An Tionól Saoránach | The Citizens' Assembly

Report of the **Citizens' Assembly on Drugs Use**

Volume I

Foreword, Executive Summary, Meetings Summary and Recommendations

January 2024

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Chairperson's Foreword

The Citizens' Assembly on Drugs Use was tasked by the Oireachtas with considering what the State could do to significantly reduce the harms caused by illicit drug use in Ireland. This question has a big bearing on the lives of numerous individuals, families and communities throughout the country who are affected by illicit drug use.

As Chairperson, it is my honour to introduce this report, which documents the proceedings, deliberations and recommendations of the Assembly. By any measure, this has been an unparalleled examination of drug use in Irish society. Over the course of seven months between April and October 2023, the Assembly held six weekend meetings. During the course of these meetings, the Assembly heard from 130 contributors, including experts, professional practitioners, service providers, stakeholders, and people with lived experience. It had over 15 hours of Questions and Answers with panellists, and, cumulatively, almost 250 hours of roundtable discussions. In addition, it considered almost 800 written and recorded submissions from members of the public and stakeholder organisations.

As we have seen throughout this Citizens' Assembly, drug use in Irish society is a wide-ranging, complex and multi-faceted issue. Unfortunately, political debate and media coverage far too often tends towards one-dimensional analysis and over-simplification of the issues. In contrast, the Citizens' Assembly has given extensive time to delving into the complexities and nuances of drug use, examining the evidence and hearing different perspectives. For example, while the Assembly considered extensive evidence about the harmful impacts of drug use, it also heard from those who consider drug use to be a safe recreational activity that should primarily be treated as a matter of personal choice. Similarly, the Assembly heard from those who consider the involvement of the criminal justice system in response to drugs use to be ineffective, unwarranted and harmful, and also heard from those who view the criminal justice system as an important, appropriate and generally effective component of a comprehensive response by the State. These are just two examples of the divergent perspectives that were carefully considered during the process.

The Citizens' Assembly on Drugs Use has been an example of deliberative democracy at its very best. It brought together a highly diverse group of 100 randomly selected women and men to consider a complex, emotive and sometimes divisive issue. At all times, the members adhered to the spirit and guiding principles of deliberative democracy, showing enormous respect for differing points of view and diverse perspectives.

This report, published in two volumes, reveals the breadth and depth of the deliberations of the Citizens' Assembly. I would strongly encourage anyone who is concerned with drug-related issues in Irish society to carefully read the report in its entirety. It offers an in-depth exploration of the drivers of supply and demand, the harms experienced by individuals, families and communities, and the strengths and weaknesses of the State's response.

Among many other things, the report highlights:

- the biological, psychological, social and economic factors underpinning drug use;
- the social determinants of problematic drug use;
- the disproportionate impact of drug use on vulnerable groups and disadvantaged communities;
- examples of good practice and innovation in terms of prevention, harm reduction, treatment, rehabilitation and recovery;
- the important contribution of the community, voluntary and statutory sectors in responding both to supply and demand challenges, and the importance of strategic partnerships between stakeholders;
- the hidden harms experienced by families and communities;
- the importance of involving people with lived experience, not just as part of the conversation, but as part of the solution;

- numerous examples of how the health, criminal justice and education sectors need to respond differently; and
- the need for political leadership and institutional cohesion.

The stark reality of drug use in Ireland today means that there is no time to be lost. While the Citizens' Assembly was in session between April and October 2023, it is likely that several hundred people in Ireland died of drug-related causes. The emergence of highly potent synthetic opioids towards the end of 2023 was a timely reminder of the ever-evolving threat posed by illicit drugs.

Many in our society are living in fear of organised crime gangs, which inflict intimidation and violence on families and communities, whilst grooming and coercing vulnerable young people into drug-related criminal activity. Several thousand people within the Irish prison population are suffering from addiction, with many unable to access appropriate supports and interventions. The Citizens' Assembly heard repeatedly from people who use drugs that trauma and adverse childhood experiences have a major role to play in drug use. Shame and stigmatisation greatly exacerbate the harms experienced by people who use drugs, increasing the barriers to accessing services. Women and children, members of the Travelling community, people with dual diagnosis, people experiencing homelessness and people who live in poverty are just some of the groups that are particularly vulnerable to the harmful impacts of drug use.

Notwithstanding these and many other challenges, the Citizens' Assembly also found great grounds for optimism and hope. It heard case studies of good practice and innovation from committed professionals and dedicated peer workers providing support services across the community, voluntary and statutory sectors. It heard compelling evidence from experts from Ireland and at EU and international level that evidence-based approaches can, and do, work. And it heard inspiring stories of courage and resilience from people who have lived through and recovered from extremely challenging periods in their lives.

The Citizens' Assembly has agreed 36 recommendations. Implementation of these recommendations will require a major step-change in terms of how the State responds to drug use. On most issues, the Citizens' Assembly achieved broad consensus about the path forward. However, on certain issues, particularly in relation to possible legislative change, there was greater divergence of opinion. Notably, the vote on whether or not to recommend legalising cannabis came down to one single vote, showing just how divided opinion is in relation to certain issues.

Regarding the recommendation to adopt a comprehensive health-led response to the possession of drugs for personal use, the Citizens' Assembly has recommended that the Oireachtas and Government carefully examine the legal issues arising, and design an approach that strikes the right balance between three important objectives: health diversion, dissuasion and decriminalisation, with careful consideration needed to determine whether decriminalisation should happen on a *de-jure* or *de-facto* basis. While we can learn much from other jurisdictions, the recommendation demands that we come up with a bespoke solution appropriate to our own legal framework. While there tends to be considerable attention on this issue, I would highlight that it is just one of 36 important recommendations that the Citizens' Assembly on Drugs Use has made.

Numerous individuals and organisations have contributed to making this Citizens' Assembly a success. I want to sincerely thank the many speakers, panellists, and those who made formal submissions to the Assembly. Those who courageously shared their lived experiences gave the Assembly a vital insight into the complex nature of drug use and associated problems. Their honesty bore witness to trauma and tribulation, hardship and suffering, resilience and fortitude, solidarity and caring, recovery and hope for a better future. Those who shared their professional or expert perspectives demonstrated the extraordinary professionalism, dedication, skill and commitment of the many people involved in responding to the issues associated with drug use in Ireland.

I want to highlight the invaluable and generous contributions made by the members of the Advisory Support Group, the Lived Experience Group, and the ad-hoc group that supported the Workshop on options for a legal framework. I also want to thank Merchant's Quay Ireland and Coolmine for hosting site visits, and all the organisations and individuals who contributed to the Exhibition space at Dublin Castle.

I also want to thank our suppliers and partners who worked behind the scenes in this Citizens' Assembly, including the Quality Matters facilitation and notetaking team, the Grand Hotel Malahide, Bridge Interpreting, Pi Communications, Q4 Communications, the HSE Counselling Services and the Citizens' Assembly Secretariat team.

Finally, and most importantly, I want to pay tribute to the members of the Citizens' Assembly, who worked diligently and tirelessly during, and between, meetings. Their remarkable civic commitment is a tangible demonstration of why Ireland is rated as one of the most robust democracies in the world today. It was both my privilege and pleasure to have worked with this extraordinary group of people, and I thank them for making this an unforgettable experience

and a memorable journey. In particular, I want to acknowledge and thank the members of the Steering Group, who were essential to the effective running of the Citizens' Assembly.

The report and recommendations of the Citizens' Assembly on Drugs Use reflect a frustration that, for far too long, there has been political inaction on previously-agreed legislative and strategic changes to strengthen the health-led approach to drug use. The 36 recommendations include a call on the Government to provide leadership and accountability at the highest political level, including a dedicated Cabinet Committee chaired by the Taoiseach.

With genuine ambition, clear leadership and impetus from the very top, there is every reason to believe that Ireland can become a world-leading example of how, as a society, we can effectively tackle drug-related challenges. It is now over to the Oireachtas, and Government, to progress the issues from here. We look forward to their response and stand ready to assist in whatever way we can.

Mr. Paul Reid, Chairperson of the Citizens' Assembly on Drugs Use

Volume I

Foreword, Executive Summary, Recommendations and Meetings Summary

Executive Summary

This report, published in two volumes, details the proceedings, deliberations and recommendations of the Citizens' Assembly on Drugs Use.

Establishment, Terms of Reference and Work Programme

The Citizens' Assembly was established by the Oireachtas in February 2023, following resolutions in Dáil and Seanad Éireann. This was the latest in a series of Citizens' Assemblies established by the Oireachtas over the last decade. Like its predecessors, the Citizens' Assembly on Drugs Use was tasked with examining an issue of considerable societal importance, using the principles and mechanisms of deliberative democracy that are now so-well established in Ireland's Citizens' Assembly model.

The Terms of Reference, in summary, called on the Citizens' Assembly to consider, and make recommendations on, legislative, policy and operational changes the State could make to significantly reduce the harmful impacts of illicit drugs on individuals, families, communities and wider society. The full Terms of Reference make clear that the Citizens' Assembly on Drugs Use was expected to conduct a wide-ranging and in-depth examination of the impacts of illicit drug use in Ireland, with due regard to evidence, international best practice, and the diverse perspectives of experts, practitioners, stakeholders and people with lived experience.

The Citizens' Assembly work programme incorporated an ambitious and comprehensive agenda, reflecting the wide-ranging Terms of Reference set down by the Oireachtas. Over the course of seven months between April and October 2023, the Assembly held six weekend meetings, during which it heard from 130 contributors including experts, professional practitioners, service providers, stakeholders, and people with lived experience. It had over 15 hours of Questions and Answers with panellists, and, cumulatively, almost 250 hours of roundtable discussions. The invited speakers included policy experts, academics, professionals working in frontline services, representative and lobby groups, and, importantly, people with lived experience. By any measure, the work that has been undertaken by the Citizens' Assembly on Drugs Use represents the most comprehensive discussion regarding drugs policy in the history of the State.

Membership, Governance and Working Methods

The Citizens' Assembly operated on a similar basis to its predecessors, adopting and implementing best practice in terms of deliberative democracy. Membership of the Citizens' Assembly was open to all people aged 18 years and over resident in the State, other than excluded categories including elected politicians and lobbyists.

The Assembly consisted of 100 members, including 99 randomly-selected members of the public and an independent Chairperson, Mr. Paul Reid. The 99 members of the public were selected randomly from households right across Ireland. The demographic profile of the 99 members precisely matched the population profile based on official Census data. This meant that, in terms of age, gender and where they lived, the membership of the Citizens' Assembly was highly representative of the wider public. It was also a highly diverse and inclusive group, including a wide range of socio-economic backgrounds, a diverse range of perspectives and levels of experience in relation to the issue of illicit drug use, four people with disabilities, and 15 non-nationals including 11 whose first language was not English.

The Citizens' Assembly had a strong experiential component, whereby members visited the facilities of a number of service providers providing harm reduction, treatment and recovery services, as well as having the opportunity to meet a range of stakeholders and people with lived experience. In addition, the Assembly received almost 800 written or recorded submissions from members of the public, from service providers in the statutory, community and voluntary sector, representative groups, advocacy groups and political parties.

The Citizens' Assembly was governed by its Guiding Principles and Rules and Procedures, and was supported by a number of groups including a Steering Group of members, an Advisory Support Group and a Lived Experience Group, as well as an ad-hoc group of experts in law, criminology, sociology and policy. Research and evidence support was provided by the Health Research Board and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA, now known as the European Drugs Agency, EUDA).

At all times, the Citizens' Assembly operated to the highest of standards of deliberative democracy, ensuring that all perspectives were heard, listened to and respected. A professional service provider, Quality Matters, was contracted to provide facilitators and notetakers to support the work of the Assembly. Throughout the process, the Citizens' Assembly measured and monitored how it was doing, and consistently recorded excellent feedback in terms of the

balance and fairness inherent in the proceedings. The Citizens' Assembly operated independently of Government and the Oireachtas, and protected this independence from any efforts by external actors seeking to influence the work of the Citizens' Assembly.

All public proceedings of the Citizens' Assembly, with Irish Sign language translation, were livestreamed. Video recordings of proceedings are available on **www.citizensassembly.ie**, which also includes copies of all presentations and other relevant documentation, as well as the submissions made during the Public Consultation process.

Conclusions and Recommendations

The Assembly concluded its work by making 36 recommendations, which are published in Volume I of this report. Taken together, these recommendations provide a strong and unequivocal signal to the Government and the Oireachtas that the State needs to take a far more innovative, ambitious, comprehensive and coherent approach to drugs use in Ireland.

The Citizens' Assembly has recommended that the State pivots to a comprehensive health-led response to drugs use, with a series of recommendations relating to legislation, strategy, policy and practice in terms of prevention, harm reduction, treatment, rehabilitation and recovery, and in terms of the relative roles of the health and criminal justice sectors.

The recommendations have significant implications for how the statutory, community and voluntary organisations working across the health and criminal justice systems are organised, funded and coordinated. They also have significant implications for how the Government designs and implements drugs policy, with a call for greater political prioritisation and leadership including a dedicated Cabinet Committee on Drugs, chaired by the Taoiseach. It calls for more effective institutional coordination and implementation of drugs policy, and for greater alignment and policy coherence between drugs policy and wider social policy.

The voting record of the Citizens' Assembly, details of which are published in Volume II of this report, shows that most of the recommendations agreed by the members were adopted with a very high level of consensus. One notable exception relates to the vote taken in respect of the response to possession of cannabis for personal use. On this question, the Citizens' Assembly was clearly divided between those who favoured a health-led response, including decriminalisation, and those who favoured the legalisation and regulation of cannabis. In the end, the vote on this issue was narrowly in favour of a comprehensive, health-led response, that includes an effective and appropriate balance between health diversion, dissuasion and decriminalisation. As the explanatory narrative makes clear, there are many important legal and policy questions that the Government and Oireachtas need to give careful consideration to, and these have been identified by the Citizens' Assembly in this report.

