

The Public's Perceptions of Supervised Injecting Facilities and the Decriminalisation of Drugs for Personal Use.

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Abstract

This thesis examines the extent of the public's support or disagreement towards two topical subjects; Supervised Injecting Facilities and the Decriminalisation of personal drug use. Presented here is a qualitative analysis of research drawn up empirically through an online questionnaire combining 849 participants. This paper explores the public's perception analysing existing literature regarding these two topics, investigating radical policies and different models used in other countries and jurisdictions. In the Literature review, the developments in the context of criminological discussions on harm reduction and suicide principals organised crime regarding the drug crime, social welfare, drug policy and homelessness. In conjunction with preventing stigma attached from taking drugs, media attention, adopting a public health approach addressing taking drugs safely, and switching from a crime related approach to a health led approach. It concludes to contrary predictions there is real knowledge and support to decriminalisation supervised injecting facilities and legalisation but not specific drugs or if it is detailed.

Keywords: Decriminalisation, Supervised Injecting Facilities (SIF), Legalisation, Illegal Drugs, Youth, Drug Trying Rates, syringe exchange programs (SEPs), persons who use drugs (PWUDS) and persons who inject drugs (PWID).

Chapter One: Introduction

Decriminalisation ranks high among the several means available in the reduction of harms associated with the criminalisation of drug use. Drug decriminalisation can be defined as the removal of criminal law sanctions of possession and use of drugs, which in turn optimally can administrative sentences, such as the application of court-ordered penalties or civil fines (Hunt et al., 2003). Decriminalisation is a person found in possession of drugs for personal use would no longer be treated as a criminal and would instead be referred to health and social services. This is entirely different from the concept of 'Legalising' drug use, where using, buying, importing and selling drugs would be regulated by the state in the same way as alcohol and tobacco (Hughes, Stevens, 2012). This is the definition also adopted in this study. However, in drug policy, the term is used as a shorthand for the abolishment of criminal sanctions on possessing small drug quantities currently illegalised for personal use, with the optional use of administrative or civil sanctions.

Regarding Supervised Injecting Facilities, the Health Service Executive (HSE), explain it as “*Supervised Injecting Facilities is a clean, safe, healthcare environment where people can inject drugs, obtained elsewhere, under the supervision of trained health professionals*” (2018). In 2017, the Irish government approved and passed the Misuse of Drugs Amendment Bill in 2015 for a Supervised Injecting Facility (SIF). This was implemented as there was an increase of public distress and campaigns lobbied by harm reduction activists that led to a proposal for the establishment of Supervised Injecting Facilities (SIF). The government continues to support the legislation for this facility to improve these problems. Ó Ríordáin (2015) stated, “*These facilities can help in harm reduction and alleviate some of the complex needs of a vulnerable group of addicts*”. Drug addiction is more complex and Supervised Injecting Facilities are not the only solution. It

will, however, play an essential role in the reduction of drug-related deaths and public injecting. The Health Research Board (2013) revealed 387 deaths in 2013 caused by drug poisoning; 20% of these deaths were caused by heroin. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) reported drug-induced mortality rates in Ireland are at the higher level of the scale (2017), and the European Drug Report (2017) places Ireland as the 4th highest mortality rate for Drug-Related Deaths, beyond the EU norm. Substance misuse is one of the significant social, legal and health burdens, that continues to grow both nationally and internationally (Schmitz, 2016). Addiction does not discriminate concerning who suffers from substance abuse. Generic bereavement services often do not work for families affected by substance misuse. Instead, they compound feelings of shame, stigma and unresolved complex grief (Lambert, 2018). This links to Becker (1966 p.33) forces the labelling perspective that has been labelled the offender by society. Therefore, resulting as being labelled as deviant and a social outcast.

Irish politicians are becoming in favour of backing decriminalisation of possession of personal drug use and a much needed Supervised Injecting Facilities facility following research and public submissions, will we follow Portugal's decriminalisation of drugs in the foreseeable future? The public's knowledge in the online questionnaire that chose the correct definition was actually quite significantly larger than those that offered a diverging opinion, indicating that more participants are aware of Supervised Injecting Facilities than realise it. Overall, it indicates a high degree of awareness of Supervised Injecting Facilities. While, respondents asked if they would support the opening of a Supervised Injecting Facility in their local community indicate an overall diverse interest, with more than half of the respondents indicating a clear disagreement with the location of a Supervised Injecting Facility on the street where they resided, the same street as their child's school or the same street as their business.

The proposition of a Supervised Injecting Facilities in the city centre produced a mixed reaction, while having a Supervised Injecting Facilities on the same street as a Garda station received significant support, with over 84% agreement. This shows that the public can feel the need for protection in the environs of a Supervised Injecting Facility.

A recent survey published by cross-border government agency National Advisory Committee on Drugs (2017), showed the drug use in Ireland is increasing. The Minister for Health Promotion, Communities, and the National Drugs Strategy, Catherine Byrne (2017) stated the data strengthened the evidence used to form the new National Drugs Strategy, *“Reducing Harm, Supporting Recovery”*. This was brought to the government in March 2017 as a health-focused response to drug and alcohol use in Ireland. Research shown by Connelly (2011), from a criminal perspective about the drug market in Ireland, shows the dark figure in crime statistics today is Law enforcement in Ireland extubating problems that increase conflict with complexity.

The methodology of surveys which results in the absence of stigma towards drugs. Research shows a clear connection that people start offending before using drugs (CSO, 2014). This shows drug use is not the cause of the original offence. It is a much more complex problem involving education, health and prevention. The rate of offending increased with dependency but decreases with proper resource treatment.

Regarding the origins of drug treaties and policies on possession of drugs. Internationally, it began in the 1961 UN single convention on drugs formed the background on behalf of the current world framework on the international control of drugs (Rolles & Eastwood, 2012). All controlled drugs in Ireland were classified under the Misuses of Drug Act 1977 according to the dangers they caused to society. However, drug use increased. The 1988 UN Convention against the illegal trafficking of psychoactive and narcotic substances marked the genesis of criminalisation laws against the personal possessions of drugs (Corazza & Roman-Urrestarazu,

2017). The 1988 Convention's Article 3(2) postulates that each of the member states shall put in place the necessary domestic measures in law that seek to establish criminal offences for persons found to intentionally cultivate, purchase or possess psychotropic substances and narcotic drugs for personal consumption. More than 180 countries that are parties to the 1961, 1971 and 1988 UN Drug Conventions have these punitive paradigms translated in their areas of jurisdiction as domestic law and policy. During the 1988 UN Convention, fail to give a putative specification for the characteristics of these sanctions, which in itself is a caveat to member nations, with presumptions of criminalising drug possession. Also highlighted in the above paragraph commences with the statement that any measures which a member state adopts will be subject to the country's concepts of legal systems and its constitutional principles (Rolles & Eastwood, 2012). Implicitly, some parties to the 1988 UN convention can seek to adopt criminal justice approaches as seen adequate to offenders found to possess or use illegal drugs without necessarily breaching their obligations to international treaties, as best exemplified by the case of Portugal. There was a rise of heroin users that emerged in Dublin into the 1980's. (Kalunta- Crumpton, 2006). Many drug users became apparent although some areas were subcultural drug scenes (Parker et al. 1995). Drug use had now become increasingly common amongst among large numbers of ordinary people and many subcultures in society (Aldridge and Measham, 2011). These changes were investigated through the behavioural and drug attitude change while also considering factors such as socioeconomic and cultural background (Mesham, 2004).

The objective aims for this dissertation are:

1. What level of public support exists for a public health approach to drug policy?
2. What is the public's perception of Supervised Injecting Facilities (SIF) and drug decriminalisation?

3. How profound is the level of public knowledge of Supervised Injecting Facilities (SIF), and the difference between drug decriminalisation and legalisation?
4. Would a more in-depth public knowledge of these encourage decriminalisation of small drug possessions?
5. Would the public support a Supervised Injecting Facility (SIF) opening up in their hometown in the future?

In Chapter Two, the literature review explores existing literature regarding these two topics, investigating radical policies and different models used in other countries and jurisdictions. There is the various complexity of sources used that include numerous bodies of literature. These include grey literature, databases including online journals and archives including books and articles. In Chapter Three, the research methodology develops an analysis of research drawn up empirically through an online questionnaire regarding 849 participants and limitations of online surveys. The Data Analysis asserts the extent of support through the primary research method of a self- completed online questionnaire of 849 participants.

Chapter Two: Literature Review

The research on decriminalisation of small possession of drugs and Supervised Injecting Facilities have investigated a range of issues related to drug consumption and its array of issues attached positively and negatively. There has been an increase in the prevalence of the term '*decriminalisation*' and, is of one of the most influential recent developments of drug use (WHO, 2014). This has become something of an influential and prevalent attitude. Various drugs, including cannabis, continue to gain unprecedented national attention, eliciting intense discussions on the possible benefits of their use, while other drugs such as heroin and cocaine rarely if ever receive such a positive predisposition (Cook, 2017). Heroin and cocaine, among other substances classified as illegal in Ireland, top the list of discussed topics regarding the negative stigmas that are associated with addiction. While some may not agree with the use of cannabis, the use of cocaine and heroin tend to receive heavy universal criticism and therefore viewed more harshly (Gallagher, 2017; Bates, 2017).

Those who are addicted to these substances tend to be the subject of more dramatic negative portrayals in the community, and the preponderance of the community tend to look down upon them with an unwaveringly negative opinion (Dunne, 2017). While such social stigmatisation in the first place may seemingly be a deterrent to the early recruitment of use through experimentation, stigmatisation alone comes short of curtailing the growing problem of substance abuse (Drugnet Ireland, 2017). The contrary connotation, accompanying the usage of these drugs, may indeed deter addicts from seeking treatment, due to the overwhelming fear, guilt, and shame of societal perception (Carew, Pike & Galvin, 2016). The Irish government continues to pursue efforts to decriminalise the possession of personal drug use by asking the public for an online consultation (Byrne, 2017). This consultation will determine what

alternatives the government can change by informing a Government Working Group set up to examine the possible changes that can be made.

Ireland's new approach to the possession of drugs is naturally polarising, but the actions follow the footsteps of several other countries that have decided to take this approach against illegal substances. Since 2015, the Irish state continues to pursue plans to open a supervised injection centre in Dublin, a first significant step towards drug decriminalisation (Dunne, 2017; Monico, 2015).

