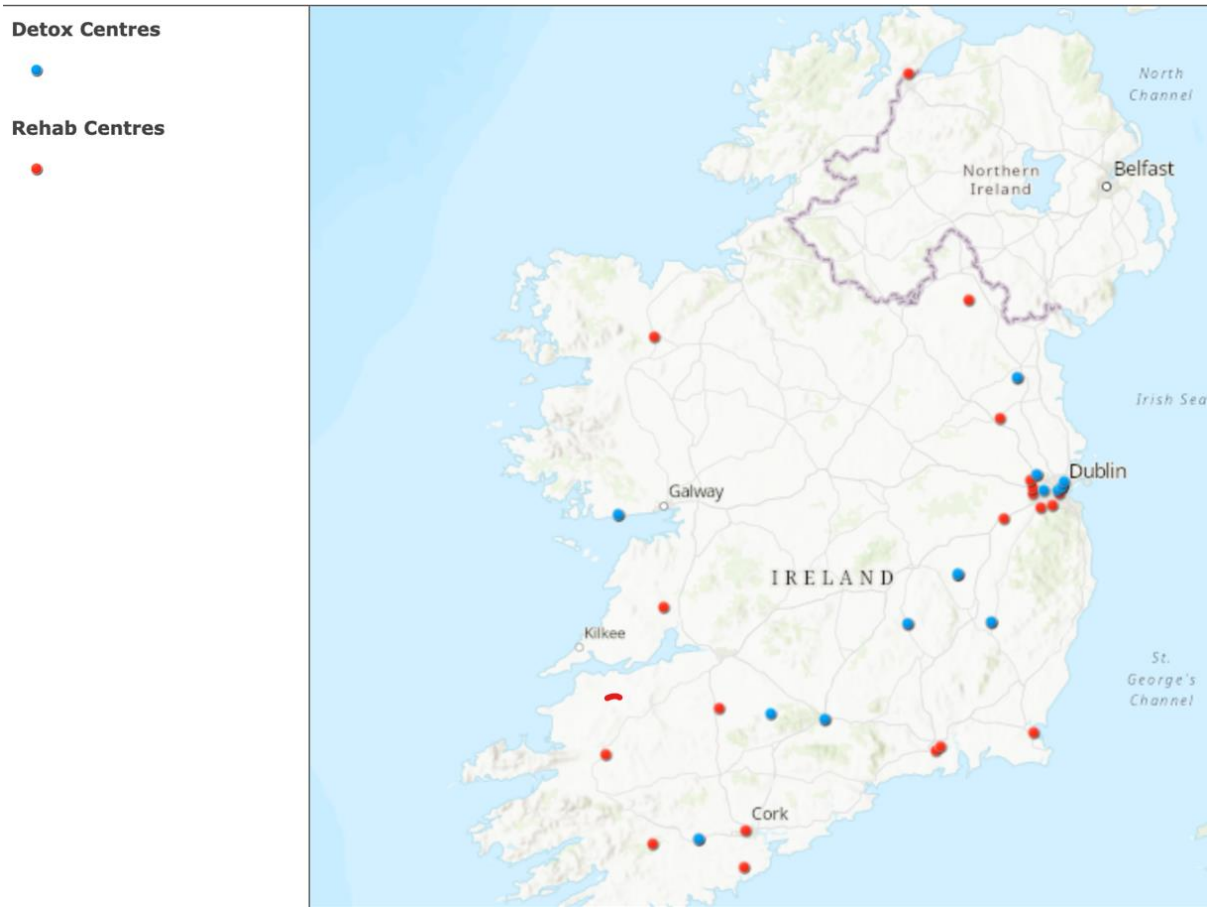
Appendix C – Maps of Detox and Rehabiliation Centres in Ireland.

Map of Detox Centres throughout the country.



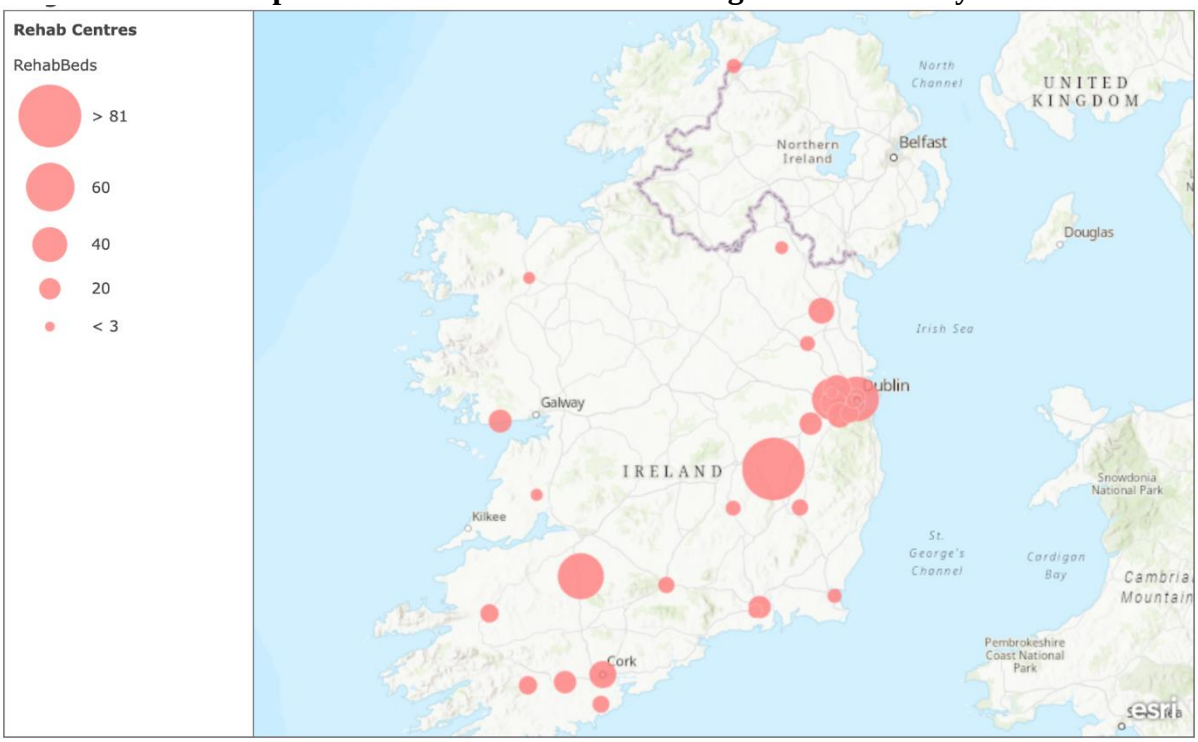
(MQI, 2022).

Map of Detox and Rehabilitation Centres throughout the country



(MQI, 2022).

Map of Rehabilitation Centres throughout the country



(MQI, 2022).

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