Responsibility for action now lies, in the first instance, with the Oireachtas and Government. As set out in the Assembly's Terms of Reference, on receipt of this report the Houses of the Oireachtas will refer it to a relevant Committee of both Houses for consideration. In turn, the Committee will bring its conclusions to the Houses for debate. In addition, the Government has committed to providing a response to each recommendation of the Assembly and, if accepting some or all of the recommendations, will indicate the timeframe it envisages for implementing those recommendations.
Beyond the initial response of the Oireachtas and Government, and as the Citizens' Assembly makes abundantly clear across its recommendations that this is indeed a complex issue that requires a whole-of-society, whole-of-economy, whole-of-government response.

Obtaining copies of this report

This report is published in two volumes. Volume I contains the Foreword, Executive Summary, Meetings Summary and Recommendations, while Volume II contains a detailed Record of Meetings, Results of Balloting and Appendices. Electronic copies of the report can be downloaded from **www.citizensassembly.ie**, while hard copies can be purchased from the Government Publications Office.

1 Recommendations

Recommendation 1:

The State should take urgent, decisive and ambitious action to improve its response to the harmful impacts of drugs use, including implementing necessary legislative changes.

Explanatory Narrative: While there are good examples of effective, evidence-based operational and policy responses to drugs issues, there is clear evidence that the State's response continues to be hindered by delays, inaction, lack of policy innovation, under-investment, policy incoherence and the need for more effective leadership at all levels. Meanwhile, the prevalence and nature of drugs use and associated harms continues to evolve. The alarming levels of drug-induced deaths, drug-related deaths and substance use disorder within the general population, combined with the expected emergence of more increasingly potent and harmful, including fentanyl and other synthetic opioids, demands a more effective, urgent and ambitious response from the State.

Recommendation 2:

Government should prioritise drugs misuse as a policy priority, as part of an overall socio-economic strategy.

Explanatory Narrative: This recommendation calls on Government to prioritise drugs misuse as a policy priority, recognising it as a serious, urgent, complex, escalating and evolving public health issue that causes widespread and significant harm to individuals, families, communities and wider society. This requires a whole-of-government and whole-of-society response.

Recommendation 3:

Government should give greater political priority and prominence to drugs policy and related issues. A dedicated Cabinet Committee chaired by the Taoiseach, supported by a Senior Officials Group, should consider and publish a detailed annual report on drug trends and emerging risks. The Department of Health must be supported in providing effective leadership and coordination of the work of the National Oversight Committee for the National Drugs Strategy.

Explanatory Narrative: Recognising the complexity and urgency of the policy challenge in relation to drugs, a whole of government approach should be overseen by a Cabinet Committee chaired by the Taoiseach, involving all relevant ministers and ministers of State, supported by a Senior Officials Group. On an annual basis, the Cabinet Committee should be provided, in advance of the annual budget and estimates process, a detailed report setting out the state of play and latest developments, trends and emerging risks in relation to drugs use and misuse in Ireland, and progress against key targets and objectives in the National Drugs Strategy. The Department of Health must be supported in providing effective leadership and coordination of the work of the National Oversight Committee for the National Drugs Strategy.

Recommendation 4:

Government should recognise that an effective national response to drugs-related issues requires whole of government policy coherence, operational cohesion and effective leadership.

Explanatory Narrative: This recommendation calls for policy coherence, operational cohesion and effective leadership in delivering a whole of government response to drugs-related issues. Drugs misuse and related problems stem from a complex interaction between a number of factors, often described in terms of the bio-psycho-social model of addiction. Consequently, drugs policy and operational responses to reducing the harmful impacts of drugs use require a coherent, cohesive and integrated approach across the whole of government, including the health, education and criminal justice systems, and other policy areas including social inclusion, housing, mental health, social protection, education, training, employment and childcare. This integrated approach to supply and demand reduction, prevention, harm reduction, treatment and recovery should be person centred, trauma-informed and holistic.

Recommendation 5:

The Government must assign accountability, at the highest level, for the State's response to problematic drug use, including for the implementation and tracking of the progress of the Citizens' Assembly recommendations.

Explanatory Narrative: This recommendation calls on the Government to ensure accountability, at the highest level, for the State's response to problematic drug use. This includes accountability for implementation of the Citizens' Assembly recommendations.

Recommendation 6:

The Government should introduce a 'Health in all Policies' approach to policy development.

Explanatory Narrative: To support policy coherence in tackling the underlying issues that undermine sustained recovery from drugs use, the Government should introduce a 'Health in all Policies' approach to policy development, so that all health, social and economic policy proposals take account of public health implications.

Recommendation 7:

Government should publish a new iteration of the National Drugs Strategy as a matter of urgency. A first draft should be published by June 2024 for consultation, with the recommendations of the Citizens' Assembly as a key input. The Strategy should contain annual action plans with measurable targets and objectives, clear designation of responsibilities, and regular reporting on implementation and expenditure.

Explanatory Narrative: This recommendation calls on the Government to publish a new National Drugs Strategy as a matter of urgency, reflecting the rapidly evolving nature of drugs use in Ireland and the risks that this poses to individuals, families, communities and wider society. A first draft of the Strategy should be published for public consultation by June 2024. The Government should ensure that the recommendations of the Citizens' Assembly are treated as a key input to the design of the next National Drugs Strategy. This multi-annual strategy should be underpinned by a series of annual action plans setting out quantifiable, evidence-based, measurable targets and objectives, and assigning responsibility as appropriate to relevant departments, agencies and others. The implementation of annual action plans should be monitored and reported on through a published annual progress report, including details on drugs-related expenditure, both labelled and unlabelled, and estimated costs to society and the economy.

Recommendation 8:

Government should ensure effective stakeholder involvement in implementing the National Drugs Strategy.

Explanatory Narrative: The regional and local Drug and Alcohol Task Forces, together with community and voluntary sector organisations have a crucial role in responding to drugs-related policy challenges, and in supporting the implementation of the National Drugs Strategy. Many of the most innovative and responsive examples of service delivery involve strategic and operational partnerships between statutory, community and voluntary sector organisations. Key stakeholders from the statutory, community and voluntary sectors should continue to engage with the relevant Minister responsible for the National Drugs Strategy, and relevant officials, via the National Oversight Committee for the National Drugs Strategy.

Recommendation 9:

Government should work with key stakeholders to build an effective whole of society response to drugs-related issues.

Explanatory Narrative: Political leaders, service providers and stakeholder groups have a key role in shaping public

attitudes towards drugs use, which is a key determinant of an effective drugs policy. The National Drugs Strategy should include a plan to engage the general public, civic society and other stakeholders in supporting the national response to drugs issues, and in particular to reduce stigmatisation of people who use drugs, including through a regular series of regional and national forums and a public awareness campaign.

Recommendation 10:

Drugs policy design and implementation should be informed by service users and people who use drugs as well as family members of people affected by drugs, with provision of appropriate supports to enable this involvement.

Explanatory Narrative: Drugs policy design and implementation should be informed by service users, including people with lived experience of drugs use, as well as family members of people affected by drugs, based on the principle of 'nothing about us, without us'.

Recommendation 11:

The State should formalise, adopt and resource alternative, health-led options for people with a drug addiction within the criminal justice system.

Explanatory Narrative: The Assembly has heard that appropriate alternatives to criminal conviction, and alternatives to custodial sentences, in which treatment, therapeutic and rehabilitative supports are provided, can contribute to more effective outcomes for the individual with problematic drug use, and their family, while reducing the burden on the prison system. There are over 4,700 people in the prison population at present, over 70% of whom have some form of drug addiction. The Assembly has also heard about the lengthy waiting lists for addiction treatment within the prison system, meaning that people serving sentences of less than 12 months have little or no prospect of receiving treatment. The Assembly has also heard that a criminal record and prison sentence can themselves compound and exacerbate the challenges facing someone as they try to recover from addiction and reintegrate back into society.

The Assembly heard several examples of how the Courts can effectively divert offenders away from criminal convictions and custodial sentences, including the Cork Courts Referral programme, the Dublin Drug Treatment Court and through the use of Restorative Justice programmes. It also heard how community-based organisations offering therapeutic interventions, education, training, housing and other supports can facilitate early release from prison and support sustainable recovery. While the Courts clearly have significant discretionary powers under current legislation to divert offenders away from convictions and custodial sentences, the use of these options is limited and sporadic across the country, rather than mainstream and systematised. This recommendation calls for the formal adoption and resourcing of alternative, health-led options for people with a drug addiction who are already within the criminal justice system. Formal adoption would suggest that key stakeholders including the departments of Justice and Health, HSE, Courts Service, Prison Service, Probation Service, Parole Board and Judicial Council should develop agreed guidelines and protocols to provide health-led options for people with drug addiction within the criminal justice system. The objective should be to provide meaningful alternative pathways, where appropriate, to divert people away from criminal convictions and custodial sentences and into non-custodial treatment, recovery and rehabilitation services. The mainstreaming of effective models, such as the Drug Treatment Court and Court Referral programme, should be prioritised.

Recommendation 12:

The Government should allocate additional resources to fund community-based and residential treatment and recovery services as an alternative to custodial sentences for people with problematic drugs use.

Explanatory Narrative: This builds on the preceding recommendation by explicitly calling for additional funding for community-based and residential treatment and recovery services as an alternative to custodial sentences for people with problematic drugs use.

Recommendation 13:

The Department of Justice and the Irish Prison Service should develop and fund enhanced prison-based addiction treatment services.

Explanatory Narrative: To address the issue of lengthy waiting lists for access to addiction treatment services within the prison system, the Department of Justice and the Irish Prison Service should publish a detailed action plan with ambitious targets to guarantee timely access to drug treatment services for those entering the prison system with drug addiction issues, including people who have received sentences of 12 months or less. The action plan should set out clear pathways to ensure continuity of care following release from prison.

Recommendation 14:

The Government should develop and expand the use of alternative pathways for young people engaged in low-level sale and distribution of drugs. The Assembly recommends that the criminal justice system adopts the widespread use of restorative justice and diversion initiatives in these cases, with enhanced investment in community-based youth work and community development projects and initiatives.

Explanatory Narrative: The Assembly has heard about effective evidence-based alternatives to coercive sanction for young people engaged in low-level sale and distribution of drugs, including Restorative Justice programmes and youth diversion schemes. The Assembly recommends that these type of initiatives should be further developed and expanded, with enhanced investment in community-based youth work and community development projects and initiatives.

Recommendation 15:

Drugs policy should prioritise the needs of vulnerable and marginalised groups and disadvantaged communities.

Explanatory Narrative: The National Drugs Strategy should explicitly recognise that, while drugs use occurs right across Irish society, the negative impacts of drugs use are experienced disproportionately by people living in socio-economically disadvantaged communities, and by people from marginalised and vulnerable groups in society such as Travellers and people who are experiencing homelessness. Holistic policy responses to drugs issues, including health, education, social protection, economic and criminal justice policy, should be designed on the basis of population needs, with targeted interventions and resources directed at those population cohorts with greatest need.

Recommendation 16:

The National Drugs Strategy should seek to optimise services to ensure continuity of care and joined-up care for all service users, including people with complex and/or specific needs.

Explanatory Narrative: Building on examples of good practice in evidence across the country, future resource allocation and service planning should be informed by evidence-based approaches to providing continuity of care, with coordination between, and collaboration across, existing service providers. Particular emphasis needs to be given to optimising continuity of care for people with dual diagnosis, and for people entering and exiting the prison system. In addition, focus needs to be given to the wider social and economic needs of people with complex or specific needs, including people who are homeless, marginalised groups including members of the Travelling community, and groups with specific needs including women, mothers and non-nationals. To ensure integrated care plans are consistent and person centred, the roll out of the Individual Health Identifier (IHI) number must be prioritised across the health system, and funded to a level so as to ensure security of personal data. The Assembly noted the lack of roll-out of opioid substitution therapy and methadone prescribing across primary care units and GP surgeries.

Recommendation 17:

The State should introduce a comprehensive health-led response to possession of drugs for personal use.

Explanatory Narrative: Under a 'Comprehensive health-led' approach, the State would respond to drug use and misuse primarily as a public health issue rather than as a criminal justice issue. While possession of controlled drugs would remain illegal, people found in possession of illicit drugs for personal use would be afforded, first and foremost, extensive opportunities to engage voluntarily with health-led services.

Depending on how the legislation was designed, this approach would minimise, or potentially completely remove, the possibility of criminal conviction and prison sentences for simple possession. A member of An Garda Síochána, on finding someone in possession of illicit drugs for personal use, would refer that person directly to a SAOR Brief Intervention, designed to assess, inform, dissuade and prevent people from developing problematic drug use, and where appropriate, offer a person an onward referral to addiction services. This mirrors the practice in both Austria and Portugal, which both combine health diversion, decriminalisation and dissuasive sanctions, which the Assembly has heard about in some detail.

There are several open questions about how Ireland might best legislate for this model, but it is clear that this approach seeks to combine the objectives of health diversion, dissuasion and decriminalisation. Changes are likely to be required to the Misuse of Drugs Act 1977, in conjunction with the enhanced use of existing legislative provisions, such as those contained within the Probation of Offenders Act 1907. New legislation may also be required. Given the important legal and constitutional issues to be considered, the Citizens' Assembly views it as the responsibility of the Oireachtas, informed by legal advice and detailed pre-legislative scrutiny, to determine the most appropriate legal mechanisms to achieve this goal.

The Assembly has identified a number of key questions that the Oireachtas should consider in balancing the objectives of health diversion, decriminalisation and dissuasive sanctions, including:

- Does the Irish legal system allow for the criminal offence of possession of drugs for personal use to be reclassified as an 'administrative' offence? The answer to this question has an important bearing on whether 'decriminalisation' can be done on a *de-jure* or *de-facto* basis.
- Should the sanction of prison sentences for simple possession offences be removed entirely from the statute book?
- What limits, if any, should there be on the number of times a person found in possession of drugs for personal use can be diverted to health interventions? Should no limit be set, or should a threshold be specified, beyond which a person would be referred back to the Courts for potential dissuasive sanctions (e.g. a fine)?
- What dissuasive sanctions, if any, should be available for repeat offenders, and which body should apply those sanctions? Should the Courts continue to have the role of applying sanctions such as fines, Community Service Orders, the Probation Act, referrals to Restorative Justice programmes, etc. Alternatively, can, and should, another entity be authorised to impose administrative sanctions?

