Association for Criminal Justice Research and Development

ACJRD SUBMISSION

TO

THE OIREACHTAS JOINT COMMITTEE

ON

JUSTICE, DEFENCE AND EQUALITY

Review of the approach to the possession of limited quantities of certain drugs

August 2015

ACJRD seeks to promote reform, development and effective operation of the Criminal Justice System.

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ACJRD SUBMISSION ON THE REVIEW OF THE APPROACH TO THE POSSESSION OF LIMITED QUANTITIES OF CERTAIN DRUGS

1. Introduction

The ACJRD

[1.1] The Association for Criminal Justice Research and Development (ACJRD) is a non-governmental organisation dedicated to promoting the reform, development and effective operation of the Irish criminal justice system. In particular, the ACJRD encourages innovation in criminal justice and seeks to facilitate interdisciplinary dialogue between agencies and practitioners in the sphere of criminal law.

[1.2] The ACJRD's membership is varied, but is largely comprised of individuals who have experience working within the criminal justice system and who have a strong interest in criminological matters. These include probation officers, legal and criminological academics, social workers, members of the Gardaí, prison officers, mental health professionals and practising lawyers.

[1.3] The ACJRD's approach and expertise is therefore informed by the hands-on experience of practitioners and agencies who deal with all aspects of the criminal justice system, enhanced by the contribution of people with diverse experiences, understandings and practices.

[1.4] **The views expressed in this submission are those of ACJRD in its independent capacity and are not those of the ACJRD members' organisations or their employers**.

2. Executive Summary

i. Further empirical data may be required with respect to the Portuguese approach to the possession of limited quantities of certain drugs as listed in some questions at section 3.

ii. Literature Review and Research both nationally and internationally suggests that
   a. Treatment is key for drug addiction and there is a correlation between treatment and reduced crime rates.
   b. Any proposed decriminalisation must be done within a health and wellbeing promotion framework
   c. Adolescents are already a particularly vulnerable group with respect to addiction requiring Early Intervention and Protective/Preventative measures and will require a singular focus in the context of any proposed decriminalisation of certain drug use that explores the support of Multidimensional Family Therapy (MDFT).

3. Questions arising regarding the Committee delegation Report Lisbon June 2015

The June 2015 report suggests some questions that may be answered by literature available to the Committee from the Portuguese approach to the possession of certain drugs and it may be helpful in the context of exploring this discussion to list those questions here:

1. Where can data on the less positive/negative results of the Portuguese policy to be found? e.g.
    a. Overdose tracking during the period for measurement of impact of the programme.
    b. Feedback/evidence from other stakeholders e.g. the police, field social workers, hospital doctors, community activists and street people.
2. Is there empirical evidence available to support the comment ' ..not all drug users were engaged in criminal behaviour …criminalisation of addicts was counterproductive as it prevented them from seeking help' [p.3, Responsibility para 1]
3. What metrics were employed in determining 'personal use' quantities might be [p.3, Decriminalisation not Legalisation para 1] given that this concept could be subjective to the individual user
4. What were the resource implications in Portugal of reporting to Commission for Addiction Dissuasion 72 hrs after being found with up to 10 days' supply of drugs for personal use?
    a. What data is available on the number of users who report within the specified time period?
5. Does the Portuguese State have power to require treatment and follow-up treatment?
    a. What are the consequences if a drug user does not report and/or refuses treatment?
    b. Is there a practice of detoxing users who are incarcerated?
    c. Are those drug users who have been detoxed given the opportunity for follow-up treatment?
6. Where can the empirical data be found that supports the statement that 'in many cases these employees gained full time employment and did not go back to drugs'[p.4, Breaking the Cycle para 2]
7. Has there been some statistical analysis of the Outcome in Portugal over 15 years [p.5] where advocates of the Portuguese approach make statements including: drug consumption has not increased, there is the same level of tolerance, the treatment centres did not become drug consumer destination, there has been no increase in drug related crimes, the drug consumers had become less dependent of traffickers and police discretion and it has become easier to know who is buying and selling drugs i.e. is there empirical date that demonstrated:
    a. Specific measurements of the numbers of individuals treated annually
    b. Recidivism rates of those treated
    c. Academic comparison to a similar control group that did not partake in treatment
    d. Other objective measures of success for their programme.

