**Runner up 15-17**

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Heroin addicts injecting in needle-strewn alleyways, mentally ill and struggling drug dependents to whom society turns a blind eye, and disenchanted young people looking for an escape on the streets of Dublin - these are some of the people it is hoped that a medically supervised injecting centre in Dublin could help. The proposed centre got cabinet approval last year and outgoing Minister for Drugs Aodhán Ó Riordáin suggested to thejournal.ie that it might be built in as little as a year - but as Ó Riordáin was not re-elected in “constituency of death” Dublin Bay North in this year’s General Election, those plans are now up in the air.

The centre, an initiative from the Ana Liffey Drug Project, has stirred up some degree of controversy, including statements by a senior Garda to the *Irish Examiner* that drug injecting centres present a risk of increased dealer presence - but the  majority (67%) of Irish people surveyed by The Journal in late March 2016 approved of the idea. The controversy around the centre has at its core a policy dilemma - should drug addicts be treated as criminals in need of punishment or patients in need of help? And what are the effects of each policy on drug users and addicts?

The first attitude seems more prevalent, and is reflected in the laws of most countries, where the possession, sale and trafficking of drugs are all criminal offenses. A particularly strong example comes in the form of the calamitous “war on drugs”, which began in 1971 when US President Nixon declared the need for a “new, all-out offensive” that resulted in President Reagan’s harsh zero-tolerance policies against drug users. Under this policy, drug users were blamed entirely for their addictions, as if addiction was a moral failing, and punished harshly. Another policy, of which the proposed supervised drug injecting centre is a typical implementation, is *harm reduction*, which aims to reduce negative effects of drug use on the user and on society rather than just punishing the user, especially when the user is unwilling or unable to stop.

The mentally ill can be a particularly vulnerable population around the world. Drug abuse and mental illness are strongly linked: people may turn to drugs in hopes of alleviating their symptoms and if they are already struggling with their mental health could find it more difficult to use drugs in a controlled manner, while the use of many legal and illegal drugs have been found to correlate with the development of mental illnesses – psychoactive drugs can cause anxiety, depression and schizophrenia, for example. Drug addicts with mental illnesses have a *dual diagnosis*, and can have more complex needs in terms of rehabilitation, which makes good drug policy especially important for them. The *Journal of the American Medical Association* reports that half of those with serious mental disorders have a substance abuse problem, while 53% of all drug users also have at least one serious mental illness.

The US War on Drugs lasted fifty years and, according to a study in *The Lancet* reported in the UK *Independent*, has not decreased the number of drug users, but has disproportionately targeted marginalized groups. The study advised against prison terms for minor drug users, concluding that this time in prison was the leading cause of drug-related infections like Hepatitis C and HIV. In combination with other strict laws in some parts of the US, such as California’s Three Strikes Laws, the zero-tolerance policy to drug use has resulted in higher incarceration rates, even for possession of very small amounts of illegal substances.

According to a study published in the *American Journal of Public Health*, white people in the US make up 70% of drug users, but black people constitute 62.6% of those imprisoned for drug offences. In one state, black men are imprisoned at a rate of 57 times that of white men. The war on drugs has clearly been especially detrimental to racial minorities, but it has also taken its toll on the mentally ill. Due to zero tolerance laws, nonviolent drug felons are denied access to programs to help them get back on their feet after prison, such as federal aid to attend college, even though these privileges are afforded to violent non-drug offenders. In 2003, five times the number of mentally ill people were in US prisons as in US psychiatric healthcare facilities. They have likely ended up in prison at least in part because their illness is making it difficult for them to get by in society – and zero-tolerance laws make it even harder to rehabilitate them.

In 2001, Portuguese lawmakers enacted massive reforms to decriminalise – but not legalise – the possession and use of small quantities of all illicit drugs. According to the Drug Policy Alliance’s February 2015 report on the subject, citizens caught with personal amounts of illegal substances are not brought through the criminal justice system but rather ordered in front of a *dissuasion commission*, featuring one legal official and two health and social workers, who try to determine the existence and extent of a drug addiction. If the person’s drug use is seen as non-problematic, they are dismissed without punishment.

This is undoubtedly a radical approach to drug policy, and, in the words of former Portuguese police officer Fernando Negrao, “There were fears that Portugal might become a drug paradise” – but this did not transpire. Fourteen years later, there has been no overall increase in drug use, the rate of harmful drug use has decreased, fewer teenagers are using illicit drugs, and there are fewer drug-related deaths. In fact, despite the latter’s relatively draconian drug policies, drug use rates in Portugal are far lower than in the US.

Portugal’s approach leads to far fewer incarcerations and more caring social intervention, which is far more beneficial to the mentally unwell. Mentally ill inmates often face disciplinary problems in prison due to illness-related behaviours – this has led to horror stories of people left in unsanitary conditions in solitary confinement because prison staff could not adequately support their mental health needs. While Portugal’s progressive approach, which is similar to that of the Czech Republic, certainly shows benefits in comparison to stricter regimes like those in some parts of the US and in the past, it could be particularly beneficial for dually-diagnosed users, providing an integrated, health-care based approach to their treatment.

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