Recommendation 18:

Government should allocate significant additional funding on a multi-annual basis to drugs services across the statutory, community and voluntary sectors, to address existing service gaps, including in the provision of community-based and residential treatment services, to support the implementation of the recommendations of the Citizens' Assembly. This funding should ensure geographic equitability in terms of access to statutory services, as well as providing for accountability, transparency and traceability of allocations.

Explanatory Narrative: This recommends additional funding for drugs services across the statutory, community and voluntary sectors. Government should allocate funding on a multi-annual basis, informed by evidence-based analysis of population requirements and demand for services at a local, regional and national level, with a particular emphasis on children and adolescents, marginalised communities and groups, and the prison population. This funding should be sufficient to address the known service gaps that currently exist, and to support the implementation of the recommendations of the Citizens' Assembly.

Recommendation 19:

The Government should examine the potential of novel funding sources to support increased drug services within the health and criminal justice systems, and in the community and voluntary sectors. Any novel funding should be secured, tracked and ringfenced for drug services expenditure.

Explanatory Narrative: This recommendation calls on Government to examine novel funding sources for increasing investment in drugs services. Options for ringfencing monies and assets seized under the Criminal Assets Bureau Act and Proceeds of Crime Acts, as well as the proceeds of court-imposed fines, to fund existing and additional services should be implemented. Efficiencies, synergies and partnerships between service providers in the health and criminal justice systems (e.g. HSE and prison-based addiction services) should be developed. The potential to redirect a portion of the budget currently spent by the Irish Prison Service on housing prisoners towards funding additional non-custodial drug services should be comprehensively examined.

Recommendation 20:

Key stakeholders should publish a joint report on an annual basis detailing total and disaggregated expenditure and channels of funding provided for drug-related services in Ireland, audited by the Comptroller and Auditor General.

Explanatory Narrative: Key stakeholders, including the Department of Health, HSE, Tusla, Department of Justice, Health Research Board, Prison Service, Probation Service, Department of Education and other relevant bodies, should produce a joint report on an annual basis detailing total and disaggregated expenditure and channels of funding provided drug-related services and interventions in Ireland. This report should map funded service providers across the country, highlight funding disparities across regions and target population groups, and should provide international comparative information, where available. It should also report impact analysis, cost-benefit analysis and other key performance metrics, with resources put in place to support detailed reporting at local level.

Recommendation 21:

The Government should recognise, value and adequately resource the role of family members and extended support network in supporting people affected by drugs use, and their children.
Kinship carers and children should have the same rights as foster carers and foster children, and this should include legal rights and monetary rights on a non means-tested basis.

Explanatory Narrative: The National Drugs Strategy should have a policy focus and dedicated resources to support families and children of people affected by drugs use, including supporting peer-led Family Support groups, community-based peer groups for kinship carers and kinship care children, improving access to guardian payments for kinship carers, investment in community-based family therapy services, investment in additional treatment bed facilities and access routes for mother and baby, and the roll out of the Young Person Support Programme.

Recommendation 22:

The National Drugs Strategy should include a strategic workforce development plan.

Explanatory Narrative: The National Drugs Strategy should include a strategic workforce development plan. This should include measures to enhance the capacity, quality and skills of the workforce in the community, voluntary and statutory sectors. It should include measures to support recruitment and retention of qualified personnel in the community and voluntary sectors, including addressing the problems posed by pay and conditions disparity for people employed by Section 39 organisations. It should also include measures to recruit, train and otherwise support the enhanced involvement of professionals who can add additional capacity to prevention, harm reduction, treatment and recovery services, including family GPs, nurses, addiction nurses, pharmacists, teachers, peer support workers, peer mentors, Prison Officers, Probation Officers, Gardaí and others.

Recommendation 23:

A minimum, mandatory basic training should be implemented for personnel across education, health, criminal justice, prison and social care services on trauma-informed and problem-solving responses to addiction, and health-led response options for those presenting with problematic drug use or addiction.

Explanatory Narrative: This calls for the implementation of a minimum, mandatory basic training for personnel across education, health, criminal justice, prison and social care services on trauma-informed and problem-solving responses to addiction, and health-led response options for those presenting with problematic drug use or addiction.

Recommendation 24:

The National Drugs Strategy should continue to prioritise the objective of reducing illicit drugs supply and associated structures, at international, national and local level within communities.

Explanatory Narrative: The Assembly has heard extensive evidence about the challenges facing law enforcement authorities in reducing illicit drugs supply at international, national and local level. Supply reduction should continue to be a strategic priority in the National Drugs Strategy.

Recommendation 25:

The National Drugs Strategy should focus on building resilient, sustainable communities though local partnerships in both urban and rural settings, and stronger community policing.

Explanatory Narrative: The Citizens' Assembly noted the community regeneration work being undertaken by the North East Inner City Initiative, seeking to build long-term, sustainable social and economic regeneration of the area, and the potential implications for this in terms of tackling drugs-related challenges within disadvantaged areas around the country. The Assembly also heard many examples of good practice in terms of partnerships at local level, involving multiple statutory, community and voluntary service providers and the Drug and Alcohol Task Forces. The learnings from successful community-based targeted initiatives should be considered for other disadvantaged areas in the country to enable communities strengthen their resilience and build their recovery capital to respond to drugs-related challenges.

Recommendation 26:

The National Drugs Strategy continue to prioritise the objective of tackling the source and impact of drugs-related intimidation and violence, and take a zero-tolerance approach.

Explanatory Narrative: The Assembly heard about the negative impact of drug-related intimidation and violence on families and communities. This recommendation calls for the DRIVE initiative to be rolled out and resourced across all Drug and Alcohol Task Force areas, and for it to be prioritised by Community Policing Forums and Local Community Safety Partnerships. Consideration to be given should the establishment of local Criminal Asset Bureau units.

Recommendation 27:

The National Drugs Strategy should include a detailed action plan to enhance Ireland's approach to prevention of drugs use.

Explanatory Narrative: The Citizens' Assembly calls for a detailed action plan on prevention to be included in the National Drugs Strategy, with a focus on primary, secondary and tertiary prevention, including a focus on ADHD, neurodiversity and Dual Diagnosis. The plan should include quantifiable, evidence-based, measurable targets and objectives, with responsibility for implementation assigned to departments, agencies and others, as appropriate.

Recommendation 28:

The Departments of Health and Education, in conjunction with the HSE, should design and implement a comprehensive, age-appropriate school-based drug prevention strategy for primary school children, junior and senior cycle secondary students, and wider community settings, as well as their parents/guardians and teachers. Prevention programmes should utilise external experts to deliver to classrooms, supporting teachers, with regular updating by the experts to the schools.

Explanatory Narrative: The Citizens' Assembly heard evidence of the efficacy of evidence-based school prevention programmes. It also heard that such programmes, while already available, are not universally available to school children. This recommendation calls on the Departments of Health and Education, in conjunction with the HSE, to ensure that school-based prevention programmes are prioritised and resourced under the National Drugs Strategy. Issues to be prioritised include: Making the senior-cycle SPHE curriculum, including the 'Know the Score' module on drugs, mandatory for all second-level schools; ensuring the revised junior-cycle SPHE programme includes an age-appropriate equivalent of the 'Know the Score' module on drugs; ensuring the primary-level SPHE programme covers resilience, empathy and emotional regulation; developing a programme to equip parents to support their children in relation to drug prevention; ensuring appropriate training and other supports for teachers; utilising peers, role-models and external experts, with joint sessions for parents/guardians and young people.

Recommendation 29:

The Department of Health should roll out regular national public health information campaigns, focusing on reducing shame and stigmatisation of people who use drugs, prevention, risk mitigation and advertising services.

Explanatory Narrative: The Citizens' Assembly heard extensive evidence of the importance of public communications messaging in preventing drugs use and reducing the risk of harmful drug use. It also heard about the harms caused by the stigmatisation of people with problematic drugs use. This recommendation calls on the Department of Health, in conjunction with key stakeholders, to roll out a national public health communications strategy to tackle these key issues: raising public awareness of the risks associated with drugs use, promoting key entry points to drugs services, reducing the shaming and stigmatisation of people who use drugs, and law enforcement to protect people who use drugs.

Recommendation 30:

The National Drugs Strategy should prioritise a systemic approach to recovery.

Explanatory Narrative: This recommendation calls for the National Drugs Strategy to prioritise a systemic approach to recovery. Funding and service planning should support evidence-based innovation in the provision of residential and community-based recovery services. The Strategy should also take a systemic approach to building recovery capital for individuals and communities, involving wider health, social and economic policies and services that have a bearing on sustainable recovery, including, for example, social protection, childcare, education, housing, training, employment, justice and health care.

Recommendation 31:

The Department of Health should develop a strategy to enhance resilience, mental health, well-being and prevention capital across the population, including a focus on providing therapeutic supports for children and young people, and for people dealing with trauma and adverse childhood experiences and dual diagnosis.

Explanatory Narrative: The Assembly heard extensive evidence about the relationship between drug use, addiction, trauma and mental health issues. It also heard, in the context of prevention strategies, about the importance of building resilience and prevention capital cross the general population. This recommendation calls on the Department of Health to develop a strategy to enhance resilience and prevention capital, with a focus on mental health, wellbeing and therapeutic supports for children and young people, and for people dealing with trauma and adverse childhood experiences. In an effort to circumvent the possibility of developing a dual diagnosis, mental health resource needs to be taken seriously and substantially enhanced.

Recommendation 32:

The National Drugs Strategy should incentivise and promote evidence-based innovations in service design and delivery, prioritise the evaluation of pilot projects and emphasise the timely mainstreaming of best practice nationally and internationally.

Explanatory Narrative: The Citizens' Assembly heard multiple examples of good practice from service providers in the statutory, community and voluntary sectors. Yet, time and again, the Assembly noted that these examples were localised, in some cases only available on a pilot basis and not yet mainstreamed. The National Drugs Strategy should incentivise and promote evidence-based innovations in service design and delivery, prioritise the evaluation of pilot projects and emphasise the timely mainstreaming of good practice. In addition, the National Drugs Strategy should examine the potential of technological innovations to drive improvements in the efficiency of services and quality of care, and to roll out a Unique Health Identifier. In adopting technological solutions, due regard should be given to patient confidentiality and GDPR requirements.

Recommendation 33:

The National Drugs Strategy should include a plan to strengthen the national research and data collection systems for drugs to inform evidence-based decision-making.

Explanatory Narrative: The rapidly-evolving nature of drugs use and associated risks requires close and timely monitoring and research. The deliberations of the Citizens' Assembly relied heavily on the presentation of data from authorities including the Health Research Board, Department of Health, HSE, Gardaí, Prison Service, Probation Service and the European Monitoring Centre for Drugs and Drug Addiction (now the EU Drugs Agency). The data presented to the Assembly originated from a wide range of sources, with some notable disparities in timeframes and consistency. While Ireland has a robust and well-regarded research and data system on drugs (and alcohol), there is a need to further strengthen this system, including through additional funding, and improved data gathering across relevant authorities and other stakeholder groups. The National Drugs Strategy should include a plan to strengthen the national research and data system, including through the adoption of technology to validate the reliability of data, better coordination and joint planning, and research partnerships between national and international statutory authorities, academic researchers, key stakeholders including service users, supported by additional investment to optimise the timeliness of research surveys. The plan should support and incentivise public and patient involvement (PPI) and specify targets for stakeholders and service providers to provide timely and accurate data on how drugs use impacts on the services they provide.

Recommendation 34:

Referral of submissions received by the Citizens Assembly from the general public and stakeholders on Drugs Use to inform the development and implementation of the National Drugs Strategy.

Explanatory Narrative: The Citizens' Assembly received almost 800 submissions, in both written and video format, from the general public and stakeholders. These submissions will be published on the Assembly's website once the work of the Assembly has concluded and its report has been finalised. The Assembly is of the view that it may be beneficial for the Department of Health to be provided with a compendium of these submissions, which it may wish to review in the context of preparing the next iteration of the National Drugs Strategy.

Recommendation 35:

Referral of certain submissions received by the Citizens' Assembly on Drugs Use, in relation to the potential therapeutic benefits of certain substances, to the appropriate authorities for consideration.

Explanatory Narrative: The Citizens' Assembly received a number of submissions from members of the public and stakeholders regarding the potential therapeutic benefits of certain drugs, including cannabis for medical purposes, and plant-based substances including psilocybin, ayahuasca, DMT and ibogaine. These issues were deemed to be outside the scope of the Assembly's Terms of Reference, and as such the Assembly has neither deliberated on, or

taken a position on, the potential therapeutic benefits of these drugs. However, the Citizens' Assembly considers that it would be appropriate to provide the submissions received on these matters to both the Oireachtas Health Committee and the Drugs Policy Unit of the Department of Health, and ask both refer these submissions onward to the appropriate regulatory authorities and research bodies to establish the evidence base on the therapeutic effects of psilocybin, ayahuasca, DMT and ibogaine to inform policy and practice.

Recommendation 36:

The National Drugs Strategy should use evidence-based approaches to harm reduction, and take measures to reduce the barriers to implementing harm-reduction approaches without undue delay.

Explanatory Narrative: The Assembly heard many examples of effective, evidence-based approaches to harm reduction, but noted the often slow pace of roll-out and adoption of harm reduction measures. This recommendation calls for the more widespread use and rapid adoption of evidence-based approaches to harm reduction, and could include: supervised Injecting facilities for relevant population centres; significant expansion of drug checking facilities and initiatives, including permanent drug checking facilities and non-festival environments; administration of naloxone, and consideration of safe consumption facilities based on international experience and best practice.

2 Overview of the Citizens' Assembly on Drugs Use

2.1 Establishment of the Citizens' Assembly

The Citizens' Assembly on Drugs Use was one of four Citizens' Assemblies committed to in the Programme for Government, *Our Shared Future*. The Citizens' Assembly was formally established in February 2023 by way of resolutions by Dáil Éireann and Seanad Éireann, which specified a detailed Terms of Reference for the Assembly.

The Assembly, which met over the course of six weekends between April and October 2023, heard from 130 speakers, had over 20 hours of presentations and panel discussions, and almost 250 hours of deliberations. This report, published in two volumes, is a summary of the process, inputs, deliberations and outcomes of the Assembly.

Volume I contains the Foreword, Executive Summary and recommendations, and a summary of each meeting.

Volume II contains a detailed account of each of the six meetings, as well as appendices with supplementary details about the Citizens' Assembly.