4. Literature Review and Research

Previous ACJRD Papers

[4.1] As with society in general, some ACJRD members favour a harm reduction methodology with respect to the possession of limited quantities of certain drugs whereas others become concerned about views that drug use is primarily a medical problem that should be uncoupled from a criminal sanction framework. Therapists raise concerns about the profound effect that cannabis has on adolescents and their families.

[4.2] ACJRD visited this harm reduction policy discussion during its Annual Conference entitled *Preventable Harm - Criminal Justice, Communities & Civil Society* in 2013, with papers from Professor and Senator John Crown and Professor Catherine Comiskey, Trinity College Dublin respectively entitled "Harm reduction or abstinence from drugs?" and "Harm Reduction is good but is it good enough?" Outcomes from workshops at that conference explored "From harm reduction to total abstinence: a continuum of care in drug treatment" by Tony Geoghegan, CEO, Merchants Quay and "Evidence based harm reduction practices – addressing issues of chronic addiction in the community" by Kerry Anthony, MBE, CEO, DePaul Ireland. A link to that literature from an Irish Context is listed in the Reference Section at the back of this document.

[4.3] In ACJRD's submission to The Oireachtas Joint Committee on Justice, Defence and Equality on *The Effects of Gangland Crime on the Community* the link between gangland crime and drugs was demonstrated in a manner that is reflected in the Portuguese experience.

Factual Research Evidence from Ireland

[4.3] It is known from the National Advisory Committee on Drugs and Alcohol (NACDA) (2012) general population survey of a large representative sample of 5,134 15 to 64 year olds that in the period 2010/11 in Ireland, just over 27% of those survey reported using any illegal drugs in their lifetime. Cannabis was the most commonly used illegal drug with 25% of the adult population having ever used the drug. Lifetime prevalence rate for any illegal drugs was highest among those aged 25-34 years (42%) followed by the 35-44 (29%) and 15-24 (27%) age groups. Cleary based on this evidence use of illegal drugs is widespread and across all age groups and the impact of a potential criminal record on the employment for a person who uses drugs is considerable.

[4.4] The scale of the prevalence of the number of persons who use opiates was last estimated in 2006 (NACDA, 2009). It was found that the number of people who use opiates is growing and spreading from the capital city to the regional areas. At that time the number estimated to be using opiates in the study year was over 20,000 or 7.2 persons per 1,000 of population. Given that the current National Drug Strategy embraces a harm reduction philosophy there is clearly a risk of harm to these 20,000 individuals under current legislation (National Drug Strategy, 2009-2016).

International Evidence from Ireland

[4.5] International evidence based on drug treatment outcomes studies from the United States over a 30 year period, England and Wales over a five year period, Australia over an eleven year period and

Ireland over a three year period (Comiskey 2015) clearly demonstrates that treatment for opiate use works but it is not sufficient on its own and more is needed in terms of rehabilitation and recovery for people who use drugs.

[4.6] National and international evidence has consistently demonstrated that access to drug treatment works not only in terms of reducing drug use but also reducing levels of crime and improving social functioning. The ROSIE study in Ireland followed a cohort of over 400 opiate users entering treatment for a period of three years and found that acquisitive and other crime rates reduced significantly during the three year period and the average number of crimes committed also reduced (Comiskey et al, 2009).

Harm Reduction Policy within the context of Promoting Health and Wellbeing

[4.7] A study carried out by Youth Work Ireland, Cork (2011) highlights that problem drug use is a consequence of social inequality and proposes that social interventions rather than a medical or legal approach offer the best outcomes.

[4.8] High levels of alcohol consumption in pregnancy has been reported by an international birth study led by researchers in Cork who found Ireland had the highest proportion of drinking during pregnancy at 80% per cent of women in Ireland drank at some point in their pregnancy compared to 65 per cent in the UK, 38 per cent in Australia and 53 per cent in New Zealand. Family Therapists report that they have to regularly contact An Garda Síochána in relation to young people (age 14-16) purchasing alcohol in shops, garages and pubs without being asked for identification.