Drug/ Probation Related Harms

The use of illegal drugs in Ireland continues to see exponential growth. There was a rise of 3929 users seeking professional treatment in 2015 (EMCDDA, 2015). Between 2006 and 2010, heroin was the primary problem drug reported by new entrants entering treatment centres. Amongst the years 2010 and 2015, the use of illegal drugs in the overall population rose from 7% to 8.9% (Bates, 2017). Besides the adverse health effects of drug use, crimes financed by the sale of narcotics have also continued to worsen (Cook, 2017; Hourigan et al., 2017). The criminalisation of persons who use drugs – the direct criminalisation of use, or indirect incrimination through the criminalisation of possessions – forms at the central pillar to efforts that seek to control illegal drugs for more than a century (Bellerose et al., 2010). Various stakeholders across the globe continue to increasingly criticise such punitive approaches, pointing out the fact that it has been one of the primary risk factors for many harms related to drug use among persons who inject drugs (Murkin, 2016). Often, increased incidences of HIV infections among persons who inject drugs is observed in environments that encourage, among other practices, injection drug use, where the provision of sterile needles is criminalised (Monico, 2015; Gallagher, 2017).

The approach of criminalisation has been implicated in contributing to an exacerbation of drug-related harms, through the encouragement of higher risk injecting as a result of hurried needle sharing, which in itself confers risks of contracting blood-borne viruses (Murkin, 2016). Criminalisation laws push persons who inject drugs and others into marginalised, unhygienic environments, where the risks of overdose and deaths as a result of infection are highly possible. The regulations also lead to increases in incarcerated populations of persons who use drugs and persons who inject drugs – effectively pushing them into high-risk prison climates characterised by the inadequate provision of HIV prevention and harm reduction services (Jozaghi, 2012).

While criminalisation is intentionally aimed to drive stigmatisation of drug use among the subsequent generation in society, it also results in discrimination against persons who use drugs, further perpetuating risks in various ways. It does so firstly by undermining efforts in drug use prevention, education on drugs and harm reduction by marginalising and alienating persons who use drugs and persons who inject drugs populations who are more predisposed to acquiring HIV (Hunt et al., 2003). Second, it does so through the deterring of affected individuals from volunteering information on drug use or approaching services for help in emergency overdose (Carew et al., 2016). Third, the creation of informal barriers effectively denies access to treatment of injection drug use-related infections, such as viral hepatitis. This negatively impacts on the broader social opportunities in life, including accesses to employment, personal finances, and housing which all are associated with positive improvements of personal health general well-being (Harris et al., 2018). Finally, by justifying the continued approaches of counterproductive enforcement, the public is blocked from opportunities to save on public health low cut budgets designated for enforcing drug policies (Babor, 2010). In converse, the claim that the level of the user, punitive enforcement of criminalisation is a real deterrence to use falls short of support in comparative analyses of the

available but significantly limited, empirical studies (Murkin, 2016). The group of those most vulnerable to harms in relation to drug use (Windle & Farrell, 2012) – persons who inject drugs, young people, those with mental health vulnerabilities, those in low socioeconomic status, and those with criminal records – are improbable groups to be deterred by criminalisation laws (Hunt et al., 2003). Gil-Rivas, Prause, & Grella, (2009) (Page. 303–314) study those pursuing treatment for substance use found 66 % have experienced one or more traumatic life events. This is one of the many reasons caused by drug abuse.

The Impacts of Criminal Sanctions on Individuals

The relationship between crime and drug use remains complex (Saddon, 2000; Agra, 2002). The available literature detailing the impacts of criminal sanctions mainly reports on the users of cannabis. Studies on social systems' concierges – employers and administrators of various learning institutions – demonstrated that in cases where the job applicants had a history of possession of personal drug use were less likely to be recruited or get job offerings, compared to those without a record of offending (Hunt et al. 2003). Other studies regarding cannabis offenders with shorter follow-up periods after apprehension, of up to a year, failed to prove that arrests made regarding cannabis use were the cause of problems in finding employment (Gossop 2014).

More recently, however, research that sought to interview drug offenders on impacts, post-apprehension, of up to ten years, observed that convictions of minor offences of cannabis possession and use had various impacts. These adversely affected employment, both regarding finding new jobs in the future and the loss of current employment. It resulted in constant trouble with law enforcement agencies, adverse effects in travel arrangements, accommodation and personal relationships (HRB, 2015). Furthermore, comparisons between the social impacts of

convictions under two schemes: (a) under schemes with prohibitions associated with civil penalties and (b) under schemes with strict prohibitions associated with criminal penalties produced a variety of findings.

It was demonstrated that no scheme was worse than the other in the deterrence of cannabis use among the apprehended. However, the social impacts of apprehension under the scheme with prohibitions associated with civil penalties on an individual were far much less adverse than the social implications of apprehension under schemes with strict prohibitions related to criminal penalties (Gossop, 2014). In other words, decriminalising does not result in increases in the prevalence of cannabis consumption, but substantially reduces the adverse social costs of being apprehended. Conclusively, literature available overwhelmingly leads this researcher to the conclusion that the severity of penalties instituted confers little to no impacts on deterrence in cases of personal drug possession and use, where the chances of getting arrested are minimal. However, the social implications of apprehension under schemes of decriminalisation can be substantial. Other likely social impacts of interest that may include:

- a. Ineligibility for welfare benefits and social justice.
- b. Social policy (Hunt et al. 2003).

Drug Decriminalisation: Reducing the Harms of Drug Criminalisation

Decriminalisation can either be *de facto*, where the laws remained unchanged (however, they are accompanied with the issuance of administrative instructions to alter the way the police enforce the laws) or *de jure*, where the legal statutes of a country or jurisdictional area are overhauled to accommodate the new changes (May 2000). *De jure* decriminalisation can also include either partial prohibitions or prohibitions with civil penalties. Under *de jure*

decriminalisation, the possession and use of certain drugs are illegal, but the crime remains a civil matter, thus not liable to the application of criminal penalties. This jurisdiction, however, maintains more severe sanctions against offences on large-scale possession and supply (Rolles & Eastwood 2012). *De jure* decriminalisation is best exemplified by the laws on cannabis in eleven states in the U.S. and three jurisdictions in Australia (Murkin 2016). Under *partial prohibition*, commercial activities involving the substance are illegal, while personal use activities are legal. This is best exemplified by the situation in Switzerland, Columbia and Spain (where possession is only punishable if the drugs are consumed in public areas) (Gossop 2014). *De facto* decriminalisation includes, in part, prohibitions accompanied with cautioning plus or minus diversion schemes and *prohibition* with an expediency principle as best exemplified by operations involving various drugs among the Australian, Italian and Portuguese police (Hughes & Stevens 2012). Under *de facto prohibition with the principles of expediency*, all activities related to illegalised drugs are liable to punishment; cases that are however judged as small quantities by the police are neither investigated nor prosecuted (May 2000). The best exemplification of such a system includes implementation among the Germany, Belgian, Danish, and Dutch police (Murkin 2016).

The Growing Support for Decriminalisation

Recent years have been marked by an exponential rise in high-level support for decriminalisation, reflecting the growing trend toward adoption by various jurisdictions (Mravčík, 2015). In conjunction with movements seeking the development of broader mainstream policies on drug reforms (mainly focusing on the use of cannabis for recreational purposes), support for the decriminalisation possession continues to garner the voices of key

stakeholders in public health communities. These include various health and academic professionals and NGOs (Bowser et al., 2014).

The cautiously worded support of more reluctant agencies, such as the UNDP (2007) and UNAIDS (2007), is also noted, though they do not overtly use the term '*decriminalisation*.' The UNDP (2007) highlights the need for reforming approaches towards the use of drugs. It postulates that instead of drawing punitive measures against drug users who do not harm other persons, governments need to confer them with accesses to effective health programs, including voluntary evidence-based drug treatment services for dependencies on drugs and the reduction of harm (Doyle & National Drug Rehabilitation Implementation Committee, 2010).

Similarly, the United Nations on Drug Crimes (UNODC) continues to progressively adopt the position of drug use as more of a health problem, and less of a crime problem (Hourigan et al., 2017). In the 2012 position discussion paper, the (UNODC) highlighted the importance of the proportionate response to drug law offences (Rolles & Eastwood, 2012). Serious offences, such as illegal drug trafficking, need to be dealt with more extensively and severely than more minor offences, such as personal drug use. For crimes that involve the purchase, or possession of illegal drugs for personal use, community-based social integration, education, treatments, rehabilitation, and aftercare are more proportionate and effective alternatives to punishment, convictions, incarcerations and cultivation adopted decriminalisation in many of these drug crop interventions (i.e. Thailand) (Windle, 2016) (Carew, et al., 2016) (pp.1-32).

The World Conference on Human Rights adopted the Vienna Declaration Programme Action (1993) which is one of the most highly profiled public expressions of support for decriminalisation (Rolles & Eastwood, 2012). It states that the criminalisation of illegal drug use is the primary factor fuelling the HIV epidemic, resulting in overtly negative, social and

health consequences (Dörr & Schmalenbach, 2018). Full policy reorientations are needed, including a call for international organisations, such the U.N., and governments, to decriminalise the personal users of drugs. In addition, the second report launched by the Global Commission on Drug Policy in June (2012) highlighted various points (Pandemic 2012), including the fact that fears of criminalisation can lead to increased health-risky behaviours in certain more developed countries, and that mass incarceration fuels the transmission of blood-borne viruses in prisons at disproportionately high rates. The Commission, including former presidents, continuously and repeatedly calls for the decriminalisation of drug possession (Rolles & Eastwood, 2012).

The Portuguese Experiences of Decriminalisation

Portugal is one of the most useful case study examples of drug decriminalisation, with over a decade of detailed evaluations, it is useful to draw upon for the implementation of policies as responses to the perceived national drug problem, with the prioritisation of core public health priorities (Hughes & Stevens 2010). Portugal has coupled its decriminalisation with the reorientation of public health systems, leading to the direction of additional resources toward harm reduction and treatment of affected persons (Harris et al., 2018). A '*dissuasion board*' metes out actions against cases of drug possession, including – more commonly – the need for further measures, imposition of administrative fines or if need be, reference of the affected persons to a treatment service (Carew et al., 2016).