In addition to the formal report, proceedings of the Citizens' Assembly have been video recorded and are available on the website **www.citizensassembly.ie.**

2.2 Terms of Reference

The formal resolutions of Dáil and Seanad Éireann specified the Terms of Reference for the Citizens' Assembly on Drugs Use as follows:

'A Citizens' Assembly on Drugs Use shall be convened to consider the legislative, policy and operational changes the State could make to significantly reduce the harmful impacts of illicit drugs on individuals, families, communities and wider society, and to bring forward recommendations in this regard; the Assembly shall consider, *inter alia*:

- the drivers, prevalence, attitudes and trends in relation to drugs use in Irish society;
- the harmful impacts of drugs use on individuals, families, communities and wider society;
- best practice in promoting and supporting rehabilitation and recovery from drug addiction;
- the lived experience of young people and adults affected by drugs use, as well as their families and communities;
- international, European Union, national and local perspectives on drugs use;
- the efficacy of current strategic, policy and operational responses to drugs use;
- international best practice and practical case studies in relation to reducing supply, demand and harm, and increasing resilience, health and well-being; and
- the opportunities and challenges, in an Irish context, of reforming legislation, strategy, policy and operational responses to drugs use, taking into consideration the implications for the health, criminal justice and education systems.

The Assembly shall:

- consist of 100 members in total, including 99 randomly selected members of the general public, and an independent Chairperson to be nominated by the Taoiseach;
- preclude from membership any individual who is either:
  - under 18 years of age;
  - not normally resident in the State;
  - a politician currently serving in either House of the Oireachtas, in local government or in the European Parliament;
  - a lobbyist as provided for under the Regulation of Lobbying Act 2015; or
  - a person unwilling to adhere to public health measures as prescribed by Government and public health authorities from time to time;
- hold its inaugural meeting in April 2023 and conclude its work and submit a report to the Oireachtas by the end of 2023;

- have flexibility to determine a revised timeline for completion of its work in the event of extraordinary circumstances delaying or disrupting its work;
- submit a report and recommendation(s) on the matters before it to the Houses of the Oireachtas. On receipt, the Houses of the Oireachtas shall refer the report to a Committee of both Houses for consideration; this Committee will, in turn, bring its conclusions to the Houses of the Oireachtas for debate. Furthermore, the Government shall, on consideration of the report from the Citizens' Assembly, provide in the Houses of the Oireachtas a response to each recommendation of the Assembly, setting out a timeframe for implementing those recommendations which it accepts;
- have a Secretary and secretariat staff assigned to support the effective governance and operation of Assembly meetings, to support the Chairperson and members in their roles, and to support the drafting of the final report;
- agree its own rules of procedure and work programme to enable the effective conduct of its business in as economical and efficient a manner as possible;
- operate in an open and transparent manner, including by live streaming public proceedings;
- determine all issues by a majority of the votes of members present and voting, other than the Chairperson, who will have a casting vote in the case of an equality of votes;
- develop innovative programming to feature individuals and communities directly affected by drugs-related issues, and those working in front-line service delivery;
- engage subject matter experts to inform its deliberations, including as invited speakers or as members of an Expert Advisory Group;
- engage with stakeholders and the general public, including through a public consultation process, and by inviting select speakers to participate in meetings of the Assembly;
- make payment of an honorarium to the Chairperson at a per diem rate to be sanctioned by the Department of Public Expenditure, National Development Plan Delivery and Reform; and
- make payment to the members of the Citizens' Assembly and members of the Expert Advisory Group of a nominal honorarium to recognise their civic service.

2.3 Membership of the Citizens' Assembly

The Citizens' Assembly on Drugs Use was comprised of 100 members, including 99 members of the general public and an independent Chairperson.

The 99 members of the public were selected randomly from households across Ireland. The demographic profile of the 99 members precisely matched the population profile based on CSO Census data, meaning the group was representative of the wider public.

A detailed demographic profile of the members is provided in the Appendices found in Volume II of this report.

2.4 Governance, Advisory Groups and other supports

The Citizens' Assembly on Drugs Use operated with reference to a number of governance provisions, set out in:

- Terms of Reference (see Section 1.2)
- Guiding Principles (see Volume II)
- Rules and Procedures (see Volume II)
- Work Programme (see Section 2.5, below)

2.4.1 Advisory and Steering Groups

The Chair was supported by a number of Groups, including a Steering Group, an Advisory Support Group and a Lived Experience Group.

2.4.2 Steering Group

The Steering Group was established to assist the Assembly with planning and operational issues associated with the overall work programme and meeting programmes. Terms of Reference for the Steering Group are set out in Volume II of this report.

Twenty six members of the Assembly volunteered themselves, from which six members were chosen by random lottery. The members of the Steering Group were:

- Anzela Raseva
- Bill Lonergan
- Céire Moynihan
- Graham O'Neill
- Helen Carty
- Niamh Shortall

The Steering Group met on a regular basis throughout the Citizens' Assembly.

2.4.3 Advisory Support Group

An Advisory Support Group (ASG) was constituted to provide a range of perspectives and expert opinion in relation to the work of the Citizens' Assembly. Its members included:

- Prof. Jo-Hanna Ivers, Associate Professor in Addiction, School of Medicine, and Associate Dean of Civic Engagement & Social Innovation, Trinity College Dublin
- Prof. John Garry, Professor of Political Behaviour and lead at The Democracy Unit, Queen's University Belfast
- Prof. Mary Cannon, Professor of Psychiatric Epidemiology and Youth Mental Health, RCSI University of Medicine and Health Sciences and consultant psychiatrist Beaumont Hospital.
- Mr. Joe O'Neill, Chair of the Western Region Drugs and Alcohol Task Force
- Judge Ann Ryan, Retired Judge of the District Court
- Mr. Brian Galvin, Programme Manager for Drug and Alcohol Research, Health Research Board
- Mr. Philly McMahon, advocate for people affected by drugs use

Terms of Reference for the Advisory Support Group are set out in Volume II of this report.

2.4.4 Lived Experience Group

A Lived Experience Group (LEG) was constituted to provide a range of lived experience perspectives in relation to the work of the Citizens' Assembly. Its members included:

- Ms. Shannon Connors
- Mr. Andy O'Hara
- Mr. Karl Ducque
- Mr. Fionn Sexton Connolly

Both in advance of and following meetings of the Assembly, the Group met with the Chair and Secretary and a sub-set of the Advisory Support Group including:

- Prof. Jo-Hanna Ivers
- Judge Ann Ryan
- Mr. Philly McMahon

Terms of Reference for the Lived Experience Group are set out in Volume II of this report.

2.4.5 Psychological Support

Throughout the Citizens' Assembly, psychological and emotional support was provided to members by a HSE counselling team led by Mr. Anthony McCormack. This support was available both during, and between meetings.

2.5 Work Programme

At the outset of the Citizens' Assembly, the members adopted a Work Programme that set out a high-level plan outlining how the Assembly would sequence and prioritise the topics that the Oireachtas had asked it to consider. The Work Programme, set out below, was designed to achieve the optimal balance between the limited time available and the range of issues to be covered by the Assembly.

Work Programme for the Citizens' Assembly on Drugs Use	
Meeting #, Dates, Venue	**Thematic Overview**
#1: 'Setting the Scene'.	Formal opening of the Assembly. Induction for members, including Terms of Reference, Rules and Procedures, etc. Key definitions and concepts. Taking a person-centred perspective – language and respect. Ireland in a comparative international perspective (prevalence, harm, etc.). International strategic perspectives (EMCDDA, UNODC, Council of Europe etc.). National strategic perspective, incl. National Drugs Strategy (D/Health, D/Justice, HSE, Gardaí).
#2: 'Lived Experiences' May 13-14, Dublin Castle	The lived experience of young people and adults affected by drugs use, as well as their families and communities. Societal attitudes to drugs use, and people who use drugs. Stigmatisation. Diverse perspectives on what we mean by 'harm'. Evidence and perspectives on the social, socioeconomic, psychological and physiological drivers of drugs use. Specific focus on youth, families, women and marginalised groups. Perspectives from Service Users, statutory and community-based service providers. Experiential focus. Site visits. Specific focus on understanding harm-reduction, community-based responses, etc. What works, what doesn't work, and what could work?
#3: 'Health and Community-based perspectives' June 24-26, Malahide	Lived experiences. Understanding addiction. Perspectives from statutory and community-based service providers, including Drug and Alcohol Task Forces, Community Groups / networks, HSE, Section 39 providers, etc. Perspectives and case studies from other jurisdictions in relation to reducing demand and harm, and increasing resilience, health and well-being. Best practice in promoting and supporting treatment, rehabilitation and recovery from drug addiction. Specific topics including dual diagnosis, poly-drug use, misuse of prescription drugs etc.
#4: 'Criminal Justice and legal issues' September 2-3, Malahide	Lived experiences of the Criminal Justice system. Diverse perspectives from the Criminal Justice system, including Gardaí, DPP, Prisons, Probation services, etc. Diverse legal perspectives on the Misuse of Drugs Act 1977 and other legal matters. Perspectives and case studies from other jurisdictions in relation to reducing supply, demand and use of drugs. Results of the Public Consultation and examination of public attitudes, and presentation of youth consultation results.
#5: 'Education and Prevention, Strategy, Policy and Public engagement' September 30th - October 1st, Malahide	Role and performance of the education system, community sector and other stakeholders in prevention and significantly reducing the harmful impacts of illicit drugs. Perspectives on the efficacy of current strategic and policy responses to drugs use. What works, what doesn't work, and what could work? Wider social and economic perspectives. International, EU and national perspectives on public awareness and increasing resilience, health and well-being at a societal level.
#6: 'Conclusions and Recommendations' October 21-22, Malahide	Design of final ballot papers and voting on recommendations to the Oireachtas regarding the legislative, policy and operational changes the State could make to significantly reduce the harmful impacts of illicit drugs on individuals, families, communities and wider society

Meeting #1

Figure 1.1:
Group photo of Members of the Citizens' Assembly on Drugs Use

Figure 1.2:
Formal Opening - Paul Reid, Chairperson

Figure 1.3:
Welcoming Remarks - Cathal O'Regan, Secretary

Figure 1.4:
Message from Taoiseach Leo Varadkar TD

Figure 1.5: Induction for Members - Dan O'Dwyer, Ruth Ibeabuchi and Prof. John Garry

Figure 1.6: Session 1 - Prof. Mary Cannon, Joe O'Neill, Judge Ann Ryan, Paul Griffiths, Prof. Jo-Hanna Ivers

Figure 1.7: Session 2 - Brian Galvin, Dr. Eoghan Quigley, Anne Doyle, Deirdre Mongan

Figure 1.8: Session 3 - Derbhail McDonald, Andy O'Hara, Dr. Sharon Lambert, Pauline McKeown, Philly McMahon

Figure 1.9: Session 4 - Giovanna Campello, Dr. Eoghan Quigley

Figure 1.10: Session 4 - Dr. Eoghan Quigley

Figure 1.11: Session 4 - Thomas Kattau

Figure 1.12: Session 5 - Ben Ryan, Assistant Commissioner Justin Kelly, Prof. Eamon Keenan, Siobhan McArdle

Figure 1.13: Roundtable discussions

Figure 1.14: Roundtable discussions

Figure 1.15: Questions and Answers

Meeting #1

Figure 1.16:
Group photo

Figure 1.17:
Roundtable discussions

Figure 1.18:
Questions and Answers

Figure 1.19:
Questions and Answers

Figure 1.20:
Group photo

Figure 1.21:
Roundtable discussions

Figure 1.22:
Roundtable discussions

3 Summary of Meetings

The Assembly met on six occasions between April and October 2023. At its final meeting in October 2023, the Assembly voted on a series of propositions that were the culmination of careful deliberation and debate, informed by detailed input from experts, stakeholders and the general public.

The following provides a brief summary of each of the six meetings. Comprehensive detail of each meeting is provide in Volume II of this report. Video recordings and key documentation for each meeting, including presentations, are also available on the Citizens' Assembly website.

3.1 Meeting #1

The inaugural meeting of the Citizens' Assembly on Drugs Use took place on 15-16 April May 2023 at the Grand Hotel, Malahide. The members were given an overview of how Citizens' Assemblies operate and the growing role of deliberative democracy in national policy-making. The substantive focus of the programme was on national drugs policy, current trends and patterns in drugs use, and international and European perspectives on drugs use and policies.

1: Formal Opening and Induction of Members

The following is a brief summary of the contributions in this session. More detail is provided in Volume II of this report.

The meeting was formally opened by the Chair, **Mr. Paul Reid**, followed by a video message from **Taoiseach Leo Varadkar T.D.** Induction for members included an introduction to deliberative democracy and Citizens' Assemblies provided by **Prof. John Garry** (Queens University Belfast), and a presentation by the Secretary, **Mr. Cathal O'Regan**, outlining a proposed work programme. Members also heard from **Ms. Ruth Ibeabuchi** and **Mr. Dan O'Dwyer** about their experiences as members of previous Citizens Assemblies.

Prof. John Garry, Professor of Political Behaviour and lead of the Democracy Unit at Queen's University Belfast, provided a background to, and explanation of, deliberative democracy. He explained that Ireland has become well known internationally for using the Citizens' Assembly model of mini-publics to examine important issues, which has generally resulted in significant and real change. The work of previous Citizens' Assemblies in Ireland has led to referendums and subsequent changes to the Constitution, but can also affect other areas including legislation and policy.

Session 2: Setting the scene

The following is a brief summary of the contributions in this session. More detail is provided in Volume II of this report.

Mr. Paul Griffiths (European Monitoring Centre for Drugs and Drug Addiction – EMCDDA) provided an overview of drugs use (prevalence) across the EU. He described how drug-related issues appear almost everywhere, that almost everything with psychoactive potential can be a drug and that everyone can be affected, whether directly or indirectly. He noted that complex multisectoral policy issues are likely to require complex multisectoral approaches.

Whilst national policy perspectives differ in Europe, there is far more consensus than there used to be, with general support for a balanced approach that addresses both supply and demand holistically and recognises the role prevention, treatment and harm reduction can play. By global comparison, the situation in Europe looks, in many ways, more positive than it does in many other parts of the world. Mr. Griffiths concluded with the observation that complex multisectoral policy issues are likely to require complex multisectoral responses.