[4.9] Reported absence of support by some adults in respect of current regulation prohibiting access by young people to alcohol and to adult venues demonstrates a need for promoting health and wellbeing if a policy for decriminalising certain drugs was to be pursued.

Adolescent Addiction

[4.10] Family Therapists working within Adolescent Addiction Service have a particular interest in advocating for Early Intervention and Protective/Preventative measures when it comes to young people in particular.

[4.11] Statistics from within the HSE for 2013 show that:

- The numbers of young people attending the service of school going age who were out of education was high compared to previous years at 28 out of 31 young people under age 16years old (90%). (Fact Sheet attached).
- The number of young people who had previous/current contact with Child and Adolescent Mental Health Services (CAMHS) was higher than in other years at 73%. (average over the past eighteen years 65%).
- The extent to which to which substance misuse featured within families was also high (68%)
- 26% had a parent who was linked to Adult Addiction Services.
- There was a rise in the number of young people who were linked to social work services at 29% (N=15)
- 12% (N=6) subject to Child Protection Notification System.

- All attendees were known to a number of services.

[4.12] Therapists report that issues of self-harm, indebtedness, poor school attendance, lack of motivation, memory loss and mental health concerns are often minimised by young people who view these issues to be separated from their substance use. Other substances used include Alcohol, Benzodiazepines, Amphetamines, Cocaine, Solvents and Heroin.

- The majority of young people 92% (N=49) were seen by Family Therapist only
- 8% (N=4) had Psychiatric Assessment
- 4% (N=2) received medication for treatment of ADHD.

[4.13] The changing profile of drug use presents challenges to services in terms of establishing a broad range of treatment responses and greater emphasis on inter-agency working, family involvement, community support in addition to medical intervention and providing opportunities for employment.

[4.14] A survey by the Family Support Network of Ireland highlights that intimidation and threats of violence are increasing among families where members have drug related debts (Connolly J. 2010).

[4.15] A study comparing Multidimensional Family Therapy (MDFT) with CBT and enhanced service as usual (ESAU) revealed that MDFT produced better outcomes for young people who presented with increased levels of substance use combined with psychiatric co-morbidity (Henderson, *et al*, 2010). These findings are corroborated by randomised controlled trials carried out in the Netherlands comparing MDFT and CBT (Hendriks, *et al*, 2011). MDFT is a family based therapy approach used with adolescents‟ who are engaging in substance misuse and other behaviours. The approach involves intervening within the major domains of a young person's life, including family, peers, school, leisure and work (Liddle, *et al*, 2005). Within both studies it is identified that young people with more severe problems seem to benefit from family based treatments due to the fact that the approach encompasses a wider range of risk factors and involves parents and other family members in addition to significant other people.

5. **Conclusions**

It is recommended that the when the Oireachtas Joint Committee on Justice, Equality and Defence when it makes a decision with regard to their Review of approach to the possession of limited quantities of certain drugs it should consider:

- The need for more empirical evidence on the Portuguese experience and from other jurisdictions (if not already available).
- The stated national drug policy philosophy on harm reduction.
- National evidence on the scale of the prevalence of drug use among certain sections of the population but also in the general population as a whole
- International and national evidence on the benefits of treatment to those who use drugs and to the wider community in terms of the reduction in crime
- The need to resource and support a robust approach to health and wellbeing, in particular in the context of vulnerable young people

Acknowledgements

ACJRD was assisting in this submission by:

Professor Catherine Comiskey. Professor Comiskey is a researcher of long standing and Professor in Healthcare Modelling at the School of Nursing and Midwifery, Trinity College Dublin. She was invited to serve as an international scientific expert on the Scientific Advisory Board of the European Monitoring Centre for Drugs and Drug Addiction EMCDDA from 2014-2017. She was the Principal Investigator of the National Advisory Committee Drugs and Alcohol Commissioned Research Study in Ireland Evaluating Drug Treatment Effectiveness , the ROSIE Study from 2003-2008. She was commissioned by the Department of Health to produce the first estimates of the hidden prevalence of opiate use in Dublin Ireland in 1998. She has over 100 peer reviewed international and national publications and reports in the area of substance misuse and wider healthcare research and education.