The existent data on the Portuguese reform can be used to examine the policy's ideological and political perspectives. The Portuguese decriminalisation experience has led to various realisations. These include the minimalist increments in the number of cases of illegal drug use reported in the population. Secondly, a decrease in the use of illegal drugs among

vulnerable populations and a decrease in the country's criminal justice burdening by drug offenders has been observed, at least since 2003 (Moreira et al., 2011). Thirdly, a reduction in opiate-dependent infectious diseases and deaths, and an increase in the acceptance of drug treatment (Hughes and Stevens, 2012).

This may have contributed positively, from the Portuguese experience, decriminalisation in its essence leads to a reduction in the prevalence of use of the most harmful form of drugs. While some minimal increase of drug use reported among the Portuguese population, the literature highly suggests that the regional contexts of these increases were not as a result of the country's decriminalisation policies (Hughes & Stevens, 2010). While such increases are notable, it can be argued that they confer lesser importance in comparison to the more significant reductions that the country experienced in infections and deaths related to opiate use, along with the cuts in the use of drugs among young persons (Cabral, 2017).

Proponents might argue that the Portuguese policy marks a flagship step towards harm reduction, while opponents hold the view that the model marks the beginning of steps towards the decriminalisation of substance use. Indeed, the model might be described as a new policy in public health whose foundation is on the values of participation, pragmatism and humanism (Cabral, 2017) (Stevens, 2012).

Decriminalisation - Studies on Policy Impacts

There exists a limited number of '*natural experiment*' research that seeks to appraise policies on the decriminalisation of inconsequential offences on cannabis after they have occurred. Such research indicates that the removal of cannabis possession and use criminal penalties does not lead to exponential increases in cannabis use in communities where the policies are

implemented. Controlled studies on the decriminalisation of U.S. cannabis provide evidence firmly pointing to the position that the US. States with policies on decriminalisation for criminal sanctions do not record more significant increments in the use of cannabis, nor do the attitudes of the populace toward the drug become more favourable, as compared to the states that maintain the stringent prohibition on the possession and use of cannabis (Kolind 2017). Similarly, in the South Australia state where decriminalisation policies have been implemented, it is realised that the rates of weekly use among school students and adults have not significantly increased in comparison with the countries that have prohibitory laws (NSW Health Report 2008).

The reduction of criminal penalty between years 1976 and 1992 did not lead to increments in the use of cannabis among the Dutch community. This led to a growth of cannabis-using population, but such increases do not exceed those reported in the counties such as the U.S. (EMCDDA, 2015). Regardless of such data, the Portuguese government continues to demonstrate how effective systems of cannabis supply can be established within a jurisdictional area, more so by the separation of the commercial access of cannabis from the markets of more illegal and potentially harmful substances (Stevens, 2012).

While decriminalisation is based on the realities of public health, for which increasing pieces of evidence continue to be discussed, reservations on its intentions, effects and effectiveness must be acknowledged and discussed here (Windle, 2015a; Harris et al., 2018).

Harm Reduction, the impact of Drug Use

Critics postulate that harm reduction approaches can encourage drug use (Hunt, 2003). Behind this argument, there appears a rationale that by decriminalising the use of drugs and offering

assistance to those already using drugs to reduce social problems, encourage healthy lives and stay alive, other people who initially never used these drugs will regard them as safe and consider trying them (Murkin, 2016). Harm reduction strategies, chief among them decriminalisation, are then thought to send out the 'wrong signals' which primarily undermine prevention efforts.

An initiative best examined is the needle and syringe exchange program. Studies in the area have comprehensively investigated the hypotheses that the introduction of this scheme is associated with increments in drug use, with conclusions discussing the lack of evidence to support such theories (Murkin, 2016). A significant problem faced by inquiries into this area lies on the dynamic nature of the phenomenon of drug use, which independently declines or increases as time passes (Leicht, 2014). Disapproving or attributing causation is an uphill task for both advocates and critics. However, the position that decriminalisation policies may encourage the use of drugs is a seeming underestimation of the complexity of factors which shape decisions that those who produce drugs. The implication of this is that by holding discourses with users of drugs on how they might reduce harm and limit risk-exposure, this may lead to non-users learning of the presence of harm reduction services, and in turn being encouraged to try drugs (Bowser et al., 2014). This is a blatant disregard for the fundamental facts of harm reduction discourses, which emphasise the harm. While proponents of harm reduction argue that harm reduction can be achieved through various other ways, they rarely would make claims that it can be wholly curtailed – as global experiences with legalised drugs make it plentifully clear (Hunt et al., 2003). The primary tenet of harm reduction messages is then is in regards to the potential harm conferred by *all* drugs, but to some extent, these harms can be controlled.

Drug users and dependency

Decriminalising drugs confers the potential of *'enabling'* the use of drugs, thus effectively keeping the users *'stuck* or *'dependant'* in an addiction pattern that they would potentially escape from, more so after hitting a *'rock bottom'* from which harm reduction strategies protects them (Bellerose et al., 2010). The literature on the maintenance of methadone treatment is best used to evaluate this (Murkin, 2016). Policies on methadone maintenance treatments have been comprehensively evaluated against a range of other drug-free alternatives including the offering of drug-free treatment, placebo medications, waiting list controls and detoxifications (Hunt et al., 2003). While methadone treatments consistently perform better at reducing the use of heroin by retaining users to treatment, critics might respond to this by querying the necessity of *'giving drug users drugs.'* Evidence, however, exists on its usefulness as a cost-effective approach to preventing HIV transmission, reducing crimes, and reducing drug associated mortality. These outcomes are rarely demonstrated from alternative treatments to methadone, further complicated by the presence of regrettably limited evidence on their efficacy as one would like (Wilsey, 2015).

Drug Law Reforms Use Harm Reductions

Critics argue that the approach's underlying intention is to promote the legalisation of harmful substances through drug law reforms (Hunt et al., 2003; Guiney, 2017). Undeniably, some of the advocates of drug harm reduction also advocate for changes to drug laws, to allow for the creation of legally regulated markets for some, if not all of the drugs that are currently unregulated and prescribed (Bowser, Word & Seddon, 2014). In disagreement *'harm*

reductionists', who oppose such developments. Others would seek rather than rejecting and having to deal with criminal laws, instead retain civil penalties on the use of drugs.

Public policies on drugs, including the common policies regarding drug criminalisation, from the arguments of some harm reductionists, asking that any move to regulate be subjected to utilitarian appraisals that evaluate the benefits and costs of criminalisation, basing policies upon evidence that are proven to work best. In a way, this a glossing over of the difficulties associated with evidence generation in the area of drug criminalisation. Meanwhile, the world continues to witness developments in the base of instructive evidence with regards to policies on drug decriminalisation, more so with cannabis (Hunt et al., 2003).

Some of the prevalent accounts of the harm reduction principles and approaches are unambiguous in the neutrality of harm reduction concerning decriminalisation or legalisation (European Monitoring Centre for Drugs and Drug Addiction, 2015). An opponent may then argue on how the words are 'weasels' used as a disguise for the harm reductionists' true intentions. A varying interpretation of this can, however, be deducted from examining the genesis of the movement of harm reduction, whose beginnings were as a response to the global HIV affected persons who use drugs (Monico, 2015). A comprehensive response to this health crisis would and should include a broad, effective coalition between different discipline stakeholders. Such an alliance would include a range of crucial people, including drug users and specialists in public health, youth workers, community activists, social workers, parents, politicians, law enforcers and academic researchers all working in tandem to reduce drug harms (Drugnet Ireland, 2013).

Ireland's Perception of Supervised Injecting Facilities

Supervised Injecting Facilities provide hygienic spaces for persons who inject drugs to inject drugs (which they pre-obtained) under the supervision of staff trained to respond to the risks associated with IDU (Jozaghi 2012). Supervised Injecting Facilities aim to maintain public order and reduce health problems associated with IDU. They manage high risk, socially marginalised persons who inject drugs, who regularly inject drugs in public places, by providing them with safe locations where overdoses and the street disposal of needles can be managed, thus effectively staying out of the eyes of the public (Leicht, 2014). In Europe, Supervised injecting facilities have been operating for over three decades (European Monitoring Centre for Drugs and Drug Addiction, 2015).

Countries with authorised Supervised Injecting Facilities include Norway, the Netherlands, France, Germany, Switzerland, Canada, Denmark, Spain, Luxembourg, and Australia. This includes more than sixty-six cities with more than one hundred recorded, operational Supervised Injecting Facilities (Davidson et al., 2018; Murkin, 2016). The precise approaches and terminologies surrounding the 'legalisation' of Supervised Injecting Facilities in these jurisdictions varies from the Irish law definitions.

Sydney's MSIC facility in Australia and Vancouver's Incite facility in Canada are Supervised Injecting Facilities whose health and social order outcomes have been extensively described in various peer-reviewed journals (Jozaghi, 2012). The literature collectively describes reductions in overdose deaths that are related to drug use in communities around these Supervised Injecting Facilities. This is in addition to substantial improvements in social and health outcomes for both the users of these facilities and the surrounding communities (Drugnet Ireland, 2017). Limited literature exists on the role of Supervised Injecting Facilities,

but an analysis of the available qualitative research is presented on the various stakeholder perception of Supervised Injecting Facilities.

Public Injecting and Public Health

Various perceptions on public health benefits of Safe Injecting Facilities are described in the existing literature. The Health Service Executive, is in favour of a Supervised Injecting Facility opening in Dublin City Centre (Davidson et al., 2018). In the meantime, users are still using in public bathrooms, and on the public streets, with some may not know the importance of the consistent use of clean needles, proper ways of needle disposal and ways of recognising and responding to emergencies (Leicht, 2014). Safe Injecting Facilities create a clear sense of social support and safety away from the broader socially predatory and stressing environments of public places, e.g. public bathrooms and streets (O' Riordan, 2006).