Prof. Jo-Hanna Ivers (Trinity College Dublin) followed with a presentation explaining why people use drugs, how they use drugs, the perceived benefits of drug use, the harms associated with drug use and why society treats one group of drugs users quite differently to others. She explained that people take drugs either to stop feeling something or to start feeling something. She noted that drug use is a complex issue, that it is important to classify the harms associated with drug use and to recognise that some of these harms are not always visible.

Prof. Ivers explained that a person's drug use can move along the spectrum of harm, in either direction, at any time. Also, the science and evidence base regarding risk changes over time. She explained that people who have co-occurring psychiatric illnesses, those experiencing pain, physical illnesses and people with limited opportunities (work, education, meaningful relationships) are all more likely to be addicted. She argued that society needs to stop stigmatising drugs and people that use them based on factors such as social class, and the types and ways that people use drugs.

For the **Questions and Answers** session which is detailed in Volume II of this report, Mr. Griffiths and Prof. Ivers were joined by three members of the Advisory Support Group (ASG), Prof. Mary Cannon, Judge Ann Ryan and Mr. Joe O'Neill. Issues discussed included: the 1977 Misuse of Drugs Act; the risks associated with different types of drugs; the EU's monitoring and early warning systems; emerging trends in the drug market, including synthetic drugs; the role of education and prevention; the benefits of drug use; the way that drugs could be sourced if they were legalised; and the factors that make a person predisposed to addiction.

Session 3: Drugs use patterns and trends

The following is a brief summary of the contributions in this session. More detail is provided in Volume II of this report.

Dr. Deirdre Mongan and **Ms. Anne Doyle**, Health Research Board (HRB), provided members with an evidenced-based overview of drugs use in Ireland, including the number of people using drugs, what drugs they use, how often they use them, how drug use trends have changed over time and how Ireland compares with other European countries. The presentations include a demographic profile of people who use drugs, including by age, sex, where they live, educational level and socioeconomic status.

The **Questions and Answers** session included detailed discussion on the strengths and limitations of the HRB's data and statistics, and the finding that, while drug use is an issue across all communities, people in areas of greater deprivation experience more harmful impacts than other areas.

Session 4: A person-centred perspective

The following is a brief extract from a much more detailed panel discussion, which is documented in detail in Volume II of this report. Video recordings of the full panel discussion are available on ***www.citizensassembly.ie.***

Dr. Sharon Lambert, University College Cork, explored the factors underpinning drugs use. She noted that 90% of people who use drugs do so for their psychoactive properties, but there is also a group that experience very significant harm. She posed the question as to whether drugs are the problem or whether, in fact, we should be focused on dealing with underlying issues like poverty, stress and trauma. She also discussed the shame and stigma society places on someone who uses drugs, which makes seeking help more difficult, noting that drug policies feed into that stigma by criminalising the issue.

Ms. Pauline McKeown, Coolmine Therapeutic Community described the divergent paths for drug users, explaining that the outcomes for a person who uses drugs will vary depending on their social capital. People experiencing multiple adversities can find that accessing treatment is not always easy. Calling for a more holistic approach to service delivery, she stressed the particular fear women have of losing their children if they seek to engage with services. Ms. McKeown advocated for a properly resourced public health response for possession of small amounts of drugs with wrap around supports available both in rural and urban areas.

Mr. Philly McMahon, an advocate for people affected by drugs use, described the stigma and shame his family experienced because a family member was using drugs. He reflected on the impact of a criminal justice-led approach to dual diagnosis compared to a health-led approach, noting that there are two and half thousand people in prison serving sentences of less than twelve months, and asked why the prison population is heavily populated by people from working class communities if drug use occurs across all communities.

Mr. Andy O'Hara, of advocacy group UISCE, described his organisation's work with people who use drugs, noting that all the people working or volunteering with the organisation have lived, or living, experience of drugs use. UISCE meets people where they are at. While people who use drugs have so much to offer, they are often dehumanised, criminalised and written off. Drug use happens across all demographics, but while some groups are just seen as a problem that we may choose not to fix, these very same people are part of the solution. Stigmatisation and criminalisation of people hasn't worked and asked how many more people need to die, to be locked up or have their lives destroyed.

The **extended panel discussion** and **Questions and Answers** session, detailed in Volume II of this report, dealt with a wide range of issues, including: dealing with the mental health and socio-political roots of the issue, rather than marginalising addicts with criminal legislation or concentrating on supply side polices; legalisation approaches in other countries; the capacity of the health system to respond to increased levels of demand, and the cost of increasing resources; and whether decriminalisation should be universally applied to all drugs and drug users.

Session 5: International and European perspectives on drugs use

The following is a brief summary of the contributions in this session. More detail is provided in Volume II of this report.

Ms. Giovanna Campello, United Nations Office on Drugs and Crime (UNODC), explained the history and evolution of international drug control conventions, emphasising that the term 'War on Drugs' is not used by the UNODC, and that the right to health has been at the centre of the drug control system from the very beginning. She highlighted some policy priorities and challenges from an international perspective, including disparities in accessing medicines, the right to health of different groups, including people who need access to controlled medicines, people who may be vulnerable to starting to use drugs, people who use drugs, and people with drug use disorders. She emphasised that adverse childhood experiences (ACEs) and inequalities play an important role in substance abuse disorders later in life, particularly for marginalised communities, and that we know how to support healthy and safe development of children and youth through evidence-based preventions. Prevention, done well, will address the vulnerabilities that are at the root of many different risky behaviours. If we promote the development of children and youth, we get less mental health problems, less substance use, less risky sexual behaviours, better school performance, less youth violence, less child maltreatment and less crime. She also highlighted the potential human rights violations associated with poor quality drug treatment.

Dr. Eoghan Quigley, European Monitoring Centre on Drugs and Drug Addiction (EMCDDA), provided a detailed overview of the latest European Drug Report, noting that drug supply and use have started to bounce back after COVID-19. The report shows increased seizures of large shipments trafficking through Europe's seaports in intermodal containers, with new trafficking routes emerging along with new concealment routes and new production processes. The European Union remains a significant producer of some drugs both for domestic consumption and for global export. Innovation is driving the high availability of a greater diversity and range of substances on the drug market, while these substances are increasingly more potent. He summarised the impact that innovation has had on the drugs market with the phrase 'everywhere, everything, everyone'. The EU early warning system is currently monitoring 880 substances, 370 of which have newly appeared on the market in 2020. Cannabis remains Europe's most popular illicit drug, and a number of EU Member States are looking at adjusting their cannabis policies. He provided data on synthetic cannabis, cocaine and methamphetamine use as well as injection drug use, and noted the increased uncertainty of Europe's drug market arising from recent developments in Afghanistan and the war in Ukraine.

Mr. Thomas Kattau, Pompidou Group at the Council of Europe, described the tensions that arise between the rights of the individual and the need for public health measures. Human rights in relation to drugs includes entitlements to certain treatment or abstention from treatment, and as a concept can be either political, ethical or legal. Political declarations, such as the United Nations Declaration of Human Rights, are not legally binding; international conventions do create rights and bind governments; and national legislation may provide specific rights and procedures in a court of law. Human rights do not create rights between one citizen and another, but rather rights and entitlements between governments and their citizens. The challenge for governments is to ensure drug policies that are effective in the guaranteeing of the rights of individuals, but at the same time ensuring public health and safety. Meeting these aims sometimes entails the restriction of individual rights. He noted the increased focus on human rights within drug policy arising, he suggested, from a greater awareness of unintended consequences and harms arising from repressive policies, as well as the increase in dialogue on the subject within civil society. He outlined the European Courts of Human Rights principles regarding availability and access to treatment. His final message to members was that, if drugs policy doesn't observe human rights, the country will suffer not only from increased human consequences but also increased social and financial costs.

The **Questions and Answers session**, detailed in Volume II of this report, included discussion on the consequences of State breaches of human rights; human rights issues in a prison context; details about the Escape syringe analysis project; consideration of adjustments to cannabis policies in a number of EU member states; and the impact of drug seizures on reducing the supply of drugs in Europe.

Session 6: National perspectives on drugs use

The following is a brief summary of the contributions in this session. More detail is provided in Volume II of this report.

Ms. Siobhan McArdle, Assistant Secretary General at the Department of Health, provided an overview of the current National Drugs Strategy, the changes arising from the mid-term review of that strategy and the approach the Department takes to drugs policy and the provision of services. She highlighted the cross-government collaboration required to respond to the underlying social and economic determinants that increase the prevalence of problematic drug use. She described recent developments including the Health Diversion model and legislative changes to introduce the Medical Cannabis Access Programme and the supervised injection facility.

Prof. Eamonn Keenan, National Clinical Lead, HSE Addiction Services, outlined how services for the treatment of addiction in Ireland had evolved since the opioid epidemic in Dublin in the 1980s, and explained what is meant by harm reduction. He described the demands on addiction services arising from cannabis and cocaine. 42% of young people under the age of 25 presenting for services are seeking help for cannabis addiction, while rates of cocaine use in Ireland are increasing across all age groups. He explained that, while the HSE is operationally ready to roll out the new Health Diversion scheme, legislation is still awaited, and stressed the need for sustained investment in health services, including community based and residential services. Prof. Keenan emphasised some key points: Ireland's opioid problem is stabilising but the population receiving treatment is growing older, potentially increasing associated medical complications, meaning they still need a lot of care and support; Cocaine and cannabis presentations for treatment are increasing, which could be associated with the increasing potency of both substances. The mental health impacts and the problem drug use amongst young people is a concern; The emphasis is now on a health led approach, with drug monitoring - including back of house testing at more festivals this year, wastewater and syringe analysis – being a key element to inform harm reduction responses and service development; Prevention needs to be prioritised, with the Department of Health recently putting out a call for a number of prevention initiatives; Recovery approaches should be at the core of strategies, implemented across all government departments and integrated into a whole of society response to drug use.

Mr. Ben Ryan, Assistant Secretary General at the Department of Justice, outlined that department's role with regard to drugs policy and its close working relationship with the Department of Health. He explained the work previously carried out by the Sheehan Working Group on possible approaches to personal possession of small amounts of drugs, and noted that the Department's current focus is on depenalisation, the Adult Caution Scheme and the Health Diversion Scheme. The Adult Caution scheme has been expanded to include cannabis possession for personal use, and further expansion is being considered. Anyone arrested under 18 will have to be considered for Youth Diversion before any other criminal justice activity. The Department is currently working on a similar scheme for 18–24 year olds, and hope to have it ready by the end of the year. Work is being undertaken on a Rehabilitative Periods Bill, brought forward by Senator Lynn Ruane, which aims to expand the approach to spent convictions. Mr. Ryan noted that, while the Sheahan Working Group had recognised a lot of positives with the Portuguese model, it ultimately concluded that it would not be possible to operate the same way in Ireland given the significant differences in the legal systems in Ireland and Portugal. Other unintended consequences also became apparent to the Group, having consulted with a number of US States who have lightened their legal approach. This included an increase in drug tourism, increase in drug driving and other crimes, and the fact there is still a large illicit market driven by criminal gangs. He challenged the idea that legalisation of drugs would displace criminal gangs and generate revenues for the State, saying the reality evident in jurisdictions that have legalised is that criminal gangs remain involved in the supply of drugs.

Assistant Commissioner Justin Kelly explained that An Garda Síochána (AGS) is a community-based police force whose mission is to keep people safe and to protect the vulnerable. AGS fully supports the National Drugs Strategy and works closely with health partners and other criminal justice partners to reduce harm and ensure safety. AGS's law enforcement focus is not on the prosecution of those addicted to controlled drugs, but rather on disrupting drug trafficking supply lines and dismantling the organised criminal groups behind these lines. At the forefront of this work is the National Drugs and Organised Crime Bureau (NDOCB), which undertakes intelligence-led operations leading to seizures of substantial amounts of drugs firearms and cash. In the last eight years, AGS has seized more than €365 million worth of drugs, 147 firearms and deprived criminal organisations of over €28 million. Another element is mounting 'threat to life' operations, which prevent criminal gangs from committing murders. Since 2016, over 80 people have been convicted for feud-related activity. An additional aim is to deny people access to assets that they have accrued from criminal activity, which is achieved through the work of the Criminal Assets Bureau (CAB). The work of AGS with regard to drugs is supported by a network of local Drugs Units in every part of the country, which focus on localised and street level supply, under Operation Tara. He described drug supply across four levels from global and international down to individual user of drugs. AGS have concerns about the potential implications of

legalising drugs, particularly the impact on wider society. Lessons from jurisdictions that have legalised drugs show increases in crime, normalisation of drug use and the continuing involvement of organised criminal gangs in the illicit drugs market.

The **Questions and Answers session**, detailed in Volume II of this report, dealt with a wide range of questions, including about: the Adult Caution scheme; the distribution of methadone treatment facilities around the country; the legal basis for drug consumption rooms; the implications of decriminalising or legalising possession on Garda search powers; the extent to which drug services focus on people with ADHD and autism; the focus of An Garda Síochána on drug use versus supply; and a question to all panellists about what they would like to see emerge from the Citizens' Assembly.

Meeting #2

Figure 2.1: Session 1 - Shannon Connors, Fionn Sexton Connolly, Gillian O'Donnell, Karl Ducque, Dearbhail McDonald

Figure 2.2: Session 2 - Tom McLoughlin, Elaine Kehoe, Maria O'Hara, Dr. Chris Luke

Figure 2.3:
Session 3 - Cathy Kelleher

Figure 2.4: Session 3 - Paul Reid, Gearaidh Matthews, Maureen Penrose, Annemarie Sweeney, Aileen Malone, Caitriona Kirwan, Dearbhail McDonald

Figure 2.5:
The Printworks - Dublin Castle

Figure 2.6: Session 4 - Cathal O'Regan, Philip Jennings, Jennifer Clancy, Dearbhail McDonald, Amy Carey, John Paul Collins, Paul Reid

Figure 2.7:
Roundtable discussions

Figure 2.8: Pauline McKeown, CEO of Coolmine, briefs members on the site visit to Coolmine

Figure 2.9:
Paul Reid, Chairperson, on the site visit to Coolmine

Figure 2.10:
Site visit to Coolmine

Figure 2.11: Site visit to planned supervised injection facility at Merchant's Quay Ireland

Figure 2.12:
Questions and Answers

Figure 2.13:
Questions and Answers

Figure 2.14:
Questions and Answers

Figure 2.15:
Questions and Answers

3.2 Meeting #2

The second meeting of the Citizens' Assembly on Drugs Use was held on 13-14 May 2023 at Dublin Castle, incorporating site visits to Merchant's Quay Ireland and Coolmine Therapeutic Community. The theme of the meeting was 'the lived experience of people who use drugs, families, communities and service providers'.

