

Out of Sight, Out of Mind – Ireland’s Drug Problem

Seán O’Reilly

THE effects of drug use on individuals, good and bad, are well known and have been documented both at home and abroad for decades. But where headlines once focussed on the issues of a small number of problem users, recent months have seen more and more and more column inches devoted to the sharp increase in casual users suffering accidents, overdoses and death.

The hospitalisation of six young people in Cork city in January following their reported use of the psychedelic drug 2C-B drew into focus once again the ineffectiveness of Ireland’s current approach to drug policy. The events that surrounded the affair, which were described as being nothing short of a bloodbath in a Red FM interview with a passer-by, also showed up the inability of health services and the media to appropriately respond to such cases.

It would seem that for a long time, cause and effect have been overlooked. The effects are a dangerous national relationship with drugs, the cause Ireland’s legislation problem. Critics say that the muddled response, mixed-up recommendations and inaccurate reporting demonstrate the failures of successive Irish governments to tackle this relationship.

They argue that to effectively combat drug problems we need to change the way we do business, that drugs need to be destigmatised, support provided and education prioritised. Above all they say that the policy of prohibition which is in place now needs to end and for the first time, they are being listened to.

Legalisation, Legislation, and Lisbon

Most controversial among the suggested alternatives is the full legalisation, regulation and taxation of all drugs. This was proposed to the Oireachtas for the first time in October by Students for Sensible Drug Policy Ireland (SSDP). I sat down with Dan Kirby, the proposer, at the Helix DCU to find out what SSDP are about and how they hope to achieve it.

“We actually haven’t had too much hassle in setting up” he says, “support from the students’ union is good because they see it as a platform for debate where people can discuss realities and opinions”. SSDP advocate a harm reduction approach which promotes decriminalisation of both user and substance. Their stance is a pragmatic one and they encourage interested parties to educate themselves on the choices they make.

As he sees it, prohibition simply doesn’t work. Something evidenced by the fact that “drugs are incredibly easy to find in any town in this country despite their illegality”. Compounding this is the lack of reliable information available to users which leaves them in the dark on what it is they’re taking, how to take it safely and at what dosage.

While Kirby admits that decriminalisation is an important step, he feels that nothing less than full legalisation will appropriately address the issues arising out of current policy. In his presentation to the Oireachtas he summed up this position saying that “it’s time for us to seriously consider moving the control of drugs from criminal gangs to the government, who are supposed to have our best interests at heart”.

Despite impassioned lobbying, legalisation is unlikely to see serious consideration for some time. But what's on the table as part of the revised Misuse of Drugs Act offers a happy medium. This middle ground is the decriminalisation of the user, following the example of Portugal. Drugs remain illegal, but the handling of the user is treated as a medical issue rather than a criminal one.

I spoke to Minister of State with responsibility for the National Drugs Strategy Aodhán O'Riordán in a phone interview to learn more.

"The issue here is really how we deal with somebody with a drug habit or a drug addiction, not how we reclassify substances that are already illegal", he said. "The Portuguese model has been very successful in reducing drug deaths and addiction. A 50% reduction over 15 years in the numbers of people presenting with heroin addiction and about a 75% reduction in numbers dying of overdoses". The numbers don't lie; Portugal has the lowest rate of drug related deaths in the EU.

A carbon copy of Lisbon's approach will, however, not do. Modifications will need to be made and the allowances, up to ten days' personal supply, are unlikely to go over in Ireland. Examination of precisely what shape decriminalisation will take here will be a slow process as according to the minister "every country is different and the dynamics and traditions in every country are different [even] region to region the issues are different".

Despite seemingly occupying a sweet spot between prohibition and legalisation decriminalisation remains a hard sell; something the minister recognises. Decades of promises to be 'hard on drugs' and the adherence to the 'just say no' message have locked down public opinion. "I think there's a lot of hearts and minds to be won over. When you mention decriminalisation people automatically think of legalisation and the headlines can then be misleading".

Help, not Harm

The pendulum is swinging away from prohibition, and regardless of exactly where it will stop, it seems clear that the changes made will be guided by the principles of harm reduction. But what is harm reduction? And how does it come into play in changing Ireland's legislation?

Harm reduction is a broad term used in public health circles to describe policies that are designed to minimise the damage caused to individuals by their drug use. These policies can be controversial, such as proposed supervised injection rooms or the implementation of the smoking ban. However, they can also maintain a low profile, as is the case with fluoridation of water supplies to improve dental health or the long running campaign against drink driving.

Its use in treating the effects of drug use are also not new to this island by any stretch. In the late 1980s as Dublin's heroin problem was at its worst and the HIV/AIDS crisis became an epidemic, harm reduction policies were introduced. Despite a 'zero tolerance' approach by the government and the demonization of users by the press; needle exchange and methadone replacement programmes were put in place.

Decades later these ideas are being expanded on with the consideration of supervised injection rooms for opioid users. Extending this attitude to users of all substances and acknowledging that the effects of drugs are not limited to problem users seems only logical. Harm reduction can and does work in Ireland.

Lessons Learned

The nature of drug use in Ireland has changed. Drugs such as cannabis, ecstasy and cocaine will be familiar to many readers. Bromo Dragonfly, 1P-LSD and 2C-I less so and yet each is available in Ireland now. The minister is keenly aware of this, noting that “10 years ago we were basically dealing with 20 substances, now we are dealing with 420.” in an interview with the Irish Times.

Legislation to deal with the effects of modern drug use is forthcoming but it’s not yet clear when this will be implemented. Following the events in Cork last week the clock is reset, we can only hope that it will be stopped before more damage is done.