Stigma

The use of public places by persons who inject drugs confers negative impacts on the surrounding communities (Drugnet Ireland, 2017). Supervised Injecting Facilities appeared to assist with the reduction of both the sagacity of stigma and associated public injecting stresses from the public eyes, and the provision of spaces where the persons who inject drugs can have their needs and nuances understood (O' Riordan, 2006). Supervised Injecting Facilities confer a sense of co-constructed social space and camaraderie that effectively overrides the exploitative and competitive relationships that persons who inject drugs experience with each other outside the settings of Supervised Injecting Facilities. Studies describe subjects

expressing broader reflexive understandings of the political meanings of the Supervised Injecting Facilities in their countries' contexts (Guiney, 2017).

Community Perceptions of Supervised Injecting Facilities

Jozaghi (2012) postulates that the establishment of Supervised Injecting Facilities is perceived as an intervention to resolve tensions between persons who inject drugs and the communities in which they live in. Overwhelmingly, the implementation of Supervised Injecting Facilities is seen as a decisive intervention in order to improve local neighbourhoods, by lowering the exposure of the community to the users of drugs, and reducing the number of dangerously discarded injecting equipment and needles in the streets (Davidson et al., 2018).

In Ireland, harm reduction services continue to be both critically impeded and unnecessarily underfunded (Gallagher, 2017). In the few areas where syringe exchange programs (SEPs), for example, are reasonably supported, considerable progress has continued to be made in the reduction of the spread of injection-associated diseases. SEPs in Supervised Injecting Facilities for persons who inject drugs offer risk reduction services such as needle sterilisation, counselling, training, drug kits and socially welcoming environments where persons who inject drugs can connect with both medical and social services (Jozaghi, 2012; O' Riordan, 2006). Persons who inject drugs from stable backgrounds, may, for example, be allowed to take home injection equipment, including sharps containers, and practice the Supervised Injecting Facilities knowledge by improving and reconfiguring their homes to become supervised injection environments (Harris et al., 2018). Harris et al. (2018) postulate that while Supervised Injecting Facilities should not be viewed as the panaceas of public injection harms, they form part of a comprehensive strategy, which includes significant collaboration among enforcement agencies, communities and healthcare institutions. The fact

that Supervised Injecting Facilities address housing instability among persons who inject drugs implies that they should not be isolated from both health and social services. They moderate the inter-relationship between a lack of housing and IDU harms. It is a well-known fact that housing instabilities among persons who inject drugs exacerbate the risks of overdoses and HIV contraction (Monico, 2015).

The dangerous nature of injecting in public spaces is extensively reported, more so among women who either are assaulted or witness those being attacked for their drugs (Drugnet Ireland, 2017). Persons who inject drugs with unstable housing have more adverse involvements with the police. In tandem, unstable users social relationships negatively influence here, thus predisposing them to participate in the drugs markets for income, another additional risk (Windle, 2017). There exists considerable challenges for regaining a stable life among persons who inject drugs, often hinging on either participation in detoxification programs or total drug abstinence, the achievement of which is next to impossible without the proper social support offered in Supervised Injecting Facilities (Davidson et al., 2018). In these respects, ideally, the dearth of Supervised Injecting Facilities in Ireland should be addressed.

Fine Tuning the Implementation of Decriminalisation Policies

While in practice there exists various types of decriminalisation, each with its weaknesses and strengths, the effectiveness of each will be dependent upon its implementation in a locality, with the recognition that whatever works in one socio-cultural context may come short in another socio-cultural context (Drugnet Ireland, 2013). The Dutch approach, for example, of formalising the inconsistencies between the provision and implementation of legalisation might be useful in its jurisdiction, but may, however, come short of being accepted in Ireland as it

may be perceived as to convey a confusing message. Besides, the efficacy of schemes of criminalisation with penalties is hugely dependent on their implementation (Kolind 2017).

Incorporating the Perspectives of Medical Professionals

The effective of decriminalisation of drugs is to a significant extent dependent on the consideration of critical factors, such as strategic investments in a myriad of treatment and harm reduction options (Carew et al. 2016). The relationship between a country's law enforcement agencies and its public health systems has a significant potential to change a person's experience following a drug offence arrest. The extensive investment in treatment and harm reduction systems by the Portuguese government since the year 2001 (Hughes & Stevens 2010), coupled with the new model of drug decriminalisation, has led to an increase in the proportion of persons accessing the services (Cabral 2017). Commentators remarking on the project highlight that the reduction in community stigma on drug use, partly due to the decisions of not imposing a criminal sanction, underwrites the realised increments (Kolind 2017). The jurisdictional variance in resource allocation to, and accessibility of, treatment and harm reduction programs significantly impacts on the realisation of the positive benefits of a decriminalisation program.

The Quality of the Available Data

The quality and also availability of data are necessary factors used in the assessment of the impacts of decriminalisation in a country (Health Research Board 2015). Inconsistent, inaccurate, or incomplete data on the various critical indicators used in decriminalisation policy impact assessments are also hurdles to their evaluation. Compounding this are a country's

manner of recording drug-related deaths and the characteristically long periods of reports between any singular surveys on the prevalence of these deaths can hinder efforts to ascertain a policy's actual impacts.

Implementation: The Changes

While a country may put in place a regulatory, judicial or statutory decriminalisation policy, the inabilities of practical application by the country may confer insurmountable hurdles in assessing the policy (Kolind 2017). Best exemplifying this is Peru, whereby researchers notably report on the regular arrest and detention of offenders by the police for extended periods without arraigning them in court for the drug offences committed. Such decriminalisation in practice does not conform to policy guidelines, especially in light of Peruvian policies outlining the meting out of no penalties for possession offences judged to be minor. In other jurisdictional areas, decriminalisation may confer the effect of 'widening the net,' that is, while the policy intends to decriminalise certain behaviours, more individuals get arrested by the police in practice.

Research Methodology

The proposed study will analyse the public's attitude to personal drug use in Ireland, in order to explore the level of support for a public health approach (as opposed to a criminal approach) in drug policy. This chapter also explores the advantages and disadvantages of ethical consideration as well as adding knowledge to current research. An online survey will be conducted to assess the public's perception of two public health-related policy innovations: (a) the decriminalisation of drugs for personal use, and (b) supervised injecting facilities. Participants will be asked many relevant questions, including if they would support these initiatives in Ireland, and in their hometown. In this way, both the national and local contexts that affect public attitudes toward drug policy can be analysed effectively.

The following research questions will guide the study:

1. What level of public support exists for a public health approach to drug policy?
2. What is the public's perception of Supervised Injecting Facilities (SIF) and drug decriminalisation?
3. How profound is the level of public knowledge of Supervised Injecting Facilities (SIF), and the difference between drug decriminalisation and legalisation?
4. Would a more in-depth public knowledge of these encourage decriminalisation of small drug possessions?
5. Would the public support a Supervised Injecting Facility (SIF) opening up in their hometown in the future?

Discourse, Context and Qualitative Research

Ireland made attempts to decriminalise drug use in 1977, just before the commencement of the heroin epidemic in Dublin. The Fine Gael government passed the 1977 Misuse of Drugs Act,

which marked Ireland's first contemporary piece of drug legislation (Gallanger, 2017). Contrary to the drug-related laws in other nations, primarily where the drugs are grown and processed, the opium law in Ireland is noteworthy and received cross-party support since despite there being several laws aimed at illegalising the possession of drugs (Windle, 2016: p.2; Mc & McDermott, 2010: p.96). It is the only law that forbade the consumption of drugs. Besides, the country has not experienced any persecution over the recent past, which is a clear indication that the law was effective (Gallanger, 2017). The main problem is that those who no longer consume opium but rather take other drugs such as heroin. Heroin abuse had not only grown but stretched further to other towns in the nation (Atkin-Brenninkmeyer, E., Larkan, Comiskey & Tong, 2017: p.1). Muscat (2010), indicates that Ireland is currently identified as one of the countries with the highest rates of deaths resulting from a drug overdose in Europe. Furthermore, the number of youths abusing drugs has been increasing exponentially (p.14). This has led to heated debates concerning the decriminalisation of drugs in recent times.

The proponents of drug criminalisation emphasis are that it would have a positive impact on the country in various ways. The leading reason has been tied to the potential reduction in the number of individuals abusing drugs when drug use is criminalised. Such views are grounded on the notion that criminalisation of drug use would breed some sense of fear of being arrested and convicted among the citizens (Windle, 2015: p. 74). Falling on the negative side of the law has never been preferable let alone being sent to jail for an addiction that could be avoided (Advisory Council on the Misuse of Drugs, 2016). Practitioner, O' Higgans (2017) is concerned as if this comes into legislation that the public may think taking drugs is acceptable.

Furthermore, the perception is guided by the assumption that criminalisation of drug use would be essential in reducing the number of deaths related to drug use such as overconsumption of drugs, and other related elements including infections from injections used

during drug use such as HIV infections. This is because making drug use illegal would have an impact on the number of users abusing drugs, which means that the number of users using needles that are more likely to spread HIV infections would reduce exponentially (Razzaghi, Movaghar, Green & Khoshnood, 2006: p.3). Such perceptions are based on the belief that abstinence is significant in preventing further drug use and the related issues.

Nevertheless, the opponents suggest that it would be more effective if drug use were decriminalised. Arguments from this perspective identify that decriminalisation of drug use has more positive results including significant reduction of death rates and individuals abusing drugs (Chambliss, 2017: p.277; Thornton, 2014: p.79). The Gardaí are geared towards this direction tend to incorporate injecting facilities that provide a more significant positive impact on the patients. Decriminalisation of drugs has shown great abilities to connect marginalised and highly vulnerable individuals that abuse drugs with the most suitable treatment services that will help them in achieve better healthcare outcomes (Drugs.ie, 2014). Most of the drug centres tend to expand the drug treatment methods by including drugs such as methadone to improve maintenance. In effect, opponents believe that the identified method would play a vital impact in helping drug addicts cope with their situation and eventually become drug-free, which would result in positive effects in the country through a significant drop in numbers of individuals abusing drugs (Pates & Riley, 2012: p. 51). Also, the numbers of deaths that occur as a result of drug overdose tend to reduce (Drugs.ie, 2014). This is because drug abuse while in Supervised Injecting Facilities is always monitored (Wylter & Library of Congress, 2013: p. 34). An individual is also less likely to overdose on drugs since, in most situations, they enter into an addiction recovery service where they do not source out for the drugs themselves but acquire substitutes from Supervised Injecting Facilities (Patel, 2010: p. 482). The centres are also believed to reduce drug-related infections such as HIV since the Supervised Injecting Facilities provide clients with clean and sterilised needles to use while using drugs (Drugs.ie,

2014; Acton, 2013: p. 267). Opponents also argue that drug decriminalisation has the potential to reduce the rate of public health risks including needle-stick injuries (Drugs.ie, 2014). From this perspective, several individuals in the country believe that drug use should be sand supervised injecting facilities should be introduced in various parts of the nation.