And by:

Denis Murray M.A. Family/Systemic Psychotherapist, Registered with FTAI/ICP & EAP Adolescent Addiction Service, HSE Dublin Mid-Leinster South Western Area

And by:

ACJRD members

References:

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Adolescent

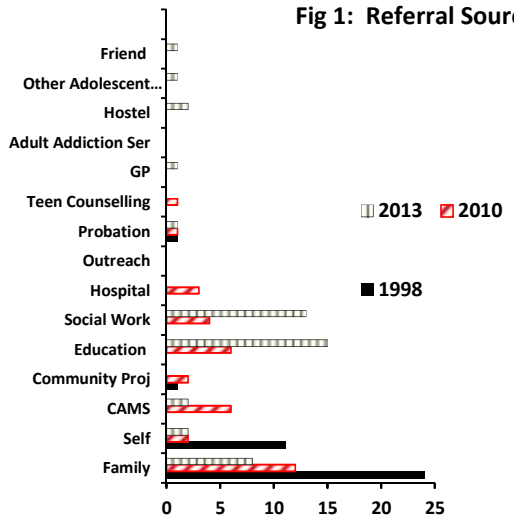
Addiction

Service

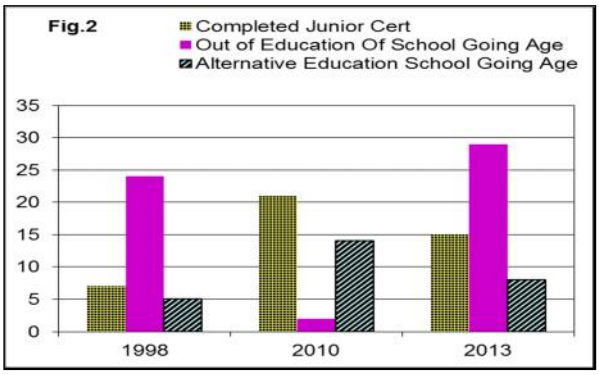
Fact Sheet 2014

In 2013 the Adolescent Addiction Service worked with 53 young people and their families of which 68% (36) were new referrals with a mean age of 15 years (range 13–18 years). The majority (63%) were male. Referrals were received from a broad range of services with Alternative Education Projects representing (33%) followed by Social Work (29%), Family (18%), Self (5%), CAMHS (4%), Hostel (4%), School (4%) and friend, GP and other Adolescent Substance Misuse Treatment Service all at (2%). See Fig. 1 for a comparison with other years. In addition to direct work with young people and families the service also engaged consultations with other professionals and services about young people for whom there were concerns in relation to substance misuse.

Fig 1: Referral Source



The numbers of young people attending the service of school going age who were out of education was high compared to previous years at 28 out of 31 young people under age 16years old (90%). See Fig 2 for comparison with other years. Also the number of young people who had previous/current contact with Child and Adolescent Mental Health Services (CAMHS) was higher than in other years at 73%. The extent to which to which substance misuse featured within families was also high (68%) and significantly 26% had a parent who was linked to Adult Addiction Services. There was a rise in the number of young people who were linked to social work services at 29% (N=15) with 12% (N=6) subject to Child Protection Notification System. All attendees were known to a number of services.



In terms of referral areas there was a shift in 2013 in that for the first time since 1997 no referrals were received from Inchicore. In contrast referrals from Clondalkin continue to rise (44%), followed by Lucan (32%), Ballyfermot (20%) and Palmerstown (4%). See Fig 3.

Cannabis/weed continues to be the primary substance of use (87%) which represents a 7% increase on 2012. Some young people view weed to be less harmful than cigarettes and quote various information sources in support of their position. The issues of self-harm, indebtedness, poor school attendance, lack of motivation, memory loss and mental health concerns are often minimised by young people who view these issues to be separated from their substance use. Other substances used include Alcohol, Benzodiazepines, Amphetamines, Cocaine, Solvents and Heroin. The majority of young people 92% (N=49) were seen by Family Therapist only while 8% (N=4) had Psychiatric Assessment with 4% (N=2) receiving medication for treatment of ADHD. There is a trend among some young females engaging with older men through contact on internet sites. A further trend has been the number of Non-Irish Nationals attending the service particularly from Lucan area. In most cases young people attending the service had established patterns of substance use prior to referral and as a consequence many struggle to maintain abstinence.