Session 1: Lived Experiences of Drug Use

The following is a brief summary of the contributions in this session. More detail is provided in Volume II of this report.

The **first session** featured four people with lived experience of drug use sharing their experiences and insights.

Ms. Gillian O'Donnell described growing up in a disadvantaged community where drug use was normalised and addiction widespread. She herself was born with Substance Use Disorder and became addicted to heroin by age 11. She explained the detrimental impact of criminal records and prison sentences on people dealing with addiction, particularly mothers grappling to retain custody of their children, and people seeking employment. Now in recovery and working as a peer support worker, Gillian's key message was that services and health-led policies need to be implemented with the people most impacted at the centre of decision making.

Mr. Karl Ducque described how he began using drugs at a young age, finding that it gave him a sense of belonging and a means of escaping the harsh realities of poverty and marginalisation. Having become dependent on heroin, he was placed on methadone treatment for what was supposed to be a few weeks, but lasted for 18 years. During that time, he caused what he described as 'carnage' to himself, his family and community, spending time in prison and in hospital. He eventually got into sustained recovery, which he maintains with the help of a 12-step Fellowship programme. Having attended university, Karl now works as a Team Leader and Intensive Outreach worker with marginalised young people in Dublin's south inner city, explaining that 'I don't shy away from my story, I don't feel sad for my story, I feel like my story is who I am, and it's how I help other people'.

Ms. Shannon Connors shared her experience of drug use and addiction in the context of childhood trauma and her experiences of stigmatisation as a traveller woman and a mother. She spoke about the particular challenges facing traveller women in prison, many of whom are grappling with addiction but not able to access the help they need. She described the compounding impact of being separated from, and sometimes losing custody of children, referring to it as 'that perfect storm of troubles that engulf you'. Shannon called for greater levels of service provision for addiction treatment and recovery, and reiterated the importance of peer education and mentorship in the journey to recovery.

Mr. Fionn Sexton Connolly shared his perspective on drug use within the student population, highlighting the wide acceptability and availability of drugs. He described the range of pressures, including financial, that many students are grappling with, and the role that drug use, particularly stimulants, play among people forced to work long shifts to support themselves through college. He also spoke from a personal and family perspective about drugs use in the context of people dealing with mental health issues, emotional or physical pain, describing how difficult some people find it to articulate the need for psychological support and emotional help, and the attraction that drugs might have for someone who wants to self-medicate their pain.

The Questions and Answers session, which is detailed in Volume II of this report, covered issues including panellists' views on what outcomes they would like from the Citizens' Assembly on Drugs Use and what one intervention would have made a difference in their own case. The conversation focused on early intervention, targeted intervention for specific groups, the problems with criminalising people, the value of a health-led approach, and the importance of addressing stigma in language across society, both in relation to drug addiction and mental health.

Session 2: Experiences and perspectives of front-line workers

The following is a brief summary of the contributions in this session. More detail is provided in Volume II of this report.

The second session explored the experience and perspectives of four front-line workers.

Dr. Chris Luke, an experienced Emergency Physician, described the added burden that drug misuse places on already overcrowded Emergency Departments. Drug users can present with a range of issues from overdose poisonings to medical complaints such as stroke, heart-attack and seizures, to psychiatric and psychological problems including psychosis, delirium, agitation and violence. He suggested that, following the legalisation of cannabis in parts of North America, cannabis use increased by about six-fold, leading to additional numbers attending hospital emergency

departments. Some of the risks associated with cannabis use include accidental poisoning, psychosis, Cannabis Use Disorder and Cannabinoid Hyperemesis Syndrome.

Mr. Tom McLoughlin, an Advanced Paramedic based at Swords Fire Station, described the types of drug-related incidents attended to by Emergency Services, and the role of Advanced Paramedics in administering naloxone to reverse the life-threatening effects of opioid overdoses. He described the violence and aggression that Emergency crews often encounter while attending drug-related incidents. He described the increasing prevalence of polydrug use, observing that drug use is now prevalent across all strata of society.

Detective Garda Maria O'Hara, now based with the National Drugs and Organised Crime Bureau, outlined the duty of care An Garda Síochána has for public safety and the welfare and preservation of life. She explained how draining it can be on Garda resources to deal with certain drugs-related issues, and highlighted the range of offences and problems that Gardaí have to respond to, from assault and violent disorder to public order offences to theft, burglaries and attempted suicides. She outlined the direct connection between people who use drugs and organised crime.

Ms. Elaine Kehoe, Clinical Nurse Manager with Merchant's Quay Ireland (MQI) outlined the range of low-threshold harm reduction, treatment and therapeutic interventions offered by MQI, including the medically-supervised residential detox unit in St. Francis' Farm, Co. Carlow. She described the complex needs of service users with dual diagnoses and the frequency of undiagnosed mental health problems.

During the **Questions and Answers session**, detailed in Volume II of this report, the panellists discussed the challenges of working in front-line roles dealing with drug-related issues, which was variously portrayed as dangerous, frustrating, stressful, exhausting and dispiriting. They spoke about the risks and challenges of burnout and the need for self-care and support systems. Panellists urged the Assembly members to keep compassion to the forefront in whatever response are recommended.

Session 3: Experiences of family members of people affected by drug use

The following is a brief summary of the contributions in this session. More detail is provided in Volume II of this report.

The third session focused on the experience of family members of people who have been affected by drug use.

Ms. Cathy Kelleher, Health Research Board (HRB), presented an overview of the experience of Affected Family Members (AFMs), a large but often forgotten and largely hidden population, only a minority of whom come into contact with services. The impact of drugs use on family members is an important 'hidden harm'. AFMs. have a key role in supporting people with problematic drug use, and typically care for loved ones without recognition or reward. AFMs. can experience considerable stress and strain, which can negatively impact their own mental and physical health. Between 2010 and 2020, the HRB recorded 13,744 referrals for AFMs. (children and adults) seeking support. Three in 4 were female, while one in 20 were children. The most common supports provided were counselling and brief interventions.

Ms. Aileen Malone recounted living with drug dependency within her family for the past 20 years, describing it as 'absolutely exhausting .... affecting the family on so many levels, emotionally, physically, financially and socially, taking so much out of us.' Ms. Malone explained that her daughter, who passed away six years ago, had begun using drugs recreationally, then began to smoke heroin to help her 'come down' following raves. Her daughter, who had a good job and a nice boyfriend, quickly spiralled into dependency. Ms. Malone described the impact on the family unit as 'unrelenting', with recurrent crises to deal with. This impacted on the other three children, one of whom went on to develop a severe dependency on heroin and benzodiazepines. As Ms. Malone explained, she and her husband didn't have enough time to give to her other two children, who needed their parents every bit as much.

Mr. Gearaidh Matthews described the impact of his son's drug use on his family. What began for his son as experimentation with cannabis progressed onto using other drugs. His son developed a drug dependency, then experienced the onset of mental health issues. The dual diagnosis of drug dependency and mental health issues led his son into a downward spiral. Mr. Matthews explained how his intelligent, sporting and musically talented son became withdrawn, lost interest in life and frequently got into trouble, and ended up being hospitalized on several occasions. The situation had a significant impact on Mr. Matthews himself, consuming his life for over a decade. Everything was focused on trying to protect his son from harm. Eventually, his son managed to break the cycle of dependency. He emphasised the importance of support systems for parents and family members, crediting the Family Addiction Support Network for helping him through this challenging time in his life.

Ms. Maureen Penrose described taking on the role of 'kinship carer' to look after her grandchildren, while her daughter was battling a heroin addiction. Ms. Penrose recalled the emotional impact on her grandchildren, who simply wanted to be with their mother and struggled with her absences. At one point, one of the children expressed her distress through elective mutism, whereby every morning as she approached school she stopped speaking and didn't say a word until she got home that evening. While foster carers receive a weekly allowance, kinship carers, often grandparents surviving on their pensions, are not entitled to a comparable allowance and bear the financial burdens themselves. Children in kinship care are not eligible for emotional or psychological supports in the same way as children in foster care are. While Ms. Penrose explained that kinship carers willingly provide this care, it would be good to receive support.

Ms. Annemarie Sweeney described her experience as a traveller woman and mother dealing with addiction. She recalled experiencing a 'double stigma', coming both from within her own community and from wider society. As her addiction progressed, she went to prison a couple of times, lost custody of her children and lost her relationship with her family. Her parents simply didn't know how to deal with the situation itself, or with the shame and worry about their daughter. The stress impacted her mother's mental health for a considerable time. Describing herself as 'one of the lucky ones', Ms. Sweeney explained that she is now in recovery, has regained custody of her children, has restored her family relationships and now works as a peer support worker helping other members of the travelling community dealing with addiction issues.

Ms. Caitriona Kirwan described her experience as a parent whose son spent time in prison because of drug-related issues. In Ms. Kirwan's own words, to have a family member in prison 'takes you on a journey that never in your wildest dreams you imagined you would have to travel'. She explained the disruption to the rest of the family, the stress and anxiety of making prison visits that could sometimes be cancelled at the last minute without any explanation. While in prison, Ms. Kirwan's son was given medical support and structure and stopped using drugs, but that support was not continued on his release, which led him to relapse and reoffend. Ms. Kirwan, who is part of the Southeast Family Support Network, spoke about the importance of having support structures for families, and called for practical measures to help families of people in prison, including guidance for a successful prison visit and contact information for Prison Chaplains.

During the **Questions and Answers session**, detailed in Volume II of this report, panellists highlighted the lack of awareness of dual diagnosis among health care professionals, barriers to accessing services, disjointed service provision and lack of integrated care pathways, and lengthy waiting lists for accessing supports including mental health and methadone services. They also explained the impact of drug related intimidation and violence, and the scale of drug debt that can be built up. Concluding the discussion, panellists emphasised that stigma and shame are an impediment to helping people with addiction, and that society needs to recognise that people with addiction are real people, with feelings, hopes and aspirations, who have become submerged in addiction.

Session 4: Experiences of communities impacted by drug use

The following is a brief summary of the contributions in this session. More detail is provided in Volume II of this report.

The final session involved four panellists with professional experience working in communities impacted by drug use.

Ms. Jennifer Clancy outlined her experience of working and living in Clondalkin, a community disproportionately affected by drugs. She argued that it's important to understand the underlying socio-economic factors and the relationship between poverty, inequality and drug use. Disadvantaged communities with high levels of poverty have become breeding grounds for the drug market, with young people getting caught up in the drugs economy from a very young age. Drugs are readily available, while open drug use and dealing has become normalised. Drug-related intimidation and violence means families can be forced to leave their homes or be subject to intimidatory acts like broken windows or arson attacks. People can be afraid to speak to the Gardaí, and, too often, communities that need to pull together don't, because people are too afraid. Many families simply can't afford to pay off drug-related debts that have been accumulated, so the person owing the money ends up being subsumed into criminality. Drug dealers are grooming vulnerable young people into their gangs to enforce and intimidate. Ms. Clancy asked at what point does society start to understand these young teenagers not as criminals, but as victims who haven't had the systemic supports they've needed, and have been failed by statutory agencies, by the education system, by housing and social welfare policy, child protection services and the criminal justice system?

Mr. Philip Jennings described his experience as a Community Development worker in Blanchardstown, where some people are 'living in fear' because of drug-related intimidation and violence. Over the past several decades, the nature of drug-related violence has escalated to the point where severe beatings and murder are now commonplace.

In the period since Martin Cahill died (in 1994), 312 people have died in Ireland from drug-related violence. Given that the motivating factor for violence is control of the lucrative drug market, and given the scale of the recreational drugs market, estimated to be worth hundreds of millions per annum, he described recreational drug users as 'the real driving force and powerhouse for the violence'. Drug gangs often use 13 and 14-year olds as the first point of enforcement for drug debts, because juveniles are outside the scope of the criminal justice system. They quickly learn the art of intimidation and progress from there. He emphasised that money is the underlying motive, and that drugs use is prevalent right across society, from disadvantaged communities to the middle classes to rural Ireland. Cannabis potency has increased significantly in recent decades, is not a safe drug and is the first drug taken by most people who end up with problematic drug use.

Ms. Amy Carey, a youth worker in the Liberties area of south inner-city Dublin, described how young people from disadvantaged areas can be drawn into a life of criminality. The apparent wealth, flashy cars and nice clothes commonly associated with drug dealing was a 'pull factor' for some. She recalled one six-year old boy who, when asked what he wanted to be when he grew up, said he wanted to be like 'those boys [dealers] on the Block'. The idea that a six-year old's dream for his future was to become a drug dealer epitomises the depth of the problem. The normalisation of drug dealing has a clear impact on communities. Young people start dabbling in drug use and then develop their own addiction. To feed that addiction, they take on roles as 'runners' and find themselves in a cycle they can't get out of. Others get involved in shoplifting and theft to fund their drug use. Youth work services operate to interrupt this cycle, but at that point it's a very difficult situation for young people to escape from. While drug use is prevalent across all parts of society, the impact is felt disproportionately in disadvantaged communities, where intergenerational trauma is evident in terms of poverty, unemployment and addiction. Ms. Clancy spoke about the challenges facing families in terms of accessing services and supports, referencing her own experience as a kinship carer for her niece and nephew for the past 13 years. She described having to fight 'tooth and nail' through the courts system to get any sort of service for her nephew, who has foetal alcohol spectrum disorder. She described also having to fight constantly for addiction services for her own brother, saying that these are services that they are entitled to, and shouldn't have to fight for.