The contrasting views concerning the decriminalisation of drugs form the basis of this study. There is evidence supporting either side of the argument and the related cases. However, the perception of the society also matters. Notably, not all the general public have the knowledge and understanding of the exact impact that decriminalisation of drug use has on the habit and the nation. Their perceptions are based on hearsay and what they see and hear through different forms of media. Regardless of their informed or uninformed nature, individuals have an impact on whether a given law is accepted or not and their perception plays a significant role in identifying, which method would be accepted. However, it is significant to note that the perception held by a majority of the individuals does not mean that it is entirely accurate. Results from what individuals believe is more effective are essential for policymakers to determine how to navigate through issues involving drug use and how to implement the most effective strategy. Therefore, there are different discourses concerning drug decriminalisation and the implementation of supervised injecting facilities.

Study Design

To accomplish the aims of this study, the research adopted an anonymous, qualitative survey that explored a public perception of supervised injecting facilities, and the decriminalisation of drugs for personal use.

Sample

The study required participants of all genders (male and female) made up of 849 participants. In addition, the study incorporated an exclusion criterion where the participants required to be above the age of 18. These were key factors that were used to select the participants and included in the terms and conditions sections. Therefore, during the data collection process, the participants were provided with the terms and conditions section before being given access to the online survey. Recruitment of participants was achieved through social media platforms with a specific interest in Twitter. In conjunction with the UCC Criminology department, James Windle, Cork Commerce, and Student Sensible drug policy, the acquisition of participants was enhanced since the organisations helped by retweeting the survey in order to gain a broader and diverse audience. The interested participants of 849 clicked on the provided link to the online survey and proceeded with the measures and guidelines provided for active participation.

The research aims at recruiting were about 200 to 500 respondents. This was achieved as it was over the desired participants. The selection of respondents will be through a non-profitability approach that will give every participant an equal chance of being included in the survey. Every interested participant will be able to access the link and answer the questions. However, it is vital to note that only participants that have achieved the required requirements will be able to participate. The incorporation of this method is essential since it eliminates any form of bias that might surface throughout the study. However, a disadvantage with this approach is that the anonymity of the data collection process created a possibility of having participants who lack knowledge concerning the decriminalisation of drugs and Supervised Injecting Facilities. This was a possible problem since the provided responses may be uninformed, resulting in errors in the results and a potential non-resourceful effect on the study since the analysis of the paper will be impaired.

Furthermore, the incorporation of self-completion questionnaires denies the researcher to have control over the environment. The responses provided by a participant might be informed but propelled by special interests in mind. This resulted in skewed information that can have a negative impact on the aims and objectives of the study due to the number of errors that are likely to occur. Nonetheless, these are some limitations that study cannot control which includes no demographics which would have been useful. Despite the identified disadvantages, the study had to remain anonymous in order to protect the confidentiality of the participants.

Online Survey

The study made use of data from the online survey. The survey was available through a link that was posted in the identified social media platforms. The selection of online surveys is essential and beneficial due to various reasons. The internet presents a sizeable virtual world that facilitates the connection of societies from different areas throughout the globe (Woodfield, 2018: p. 45). For this particular reason, online surveys provide an informal means of gathering data.

Furthermore, this method was selected because of the minimal costs associated with online surveys compared to traditional survey methods (Sue, & Ritter, 2016: p. 39). Online surveys also provide higher levels of convenience for participants since it gives them the ability to respond to surveys at their pace, time and also their preferences. In addition, the online survey was selected in order to avoid participants from offering socially desirable responses to avoid criticism. Notably, the online survey provides anonymity that is essential in achieving the desired goal of the study, which includes collecting significant and effectual data (Russel & Purcell, 2009: p. 27). Due to the identified factors, the selection of online survey best serves the study in question.

After the trial phase, the survey will be made available online where participants can easily access the information. Moreover, confidentiality is a primary concern in every study (Bailey, 2018: p. 24). In effect, the 849 participants were not required to provide any additional information aside from what has been indicated in the survey. By extension, participants were not allowed to provide information concerning their names, social security numbers or any other personal information.

Data

Primary data was acquired through the online self-completion online survey. The anonymous survey included nine open and close-ended questions that the 849 participants expected to answer and serve as the primary data and provided a combination of quantitative data and qualitative data. Every participant roughly took 5 minutes to respond to the questions. However, issues may have arisen with double entries being made by the 849 respondents. This might be because of a significant setback since the collected information would be invalid. In order to avoid this problem, an optional setting in the www.limesurvey.com website was used in order to ensure that every participant is only able to respond once.

The research aims at collecting both qualitative and quantitative data. The acquired data was organised in a hierarchical structure including groups of files with the interview records. The responses were after that stored in one significant means in order to ensure the stored information is not lost. Cloud storage services were used first with specific preference to Microsoft One Drive. In this manner, the data could have easily be accessed from any point, it is a convenient way of storing data, and it offers good protection of data while also protecting the confidentiality of the participants and confidentiality of the data (Mather, Kumaraswamy, & Latif, 2010: p. 127). This was solved by incorporate spyware tools and data protection software that was essential in ensuring that the stored data was not easily breached and accessed

by unauthorised individuals. Storage of data commenced on 1st July 2018 after data collection and expected to be stored for ten years, which is up to 3rd September 2028. This made it sufficient for one to access the data while it is still relevant since data that exceeds at least ten years is not considered valid due to the numerous developments that would have been made over time. Also, the access to data was restricted in the sense that only I, Muireann McCarthy have access to the data.

Nonetheless, a written request can allow other researchers to access the data. In the request, the applicant needs to indicate the critical reason for using the data and present credentials to indicate that the data will be used in a particular manner. After gaining approval, the data could be published later on in an academic publication and be used in academic conferences.

Ethics and informed consent

The study has ensured that it does not experience any problems concerning ethics. Notably, the study provided full disclosure of the proposed project on the first page. The information focuses on identifying that the project is entirely anonymous. In this way, the research addressed the issue concerning respect for confidentiality and anonymity of the participants. The study ensured that the responses provided by the participants are not in any way linked to them individually.

Furthermore, the study emphasises confidentiality by ensuring that no information concerning the participants is collected. The study has taken serious steps towards ensuring the right to autonomy of every participant is protected. The participant was provided with information concerning the research in question and why the data is required. This is followed by an explanation of how the study was collected and the necessary steps that were followed. In this manner, the respondent was fully informed about the research and the need to participate in the study. It has provided the participants with self-determination measures that allow them

to participate in the study voluntarily. All the participants incorporated in the research were not selected based on an involuntary criterion but a voluntary basis.

Additionally, the participants have been given the will to exclude themselves from the study when they feel the need to do so. It also highlighted that it is not mandatory for the participants to answer all the questions provided in the study. This means that if a respondent feels uncomfortable to answer any particular question, they are given the free will to avoid answering the question though it is highly advised that they respond to all the provided questions in order to aid in achieving proficiency. Furthermore, it provided specific details concerning the provision of permission to use the provided information in research. I received full ethical approval which is attached in the appendix chapter. The guidelines indicated that participation by the respondents in the study means that they have given their consent for the researcher to use all the information provided. Moreover, before active participation in the study, the participants were required to agree to the terms and conditions. By clicking on the agree button, it means that they were fully aware of the project and they are willing to partake in the survey.

Epileptological position

This type of research focuses on the objective knowledge and variables that can be answered. The experimental - analytic group deducts reasoning that was used in existing theory today as a form of building hypotheses that are needed to be tested. The position adopted in this research was an essential limitation of the natural sciences combined with an epistemological position known as positivism as it studies the social reality and beyond. It outlines the precise manner and is extremely difficult to pin down. The purpose of the positivist theory was to generate a hypothesis that can be tested allowing explanations. In this case, an online questionnaire to test the hypotheses. All hypotheses to date are partly tested, mostly untested, or have not been adequately explored (Farrell et al., 2010). The Hypothetical- Deductive Method, This covers

the law model of explanation that describes human behaviour when the inquirer discovers the relevant generalisations covering the case of explanation. Forming the hypotheses, deducting implications and test those hypotheses against the experience of participant's interaction with Supervised Injecting Facilities, discarded needles, and their perceptions on what drugs, if any should be decriminalised (Hollis, 1994). The fifth question in the online questionnaire was “Have you ever walked past a discarded needle?”. With a total of 68.26% (N = 581 respondents answering yes, this was asked as drug litter is discarded unsafely. This may be minimised if a Supervised injecting Facility would open in an area or more sharp bins installed to discard needles safely.

Mythological Conclusion

The research adopted was a quantitative approach exploring the public perceptions concerning Supervised Injecting Facilities, and the decriminalisation of drugs for personal use. Individuals had varying perspectives concerning the decriminalisation of drug use and their incorporation of Supervised Injecting Facilities. Some believed that the decriminalisation of drug abuse is the most effective means of eradicating the issue while others have different concepts. In order to identify the extent of the diverse and contrasting discourses, an online survey was served as the primary means of collecting primary data. The research was open to citizens that are 18 years and older. With a study pool of 849 participants, the research had any data that will be stored in the Microsoft One Drive and only accessible to my research supervisor and me. Also, the study ensured that it had sorted all ethical issues concerning informed consent, privacy, and anonymity effectively.

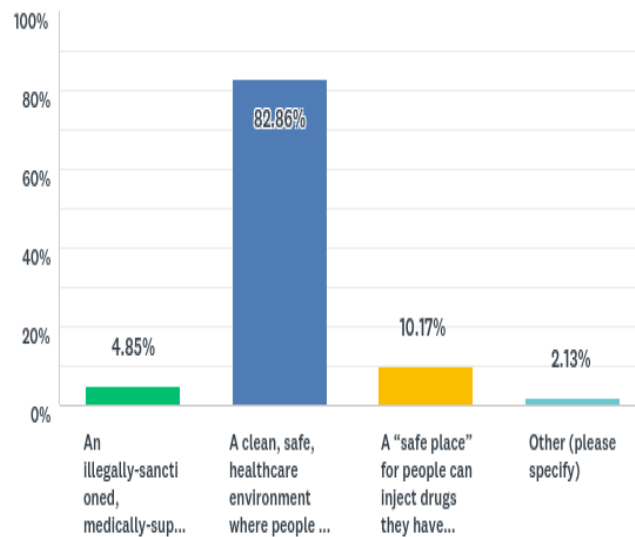
Chapter Five: Data Analysis

Descriptive statistics

A total of 849 individuals participated in the online survey. However, not all respondents completed all questions. The limitations were demographic characteristics of the sample were not factored in the survey itself. Screening criteria included (a) participants being above the age of 18 and (b) consent to the terms and conditions of participation.

The first question in the survey asked ‘Do you know what a Supervised Injecting Facility is?’ There was a total of 849 responses to this question, which asked for a yes or no answer. In all, 73.50% (N =624 respondents) of respondents indicated yes, with 26.50% (N = 225 respondents) indicating no. The second questions asked ‘which statement best fits the definition of a Supervised Injecting Facility (SIF)?’, and 846 respondents answered this. There were four multiple choice options, with one being the choice “other”. Most respondents chose the correct, public-health related definition. However, 4.85% (N = 41 respondents) answered the incorrect answer that Supervised Injecting Facility indicated an ‘illegal operation that reduced nuisance’. 10.17% (N = 86 respondents) also choose the incorrect answer of A “safe place” for people can inject drugs they have obtained onsite, indicating the illegal drugs were purchased in the Supervised Injecting Facility.

Q2 Which statement best fits the definition of a Supervised Injecting Facility (SIF)?



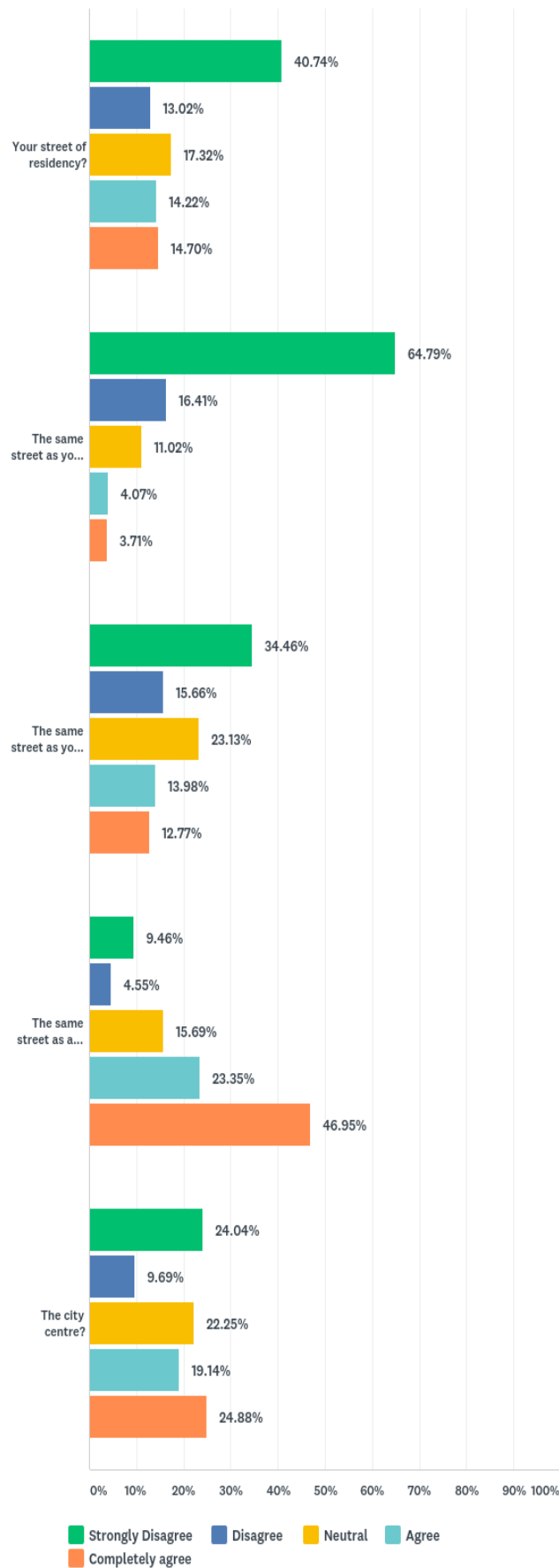
This was an interesting response, given that the number who chose the correct definition was quite significantly more extensive than those that offered a diverging opinion, indicating that more participants are aware of Supervised Injecting Facilities than realise it. Overall, it indicates a high degree of awareness of Supervised Injecting Facilities. The third question was a definition of Supervised Injecting Facility.

Question four showed a scale of 1 to 5, with respondents asked if they would support the opening of a Supervised Injecting Facility in their local community. In total, 98.59% of 849 respondents answered this question (N = 837 respondents). The responses indicate an overall diverse interest, with more than half of the respondents indicating a clear

disagreement with the location of a Supervised Injecting Facility on the street where they resided, the same street as their child's school or the same street as their business. The

The proposition of a Supervised Injecting Facilities in the city centre produced a mixed reaction while having a Supervised Injecting Facilities on the same street as a Garda station received significant support, with over 84% agreement. This shows that the public can feel the need for protection in the environs of a Supervised Injecting Facility.

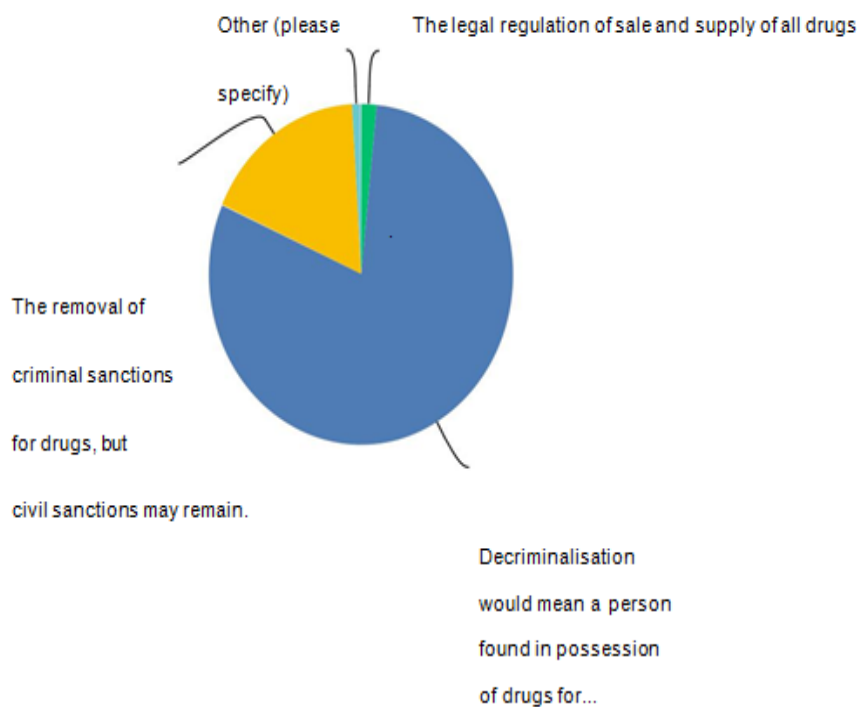
Q4 On a scale of 1 to 5, would you support the opening of a Supervised Injecting Facility (SIF) ? (Multiple choice)



The fifth question asked, “Have you ever walked past a discarded needle?” There were 843 responses to this yes or no question, with 68.26% (N = 581 respondents) indicating yes, and 31.74% (N = 262 respondents) indicating no. There were 841 respondents to the question six “Do you know the difference between decriminalisation and legalisation?” Three-quarters of respondents said yes, while one quarter said no. Respondents were further asked “What do you think decriminalisation is?” and were provided with four possible options as per the table

Q7 What do you think decriminalisation is?

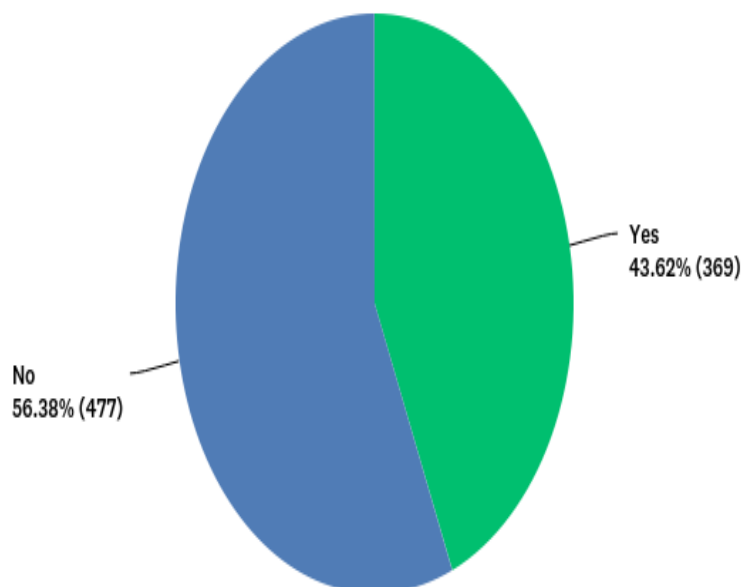
Answered: 845 Skipped: 5



In the eighth question, respondents were provided with a definition of decriminalisation as meaning that ‘a person found in possession of drugs for personal use would no longer be treated as a criminal and would instead be referred to health and social services. This is entirely different from the concept of ‘Legalising’ drug use, we are using, buying, importing and selling drugs would be regulated by the state in the same way as alcohol and tobacco.’ A total of 254 respondents provided comments in response to this open-ended statement agreeing with the correct answer.

The next question asked ‘Do you think drug use would be more frequent if certain drugs were decriminalised?’ There were 846 responses to this question, and the results did not show a clear indication of the direction of sentiment, as 43.62% (N = 369 respondents) indicated yes, and 56.38% (N = 477) indicated no.

Q9 Do you think drug use would be more frequent if certain drugs were decriminalised?