Mr. John Paul Collins, a Community Development Worker with Pavee Point Drug and Alcohol Programme, explained the challenges facing the Traveller community in relation to drug use. He described the levels of trauma and adverse life experiences within the traveller community, with suicide levels at least seven times higher than that of the general population. Drug use is at pandemic levels. Travellers face stigmatisation generally, but a traveller woman dealing with drug addiction faces compounded stigma. Drug-related intimidation and violence is also a factor within the community. Drug dealing now takes place on sites, which wouldn't have been the case 10 or 15 years ago. Drug dealers are aligned with very significant gangs, which is very intimidating for members of the travelling community. Mr. Collins described the challenges that members of the travelling community have in accessing services. Even when services are available, the sense of shame and stigma often acts as a barrier to people connecting with those services. The role of peer led support is vital in terms of increasing engagement with services.

During the **Questions and Answers session**, detailed in Volume II of this report, panellists offered a range of views on what the Citizens' Assembly might bear in mind in forming their recommendations. Issues discussed included the need for a public information campaign and a joined-up policy approach, efforts to address the underlying issues of poverty and inequality, early interventions to support young people to remain in education, the importance of positive male role models, the need for an holistic approach to policy, the importance of bringing the voice of people directly affected by substance misuse into the conversation, removing the barriers to accessing services, the potential implications of regulating drugs, and governance and implementation issues.

Meeting #3

Figure 3.1:
Paul Reid, Chairperson and Cathal O'Regan, Secretary

Figure 3.2:
Paul Reid, Chairperson

Figure 3.3:
Session 1 - Dr. Alfred Uhl, Nuno Capez, Jim Walsh, Dr. Suzi Lyons

Figure 3.4: Session 2 - Joe Kirby, Tommy Gilson, Dermot King, John Bennett, Bríd Walsh, Prof. Eamon Keenan

Figure 3.5:
Session 3 - Nicki Kileen, Catherine Kenny, Gary Broderick, Tony Duffin

Figure 3.6: Session 4 - Dr. Íde Delargy, Dr. Gerry McCarney, Dr. Sean Foy, Dr. Anne Marie Carew

Figure 3.7:
SAOL Sisters perform for Members

Figure 3.8:
Members join the SAOL Sisters on stage

Figure 3.9: Session 5 - Noel Murhpy, Dearbhail McDonald, Nicola Smith, Mick Devine, Daniel Jones, Prof. Jo-Hanna Ivers

Figure 3.10: Session 6 - Breda Fell, Dearbhail McDonald, Anna Quigley, Joe Slattery, Dr. Austin O'Carroll, Paul Reid

Figure 3.11: 'The VanaLiffey' – Ana Liffey Drug Project's mobile harm reduction unit

Figure 3.12:
Tony Duffin briefs members aboard the 'VanaLiffey'

Figure 3.13:
Professor Jo-Hanna Ivers

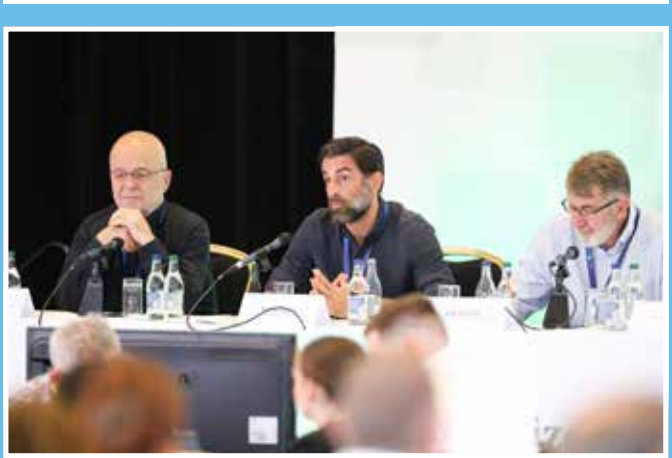

Figure 3.14:
Dr. Alfred Uhl, Mr. Nuno Capaz and Mr. Jim Walsh

Figure 3.15:
Roundtable discussions

Figure 3.16:
Roundtable discussions

Meeting #3

Figure 3.17:
Roundtable discussions

Figure 3.18:
Roundtable discussions

Figure 3.19:
Questions and Answers

Figure 3.20:
Questions and Answers

Figure 3.21:
Questions and Answers

Figure 3.22:
Questions and Answers

Figure 3.23:
Questions and Answers

Figure 3.24:
Questions and Answers

3.3 Meeting #3

The focus of the third meeting, held on 24-25 June 2023 at the Grand Hotel Malahide, was on the role of policy and service delivery providers in the statutory, community and voluntary sectors.

Session 1: Health-led approaches

The following is a brief summary of the contributions in this session. More detail is provided in Volume II of this report.

Dr. Suzi Lyons presented latest data from the Health Research Board on poisoning (drug-induced) and non-poisoning (drug-related) deaths, showing a sustained and significant increase in drug-induced deaths over the last four years, with 409 poisoning deaths in 2020, up 38 compared to 2019. There were an additional 397 drug-related non-poisoning deaths in 2020. Chair of the Assembly Paul Reid described the data as 'grim and stark', and 'a wake-up call' for society, policymakers and legislators.

Mr. Jim Walsh, Department of Health, explained that the Citizens' Assembly recommendations could shape the next iteration of the National Drugs Strategy, which is due to expire by end of 2025. He suggested a number of ways the next Strategy could be made more effective, including: incorporating a rights-based approach; prioritising those with greatest need, ensuring nobody is left behind; centrally involving people with lived experience; prioritising and resourcing prevention; better integrating drugs services with the wider healthcare system; taking a gendered perspective, with a particular emphasis on women; commencing Health Diversion for people found in possession; and addressing premature drug-related deaths as an urgent public health priority.

Mr. Nuno Capaz provided a case study of the Portuguese approach to drugs use. He described the approach as Portugal's version of Health Diversion. Possession offences are dealt with on an administrative rather than criminal basis, with mandatory referrals to Dissuasion Committees. He emphasized that decriminalisation was not the most important feature of the policy changes introduced in 2000. Rather, the most important change was the creation of a specific structure under the Ministry of Health to coordinate all aspects of drug policy.

Dr. Alfred Uhl provided a case study of Austria's health-led approach to drugs. Austria's addiction services are entirely funded by a Federal regulated health insurance model, which ensures that insurance costs are proportionate to an individual's income, and ensures that essentially everybody is covered. Austria's 'treatment instead of punishment' approach means that, for example, a drug user convicted of burglary can have their sentence deferred and instead be admitted into drug treatment. Subject to completing treatment, that person can have their sentence quashed. He highlighted ongoing challenges in Austria, including the lack of supervised injection facilities and heroin treatment facilities.

The **Questions and Answers session**, detailed in Volume II of this report, provided further detailed information on the Portuguese approach to drugs use and the role of prescription medications in drug-induced deaths.

Session 2: Strategic Service Delivery Partnerships

The following is a brief summary of the contributions in this session. More detail is provided in Volume II of this report.

Prof. Eamon Keenan provided an overview of drug services in Ireland, showing the proportionate involvement of opioids, cocaine and cannabis within the over 23,000 treatment cases in 2021. While new cases of opioid dependence are reducing, cannabis and cocaine-related problems are driving a big increase in service demand, with cannabis as the main issue for under 19 year olds seeking treatment. Prof. Keenan detailed the level of service provision including residential detox, treatment, rehabilitation and recovery, and HSE harm-reduction initiatives. He proposed a number of measures including expanding access to Naloxone, implementing the delayed Health Diversion model, mainstreaming the Dual Diagnosis Clinical pilot programme, and a dedicated Cabinet Committee chaired by the Taoiseach.

Ms. Bríd Walsh provided an overview of the 14 Local and 10 Regional Drug and Alcohol Task Forces. These operate on the basis of local partnerships between statutory partners (including the HSE, Gardaí and County Councils), community and voluntary service providers, community representatives, youth services, people with lived experience and their families. She proposed ending the 'postcode lottery' for access to services by funding the Regional and Local Task Forces appropriately, and also highlighted the challenge of staff retention in the community and voluntary sectors, calling on the State to value community drug workers and peer workers.

Mr. John Bennett, Chair of the Local Drug and Alcohol Task Forces Network, explained that Ireland's response to the heroin crisis of the 1980s and 90s proved to be effective, with the 1997 'Rabbitte Report' leading to the creation of a Cabinet Committee on Social Inclusion and Drugs, chaired by the Taoiseach, who also oversaw the establishment of Local Area Partnerships to tackle social deprivation and unemployment. However, we subsequently wandered off track with this commitment to a partnership approach. Mr. Bennett endorsed Prof. Keenan's call for a dedicated Cabinet Committee, saying a similar message was coming from the ground up, via the Drug and Alcohol Task Forces. Ireland has massive expertise, skills, and knowledge in how to deal with drugs, with excellent training for professionals working in the area. The challenge is that the intensity of the problem means a further concentration of resources is needed in communities served by the local DATFs.

Mr. Dermot King explained the value of voluntary and community service providers in responding to localised needs identified within a community or particular cohort of the population. They do this in collaboration with a wide range of partners, including statutory agencies and service providers as well as the Drug and Alcohol Task Forces. The sector faces a number of challenges, including the need for predictable, multi-annual funding, and measures to resolve the disparity in pay and conditions for people employed by 'Section 39' employers. NVDAS members are calling for the prioritisation of supports for families; collaborative working across service providers; the removal of barriers created by the criminalisation of drug use; the development of Health Diversion beyond the one chance model; and the need to move beyond 'a one size fits all' response to drug and alcohol use.

Mr. Tommy Gilson provided a case study of JADD (Jobstown Assisting Drug Dependency), a community-based service provider that is effectively integrated with statutory service providers. JADD provides a full spectrum of services to individuals and families, including assertive outreach for crack cocaine users, low-threshold drop-in, harm reduction (needle exchange, naloxone), Opioid Substitution treatment, childcare facilities and family supports, addiction treatment and counselling, with pharmacy and GP services onsite 7 days per week.

Mr. Joe Kirby outlined the integrated service delivery model established in the HSE Cork-Kerry region in recent years. Previously, the region had an overly fragmented 'patchwork quilt' model involving two Drug and Alcohol Task Forces, 12 different employers, 31 services and a number of lone workers operating in isolation, with inconsistent service provision across different areas. A new hub and spoke model, with Coolmine as lead service provider for the entire Cork-Kerry region, has streamlined and integrated service provision, with a single employer, and clear points of entry for service users, family members and referring partners. The new model is a significant partnership between statutory, community and voluntary sector organisations and Drug and Alcohol Task Forces.

The **Questions and Answers session**, detailed in Volume II of this report, dealt with questions in relation to prominence and accessibility of services, governance and implementation, dual diagnosis and the impact of increased cocaine and cannabis use on mental health, and the impact on the health system of a Health Diversion approach that included non-problematic drugs users.

Session 3: Targeted Harm Reduction

The following is a brief summary of the contributions in this session. More detail is provided in Volume II of this report.

Mr. Tony Duffin described the Ana Liffey Drug Project's low-threshold services for people with complex needs, including addiction combined with street homelessness and/or mental health problems. Remarking that 'there are no hard to reach people, only hard to reach services', Mr. Duffin explained how staff work with clients on a non-judgemental basis to establish trust, build relationships and offer supports including outreach and drop-in, accommodation and a spectrum of interventions for people with drug dependency. Ana Liffey and An Garda Síochána work in partnership to deliver LEAR (the Law Engagement and Assisted Recovery programme), whereby Gardaí refer individuals with problematic drug use directly to Ana Liffey for interventions.

Mr. Gary Broderick described the harm reduction and recovery supports for women with addiction issues provided by SAOL (Women's Recovery and Education Project). Given their different biological, psychological and social needs, women experience addiction differently to men. They experience vastly greater levels of trauma, particularly as a result of domestic violence. Yet, harm reduction services for domestic violence are rarely accessible for women in addiction. He called for dedicated harm reduction supports for women who experience domestic violence and addiction, and for childcare provision attached to every addiction service.

Ms. Catherine Kenny outlined how Dublin Simon supports homeless people dealing with complex multi-morbidities, including physical health, mental health and addiction challenges. Poly drug use is very common. Women in addiction who have child-minding or other family responsibilities face distinct barriers to accessing treatment, which often

delays them seeking support until they reach crisis point. In 2024, ten years after it was first conceived, Dublin Simon will open a new 100-bed health and addiction treatment facility on Usher's Island. She called for increased focus on prevention and early intervention to tackle trauma, poverty and deprivation, with increased funding of tailored services for vulnerable sub-populations and people with more complex multi-morbidities.

Ms. Nicki Killeen explained that drug services in Ireland have historically been configured to deal with dependency issues, particularly opiate dependency, but there is also a large cohort of people who use drugs, often in nightlife settings such as bars, pubs, nightclubs, festivals and parties, who do not have dependency issues and are therefore much less likely to engage with services. This gives rise to potential knowledge about the emergence of new drugs, and the risks that this cohort are exposed to. In partnership with An Garda Síochána and volunteer groups, the HSE Safer Nightlife project is a multi-component harm reduction campaign, with a particular focus on social media information and 'back of house' drug checking at music festivals. Festival goers can provide a sample of their drugs for analysis, and any identified risks of concern are notified to festival-goers across event screens and social media channels. She highlighted the need for a dedicated laboratory for emerging drug trends and the further expansion into other nightlife settings.

The **Questions and Answers** session, detailed in Volume II, dealt with questions including drug dealing in nightlife settings; supports for homeless people; refuges and childcare supports for victims of domestic violence; regional disparities in service provision; the reaction of communities to the introduction of addiction services; the quantum of total annual investment in drug services; the role of social and economic pressure in addiction; and the approach of authorities such as Gardaí and Tusla in supporting harm reduction measures.

Session 4: Treatment

The following is a brief summary of the contributions in this session. More detail is provided in Volume II of this report.

Dr. Anne Marie Carew presented detailed HRB data on drug treatment demand, detailed in Volume II. The main problem drugs in 2022 were cocaine (34% of cases), opioids (33% of cases), cannabis (19% of cases) and benzodiazepines (19% of cases). 57% of cases involved polydrug use. Cannabis is the main problem drug for people aged under 19 years, cocaine is the main problem drug for those aged 20-34, while opioids are the main problem drug for those aged 35 or older. The first drug ever used by the individuals tended to be cannabis, and the average age of first use of this drug ranged from 14-16 years, depending on the treatment category. 47% of treatment cases were parents, with four in ten having at least one child living at home with them at the time they accessed treatment. Nearly 400 treatment cases self-identified as being a member of the Irish traveller community.