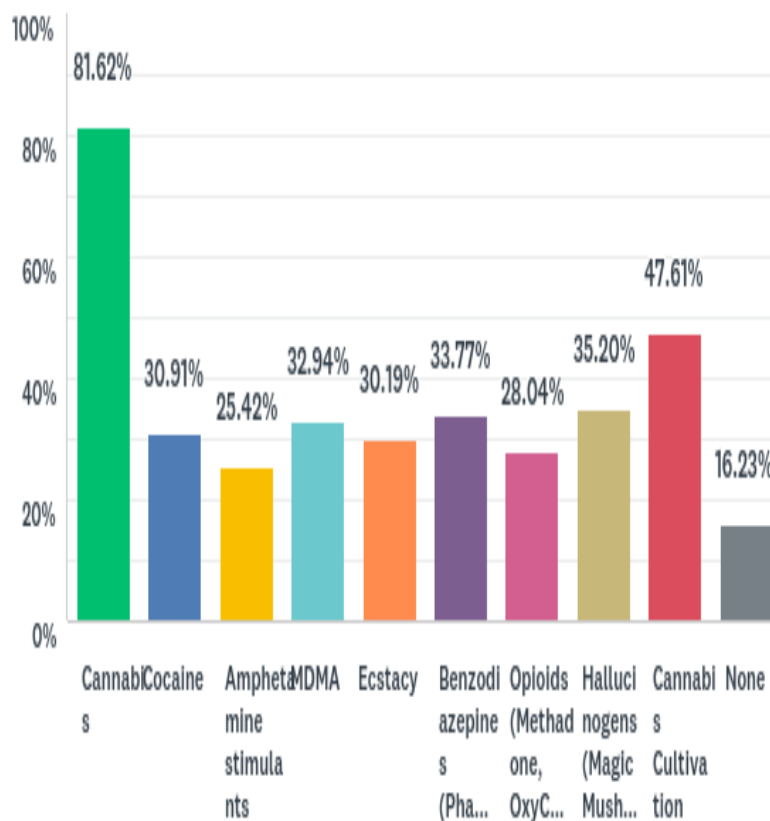


The results of this question were not entirely clear-cut, as the numbers were equally close to one another. For this reason, statistical significance testing provided a method to determine whether the results were more similar than they appeared, the variation driven by chance. A chi-square approach to determine significance, with the significance level set at 0.05, was used for this evaluation of difference. The test determined that the differences in response could be due to variation based on chance as the p-value was .998333, which is not significant at $p < .05$. It can be concluded from this that the sentiment is somewhat equally distributed between those who agree and those who disagree that decriminalisation is likely to lead to higher levels of drug use.

The next question asked “What drugs should be decriminalised?” and respondents were provided with a selection of multiple-choice responses, of which they could choose as many as they liked. There was considerable support for the decriminalisation of cannabis, with more than 80% of respondents indicating a positive response, but only 47.61% supported the cultivation of cannabis in the home. Another interesting result was the response to Benzodiazepines (Pharmaceutical Drugs, e.g. Xanax), which are legal drugs available by prescription but also sold on the street without medical supervision. Only one-third of respondents supported decriminalisation, in this case, does this suggest respondents want to see these Criminalised? Since these drugs are already legal, it can be assumed that what is being referred to be the decriminalisation of the practice of the person taking those drugs without the appropriate prescription. Alternatively, this response may indicate that these drugs should be decriminalised, based on the low support for decriminalisation of the pharmaceutical drug. Further investigation and research on this topic are necessary in order to achieve clarity. There was some support for the decriminalisation of MDMA (32.94%) (N =

279 respondents), cocaine (about 30%) (N= 259 respondents) and ecstasy (nearly 30%) (N= 253 respondents). Only 28.04% (N =238 respondents) supported the decriminalisation of opioids, although it should be noted that this covers a wide range of drugs, from pharmaceutically produced pills containing Demerol, to heroin and raw opium. The lowest support for decriminalisation was for amphetamines, at just above 25% (N = 213 respondents). The lowest number of respondents chose no decriminalising of any drugs, at 16.23%. (N =136 respondents).

Q10 What drugs should be decriminalised? (Multiple choice)



The final question asked, “If You Clicked Yes to Any, Why?” This was an open-ended question, with a 72% response rate (N = 617 respondents). Text analysis showed that there was the much positive sentiment expressed, as indicated by the use of words such as “safe” and “addiction”. The majority of respondents (with a few examples of responses below) felt that the decriminalisation of drugs in favour of a public health approach, that ensured safety, was preferred.

“Drugs should be regulated and controlled so addicts and drug users will be safer when using them. Safe drug use should be promoted so addicts or recreational users can be safer when using them, and be able to receive treatment if they have a drug problem. This would be easier to do if drugs were decriminalised.”

“When used correctly, cannabis can be a beneficial drug for many people and the legalisation of it would prevent “dodgy batches” being sold and so would be safe. A high from cannabis is a natural euphoric state whereas other drugs like cocaine or ecstasy are commonly used for less medical reasons”.

“The decriminalisation of all drugs would hopefully improve regulation of them so that addicts can come forward, the contents and strength of drugs could be monitored reducing the risk of overdosing. Equally when drugs aren't taboo people can be more informed without fear of criminalization, resulting in healthier drug use and potentially less drug use.”

“It's a relatively harmless drug and penalties for having it/taking it seem severe compared to what it actually is. And because it seems to be one of most common drugs used, decriminalisation could ensure it's made and distributed in safer methods.”

“Makes no sense to run the risk of prosecution for having a gram of something on you. Not stopping 'real' crime and taking up a load of resources for nothing.”

“I believe all drugs should be decriminalized as in my opinion, these drugs are going to be done regardless, with decriminalization, better supervision and support can be given without stigmatization or criminal consequences. Individuals who misuse substance which has caused a negative effect on their lives should be offered treatment as opposed to sentences as there is no rehabilitation in prisons and most likely on their release they will continue to use substances. Also, to encourage those with addiction issues to seek help, encourage more honesty when they are interacting with healthcare (for example I have several times witnessed delay in care/correct diagnosis of IVDUs in the hospital setting because they are afraid to be open about their drug use), and to redirect focus on drug prosecution to those supplying in large quantities, not on those caught with small amount.”

Discussion

Overall, survey results indicated that the respondents had a good general knowledge of Supervised Injecting Facilities and related issues, particularly since about three-quarters of them indicated that they did know what Supervised Injecting Facilities were, and over 80% choose the correct definition when given multiple options. Additional open-ended comments in this section indicated overall positive sentiments, with most answers including “yes” or “okay”, or other positive terms. As with the definition of Supervised Injecting Facility, when asked if they knew what decriminalisation was, three quarters replied “yes”, but nearly 80% chose the correct definition when asked.

Despite general positivity, as indicated by a public health stance, and understanding of both Supervised Injecting Facility and decriminalisation, there was little support for Supervised Injecting Facilities near residential or business areas. In particular, there was disagreement regarding the location of Supervised Injecting Facilities near schools. There

was, however, significant agreement regarding the location of Supervised Injecting Facilities near Garda stations, specifically on the same street. This suggests as much as the public support supervised injecting facilities, they feel the need of safety and would rather to put the facility away from where they feel comfortable.

While Supervised Injecting Facilities centre is around the use of injectable drugs, the level of support for the decriminalisation of injectable drugs, such as opium derivatives and benzodiazepine, was quite low in comparison to similar support for drugs such as cannabis. Some questions for this researcher were raised low rates of support for the decriminalisation of drugs that are currently legally sold by prescription. This phenomenon would benefit from further investigation. As a group, the respondents did not show any clear response as to whether they thought that decriminalisation might lead to increased drug use, with responses evenly divided, and any discernible difference probably due to chance. Overall, when asked, people indicated general support for a public health approach to increasing harm reduction, which could include decriminalisation and the use of Supervised Injecting Facilities, although specific questions regarding which drugs could be decriminalised indicated a lack of support for the decriminalisation of injectable drugs, which are used in Supervised Injecting Facilities. There is, therefore, some discrepancy between the attitudes that were reported, and the attitudes that could be inferred from the other choices that individuals said they would make.

Level of public support

The first research question asked: “What level of public support exists in Ireland for a public health approach to drug policy?” Based on the responses to the survey, including the preferred definitions for decriminalisation and Supervised Injecting Facilities, there appears

to be essential understanding and support for a public health approach, as opposed to criminal sanctions. This study did not differentiate between drug use and distribution or other operations. However, it can be inferred that respondents were referring to drug use, rather than other aspects of the business of drugs, such as their distribution. There were, however, significant concerns about legal drug use that were indicated by the responses to many of the questions.

Perceptions of Supervised Injecting Facilities

The second question asked, “What is the public's perception of Supervised Injecting Facilities and drug decriminalisation?” The textual analysis of open-ended responses offered to this question indicated that there was considerable positive understanding of such facilities. Participants generally used positive words and indicated that they supported the public health approach that Supervised Injecting Facilities is based upon as a whole but less support for particular individual drugs. This was, however, at odds with questions concerning the continued criminalisation of most drugs, including injectable drugs. There is, therefore, ambivalence in the general public, one that is somewhat reflected in the current system focus, which has both public health and a criminalisation approach. This persists although they are at odds with one another, reducing the effectiveness of one another since Supervised Injecting Facilities and similar supports undermine criminalisation, while criminalisation undermines attempts to support the well-being of addicts.

Knowledge of Supervised Injecting Facilities, drug decriminalisation and legalisation

The third research question was “How deep is the level of public knowledge of Supervised Injecting Facilities, and the difference between drug decriminalisation and legalisation?”

Again, there seemed to be a significant level of knowledge offered by respondents relating to this area, more respondents choosing the correct answer. Knowledge of a definition, however, does not provide a determination of depth. The expression might indicate a depth of knowledge by the respondent that both criminalisation and a public health approach cannot work well together, this depth was not displayed. The knowledge of Supervised Injecting Facilities, drug decriminalisation and legalisation could, therefore, be said to be mixed, with considerable levels of generalisation. There may be some confusion when referring to these issues because of widespread discussions and regulatory reform globally concerning the recreational and medical use of cannabis. It is clear that such decriminalisation is widely supported, but the decriminalisation of what might be termed “hard drugs” (examples; heroin, cocaine) is not. This means that the knowledge lacks complexity, despite the positivity that is displayed by respondents regarding these concepts.

Correlation of knowledge and support for decriminalisation

The fourth research question asked, “Would a deeper public knowledge of these encourage decriminalisation of small drug possessions?” Unfortunately, there was no clear consensus from the public concerning this question, as shown by the resultant survey data. The knowledge of Supervised Injecting Facilities and decriminalisation appeared high when those who were asked to choose definitions, however, the depth of knowledge appears to be limited, given that answers, for the most part, supported continued criminalisation of all drugs except for cannabis. This would not provide the needed conditions for the safe and effective operation of Safe Injecting Facilities. Unfortunately, the question regarding the number of drugs was not asked of respondents, and therefore the nuances regarding the volume of the drug are not apparent. Further, it is not entirely clear if there are differences in attitudes

towards users and dealers, particularly given open-ended comments recorded which questioned whether decriminalisation would apply as well to the supply chain.

Support for Supervised Injecting Facilities in their home location

The fifth question asked, “Would the public support a Supervised Injecting Facility opening up in their hometown in the future?” The conclusion, according to the survey responses, is probably not. Individuals were not likely to support Safe Injecting Facilities near their home, near their business, or near the schools that their children attended. There was not even resounding support for the location of such facilities in a city centre. The extent of support for the location of facilities was in the context of their location near a Garda station, which is perhaps counterproductive from the perspective of addicts. Safe Injecting Facilities that are not attractive to addicts, because they carry the potential for arrest, would be unlikely to result in public health benefits. The apparent support for the continued criminalisation of opiate drugs, combined with the location of Safe Injecting Facilities near policing units, is unlikely to be feasible. The public may have abstract ideas about the public health paradigm. However, the implementation of this approach may be heavily assessed by fears and concerns of having addicts in a group nearby.

Discussion of results and findings

The public’s attitude to personal drug use in Ireland appears to be somewhat ambivalent. While the public health approach is supported, it is only supported while it is not apparent, visible or intrusive into everyday life. This was indicated in the responses recorded to questions regarding the location of Supervised Injecting Facilities, as well as questions regarding decriminalisation. Cultural values regarding support for those who need help may

be the reason for widespread positive reaction and sentiment to ideas of implementing a public health approach, conversely, at this time the public does not appear to support the decriminalisation that is necessary for this to work. There also may be some blurring or confusion between issues relating to cannabis, rather than those relating to injectable drugs, as there is clear and widespread support for the decriminalisation of cannabis. There is no need, however, for a withdrawal or maintenance facility, or medical care, for persons who use cannabis medically or recreationally. The very drugs and drug users that would be targeted by Supervised Injecting Facilities are the drugs that respondents did not choose as those that should be decriminalised, with less than 30% supporting the idea, despite support for Supervised Injecting Facilities and other public health tools which are based on decriminalisation as an ideal condition.

As discussed in the literature review, there is a central categorical division in regulatory approaches to the use of recreational drugs. Therefore, these are represented by criminalisation and a public health approach, with the resulting difference in the determination of outcomes for persons who use drugs. Criminalisation can have harmful effects on society, by driving persons who use drugs, including addicts who need help, underground and away from services that may identify them as criminals, with damaging effects on their well-being, and higher costs to the public in terms of law enforcement and public health (Babor 2010; Carew et al. 2016; Hunt et al. 2003; Harris et al. 2018).

Alternatively, a public health approach to drug policy focuses on harm reduction, increasing the inclusion of addicts in services, and even accommodating addiction through harm-reduction such as Supervised Injecting Facilities. Many advocates and health care providers support the public health approach for this reason and point to the evidence of decriminalisation in Portugal as proof of improved outcomes for addicts and society. In Ireland, advocates would like to see some of the benefits of a public health approach that is

not constrained by criminalisation (Stevens, 2012). These benefits, at least for Portugal, have included a decrease in the use of drugs reported by the populations that are deemed vulnerable, a freeing up of resources that were previously needed to administrate justice for criminal sanctions of drug charges, and a reduction in deaths caused by overdose (Moreira et al. 2011). While there is a high level of support for Supervised Injecting Facilities., provided that it is located away from everyday life, this sentiment continues in tandem with support for the continued criminalisation of injectable drugs.

Summary

The level of support for a public health approach to the issue of injectable drugs in Ireland appears to be high at first glance. It is based on an informed public that thoroughly understands the difference between decriminalisation and legalisation, as well as the purpose of Supervised Injecting Facilities. The depth of this support, however, is lacking, to the extent that the full implementation of such an approach would be challenging, given that the public does not want Supervised Injecting Facilities to be located near them or members of their families, and there is explicit support for the continued criminalisation of injectable drugs. While this is somewhat of a paradox, it does reflect the current regulated reality in Ireland and in other developed countries that are not ready to achieve the same results as countries such as Portugal, which fully decriminalised drugs as a means of supporting a public health approach. This may also reflect a time of transition in public sentiment about drugs, which begun with cannabis and the easing of regulatory restrictions. It may indicate that in the future, or with increased knowledge about the benefits, the public might support decriminalisation as well as the ability to locate Supervised Injecting Facilities in the

community. At this point, however, it is clear that this is not the case, and a public health approach will continue to be hampered by beliefs to the continued criminalisation of drugs.

Chapter Six: Conclusion

This thesis aimed to explore Perceptions of Supervised Injecting Facilities and the Decriminalisation of Drugs for Personal Use. It involved a survey with the aim to assess the legitimacy of support. The primary data that was used, in the form of an online questionnaire, explored about the public knowledge of Supervised Injecting Facility, drug decriminalisation, legalisation and the support of drug of choice becoming decriminalised which was received very positively. The method that was used was collected using an online self - completion, anonymous survey administrated through social media. An online survey had been chosen in order to avoid participants providing socially desirable responses in order to avoid criticism of the surveyor in a ‘pen and paper’ method. These questions allowed to draw conclusions and determine the support of Supervised Injecting Facilities and decriminalisation of personal drug use. The Literature review served as primary research. This was used about secondary research with models of Supervised Injecting Facilities and decriminalisation used in different countries, like Portugal. As indicated, this thesis found further positive support for both Supervised Injecting Facilities and Decriminalisation of personal drug use. Ireland could adopt Portugal’s approach to tackling drug safety (Ó Ríordáin, 2015). Overall the attitudes of the public towards drug use in this research project has shown again, the extent to which the positive support is present in this project. The objections seen with Supervised Injecting Facilities, is the concerns over businesses that believe it may bring “chaotic people” with addiction problems into the city centre. Therefore, creating a “perfect” drug market (Hearte, 2018).

The literature review defensively validated the research findings in this study. There were data limitations with this research. Ethics was difficult to pass which resulted in a delay in results. Focusing on each perspective in the evaluation of the control of drug crime in Ireland, The sociological - lens used by Becker (1966 p.33) forces the labelling perspective

that has been labelled the offender by society. Therefore, resulting as being labelled as deviant and a social outcast.

Consequently, it is necessary to use a modern theoretical perspective on drug use in Ireland. This has a Marxist principal to address economic and political factors influenced by the crime circumstances by the increase of drug use; this has been assisted by the growth of the economy in recent times. This has been acknowledged by socio-economic background, ethnic, age and gender (Measham and Shiner, 2008).

Contributing to the support of drugs, Cannabis remains widely accepted and accessible to the population. However, there has been a significant rise in ‘dance drugs’ and are becoming more readily available. The criminal law is not preventing those using drugs, but rather it is discouraging using safely and admitting one may have a drug problem. The results of this survey might have been different if the survey was anonymous. With Supervised Injecting Facilities are seen operating in the European countries, they are known to reduce overdose deaths (Geoghegan, 2018). In the history of drugs taken in Ireland, as a society, the paradigm has gone from a very simplistic, monoculture to an increase in chemical substances where many are used.

Addressing the overall question, the publics perceptions of Supervised Injecting Facilities and the Decriminalisation of Drugs for Personal Use, it can be concluded that with twenty thousand heroin users in Ireland (Geoghegan, 2018), Irish society needs to put resilience and confidence in their community and the government’s plans to open a Supervised Injecting Facility, and eventually see out decriminalisation of possession of personal drug use if the community want to see the reduction of drug use, drug litter and, the spread of disease. There will be no change in the environment and their community if there is no change in the public’s attitude towards public injecting, drug dealing, anti-social

behaviour and problems that are associated with it. Concluding the use of drugs, there is a great deal of stigma attached to illegal drugs. The results from this dissertation are in line with the majority of research concluding that the 849 participated in this piece of research support a Supervised Injecting Facility, and based on an informed public that thoroughly understands the difference between decriminalisation and legalisation, as well as the purpose of Supervised Injecting Facilities. As discussed in the Summary chapter, the depth of support for both decriminalisation and Supervised Injecting Facilities is lacking. The full implementation of both approaches would be challenging, given that the public does not want Supervised Injecting Facilities to be located near their residency and there is explicit support for the continued criminalisation of injectable drugs. It may be that in authenticity, Ireland is not ready to achieve the same results as countries such as Portugal, which fully decriminalised drugs as a means of supporting a public health approach.

This thesis undoubtedly highlights the increase in drug use amongst the population. Therefore, primary data showed from the qualitative survey that people today are continuing to use drugs emphasising the need for the government to tackle the problem of the use of drugs. Although the government is in full support of Supervised Injecting Facilities. How long will the legislation be on a model basis to conclude its effectiveness and safety? As highlighted in the introduction chapter, there was 20% of 387 drug-related deaths caused by heroin (HRB, 2013). How many more deaths that could be prevented will there be before the government implements a Supervised Injecting Facility?

Regarding decriminalisation – all health services, facilities and the frontline groups are at full capacity already. In hindsight, if the public of Ireland is positively committed, they need the protection of their health and wellbeing in their communities. Children in the Irish education system need to be educated on the use of drugs and alcohol as it may avoid the use at a young age. A recommendation of the development of harm reduction interventions

targeting vulnerable groups. The government's engagement is crucial with key stakeholders and the public to recognise gaps in the current response to the drug problem. This may minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery, address the harms of drug markets and reduce access to drugs for harmful use, implement effective law enforcement and supply reduction strategies and actions to prevent, disrupt or otherwise reduce the availability of illicit drugs (Department of Health, 2017).

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