Dr. Sean Foy explained the biopsychosocial model of addiction, an holistic approach to understanding the physical, psychological and social factors underpinning a person's dependency. Contributory factors such as genetics, mental health issues, trauma and social norms all affect a person's risk of developing dependency. However, rather than a singular cause, addiction is generally the result of an interplay between numerous biological, psychological and social factors. A person's social capital, or their network of family, friends, colleagues and wider community, has an important impact on their ability to deal with addiction. He called for a much more extensive roll-out of the dual diagnosis clinical care model, remarking that, in 20 years of clinical practice in Ireland, he never once managed to get any client of his with dual diagnosis into mental health services.

Dr. Gerry McCarney outlined the issues relating to substance dependency in adolescents, explaining that the human brain is still developing even into early adulthood, meaning that adolescents' critical judgement and decision-making faculties are not yet fully developed as they begin experimenting with drug use. He showed a continuum of motives for why young people use drugs. While youth addiction services see clients involved at all points on the continuum, the main focus is on harm reduction, trying to help young people move away from the more serious implications of drug use. Cannabis, the drug most frequently used among this age cohort, has a significant impact on how they function and progress in their lives. The majority of young people referred to addiction services are aged between 15-17 years, but with some aged 13-14, and even a few younger than that. Of 118 clients treated in 2022, 99 had cannabis use as a significant problem at presentation, followed by alcohol, cocaine, ecstasy, nitrous oxide, and ecstasy. Nitrous oxide has been a growing problem in recent years, causing significant neurological difficulties for some.

Dr. Íde Delargy explained that, while significant progress has been made in equipping GPs to manage drug misuse cases, with addiction awareness training now embedded into GP training, a lot more could be done. She described substance misuse as a 'pan-societal problem' that is not confined to deprived areas. She cautioned about the normalisation of drugs use, particularly in the younger population where cannabis and cocaine use is increasingly

commonplace and perceived as being 'somewhat harmless', which she described as a dangerous message. GPs see substance misuse issues associated with diverse substances ranging from alcohol to prescribed medications to illicit drugs. Cocaine and cannabis use is on the rise, as is polydrug use. She cautioned that Ireland should remain alert to the messaging of Big Pharma and not follow the route the US went down, where prescription opioid medications were marketed as safe and highly effective painkillers. Substance misuse is a complex problem with no quick fixes, but prevention is better than cure, education and early intervention is critical, and effective public health messaging is essential.

The **Questions and Answers session**, detailed in Volume II of this report, dealt with questions about the biopyschosocial model of addiction care, prescription medications, the progression rates from cannabis to cocaine use, training for GPS, research into the potential therapeutic benefits of substances like ibogaine in treating addiction, regional disparities in service provision, public health information, and school-based prevention models.

Session 5: Supporting recovery from addiction

The following is a brief summary of the contributions in this session. More detail is provided in Volume II of this report.

Prof. Jo-Hanna Ivers presented the case for building systemic capital to advance addiction recovery. She explained that the current National Drugs Strategy is primarily focused on harm reduction, with very limited focus on recovery, in contrast to jurisdictions like the US and UK, which have a more strategic perspective on recovery. Recovery is a 'self-defined' term that can mean different things to different people, from stabilisation to reducing consumption to abstaining from drugs. Individuals who are unable to sustain recovery are more likely to be parents, have experienced trauma, have co-occurring mental health issues, be homeless, be an early school leaver and/or have experienced high rates of unemployment. 'Recovery Capital' refers to the factors that help people sustain recovery, for example, having access to education, training, housing, employment, somewhere nice to live and engagement with one's community. Building recovery capital at a systemic level, which has significant economic benefits, requires a strategic partnership between key actors across housing, health, education, employment, social services and Justice, and indeed beyond into policy areas like planning.

Mr. Noel Murphy explained the recovery supports provided by Soilse, including counselling, coaching, NA supports, life skills training, and education, training and employment supports. Many people enter the service with very little recovery capital, often with challenges such as a family history of substance misuse, poor literacy levels and often having spent time in and out of prison. Many people in recovery programmes will relapse as part of the process, some simply never recover, and some people, unfortunately, will die as a result of their substance misuse. People with good recovery capital fare much better, and Soilse sees many examples of successful recovery.

Ms. Nicola Smith, Expert by Experience, shared her personal experience of recovery, which followed her having been on a methadone treatment programme for 12 years, during which time she received very little support other than medication, never had a care plan, nor a conversation about how long she wanted to remain on methadone. Her situation began to change when a Social Worker supported her to begin a journey to come off methadone. It took another two years before Nicola entered Soilse's stabilisation programme and got into recovery. Seeing other people getting stabilised and detoxing was an important encouragement.

Mr. Daniel Jones, Addiction Recovery Coach, shared his experience of addiction and recovery, describing how he began using drugs at an early age, was put on a methadone programme at age 16 for what was meant to be a couple of weeks, but remained on methadone for 20 years. During that time, he was in and out of prison, methadone clinics and hospitals. The key to recovery was finding people who believed in him and offered him hope that things could change. At Soilse, he began to learn how to live again, took up education and received literacy supports. He got involved in sports and fitness coaching, which was an important part of his own recovery, and eventually became a Recovery coach, studying in DCU part-time for a year. He now works supporting other people in recovery, explaining that, if he can do it, he can definitely encourage and help others into recovery.

Mr. Mick Devine , representing the Addiction Treatment Centres of Ireland (ACTI), explained how residential treatment services have an important part to play in tackling substance misuse and supporting recovery, proving safe, drug-free environments where people learn about their addiction from both a theoretical and experiential perspective, learn to cope with cravings and develop important life skills that help sustain recovery.

The **Questions and Answers session**, detailed in Volume II of this report, featured questions about 'game-changing' ideas, the economic benefits of investing in recovery, why recovery is not happening on a more extensive scale, the particular challenges for homeless people in addiction, the importance of coherence between services, the reasons why some people don't want to come off methadone, and the need for a shift in strategic focus to prioritise recovery.

Session 6: Innovative supports for families and communities

The following is a brief summary of the contributions in this session. More detail is provided in Volume II of this report.

The final panel discussion of the weekend featured four people with diverse experience in supporting families and communities dealing with drug-related challenges.

Dr. Austin O'Carroll described his work as a GP supporting vulnerable and marginalised people who are homeless and in addiction. While some may never go into recovery, they still need to be cared for by health professionals. The ethos of his services is rooted in a recognition that it is society which has created poverty, then society proceeds to blame people living in poverty for being poor, and, even though all the evidence shows that addiction is caused by poverty, we blame and criminalise people for being addicted. He suggested a number of potential solutions, including the need to recognise inequality as the root cause of addiction; ensuring all health services are trauma-informed; ensuring clients are treated with dignity and understanding; requiring health professionals to take responsibility for treating people in addiction locally; providing one-stop-shops for supporting drug users with a range of services including health, housing, education and employment; running a campaign to destigmatise drug addiction; and finally, coming up with a better way to help and support mothers in addiction so that they don't lose access to their children.

Ms. Anna Quigley outlined the evolution of the community and State responses to drug problems, dating back to the heroin crisis of the 1980s, suggesting that we are continuing to fail to resolve the issue of drugs because we are not addressing the underlying issue, namely poverty. The partnership that developed between the State and grassroots community-based drug services following the Rabbitte Report no longer exists and needs to be restored. Just because drug use is now prevalent across wider society doesn't mean that there shouldn't be a continued targeted focus on disadvantaged areas and a continued focus on tackling the socio-economic determinants of drug use. While stigma is a huge issue for people who use drugs and their families, it is also a huge issue for communities already stigmatized because of poverty.

Mr. Joe Slattery described the harmful impact of drug misuse on families. Family members of a person with an addiction are dealing with the issues on a 24/7 basis, with no respite. The emotional trauma that family members go through is relentless. Family members often struggle to access supports even when they are readily available, as they don't feel emotionally ready to start facing the issues. The trauma, stress, pain and grief that they themselves have lived with for many years can remain hidden and unresolved.

Ms. Breda Fell explained the role of the Family Support Network, which is based on Community Development principles, with family members coming together to share their experiences of addiction, diagnosis, kinship care, bereavement and so on. They learn about coping with these situations, but also about looking after themselves in the process. They also support family members dealing with the challenge of navigating systems and dealing with barriers. Over recent years the focus has been on helping people reclaim their families back from drug use, and focusing on Recovery for the whole family.

The **Questions and Answers session**, detailed in Volume II of this report, covered a range of issues, including lack of resources to support families and communities, the importance of political will and urgency, the problems with policies based on moral judgement, shame, blame, criminalisation and punishment; the importance of tackling stigmatisation; the importance of using respectful language; the need for a change of approach by GPs to drug users; and the need for a national response to drugs issues.

Meeting #4

Figure 4.1:
Opening Remarks - Paul Reid, Chairperson

Figure 4.2:
Submissions Overview - Cathal O'Regan, Secretary

Figure 4.3: Session 1 - Dr. Sean Redmond, Siobhán Maher, Seamus Boland, Michael O'Sullivan

Figure 4.4:
Session 2 - Andrew Cunningham

Figure 4.5: Session 2 - Anthony Lee, Paula Kearney, Fiona Carolan, Maeve Foley, Judge Ann Ryan

Figure 4.6: Session 4 - Tony Duffin, Mark Wilson, Assistant Commissioner Justin Kelly

Figure 4.7:
Session 3 - Ashling Golden, Gary O'Heaire, Brian O'Sullivan, Keith Purcell, Sheila Connolly, Fergal Black, Caron McCaffrey

Figure 4.8:
Contribution from Andy O'Hara

Figure 4.9:
Contribution from Fionn Sexton Connolly

Figure 4.10:
Contribution from Karl Ducque

Figure 4.11:
Contribution from Shannon Connors

Figure 4.12: Session 6 - Dr. James Windle, Prof. Tom O Malley, Prof. Deirdre Healy, Prof. Yvonne Daly, Brendan Hughes

Figure 4.13:
Session 6 - Prof. Andrew Percy

Figure 4.14:
Session 5 - Graham Temple, Prof. Bobby Smyth, Prof. Anne Doherty, Eddie D'Arcy

Meeting #4

Figure 4.15:
Roundtable discussions

Figure 4.16:
Roundtable discussions

Figure 4.17:
Roundtable discussions

Figure 4.18:
Roundtable discussions

Figure 4.19:
Roundtable discussions

Figure 4.20:
Roundtable discussions

Figure 4.21:
Workshop on legal options

Figure 4.22:
Questions and Answers

Figure 4.23:
Workshop on legal options

Figure 4.24:
Roundtable discussions

Figure 4.25:
Questions and Answers

Figure 4.26:
Questions and Answers

Figure 4.27:
Questions and Answers

Figure 4.28:
Professor John Garry, QUB

Figure 4.29:
Legal Workshop

Figure 4.30:
Legal Workshop

3.4 Meeting #4

The fourth meeting of the Citizens' Assembly, held on 02-03 September 2023 at the Grand Hotel Malahide, focused on the role of the criminal justice system and Ireland's legislative framework. The meeting featured contributions from a wide range of people with experience of, and expertise in, these issues.

Tribute to Mr. John Bennett

The Chair opened the meeting by paying tribute to the recently-deceased John Bennett, Coordinator of the Finglas-Cabra Local Drug & Alcohol Task Force, who had been an invited speaker at the previous meeting of the Assembly.

Session 1: Supply-side issues

The following is a brief summary of the contributions in this session. More detail is provided in Volume II of this report.

Mr. Michael O'Sullivan, former Executive Director of Lisbon-based MAOC-N (Maritime Analysis and Operations Centre, Narcotics) and retired Assistant Garda Commissioner, presented a law enforcement perspective on demand reduction, explaining the consumer-driven dynamics of the international drugs trade, arguing that it is a fallacy to think that criminals would be displaced by a regulated market, that Ireland's approach to drugs is as good as any, and better than most, that the Portuguese model is not a solution to Ireland's problems, and that there is a lack of public health messaging, particularly around the dangers of cocaine.

Mr. Andrew Cunningham, the EMCDDA lead on Drug Markets and Crime, explained the nature of the international drug trade and the scale of the European market. He highlighted the dangers of a false narrative that has emerged following the legalisation of cannabis in parts of North America, namely that 'everybody is consuming cannabis', whereas the average prevalence of cannabis use across the EU is around 8%, meaning that 92% of the adult population is not using cannabis. He outlined the corrupting influence of Organised Crime on Europe's economy and society, and described the idea that regulating the market will take the money out of the hands of organized crime as 'either disingenuous or naïve.'

Detective Chief Superintendent Seamus Boland, Garda National Drugs and Organised Crime Bureau, explained that organised crime groups in Ireland are well-established, structured and deeply linked to the global drug trade network. Ireland is not only a destination country but also a strategic transit country for illicit drugs, with vast sums of money flowing to money laundering. Criminal organisations are continuously planning to increase profits, with new products such as cannabis edibles, vapes and nitrous oxide targeting the next generation. Irish criminal networks have been considering supplying fentanyl into the market, and have discussed plans to invest 30 million euro into the global legal cannabis industry, which would facilitate money laundering and ensure they continue to generate vast incomes even in situations where cannabis would become legal. They plan to ensure the illegal drugs industry will be maintained, irrespective of any moves towards legalisation and market regulation by the State.

Dr. Sean Redmond, Adjunct Professor in Youth Justice at University of Limerick, explained there are roughly 500,000 young people aged between 12 and 18 in the State, with an estimated 12,000 to 20,000 detected for crime every year. Even without intervention, the majority of these will grow out of crime by the time they reach their late teens or early twenties. Of more concern is the estimated 1,000 young people involved in much more serious crime, including sale and distribution of illicit drugs. Dr. Redmond outlined research showing how criminal networks operate to entice, groom, and in many cases coerce young people into committing crime. Early prevention and anti-poverty measures can be much more impactful than punitive responses, and there are promising results emerging from pilot initiatives in Ireland.

Ms. Siobhán Maher, Coordinator of DRIVE (the Drug Related Intimidation & Violence Engagement initiative), gave examples of how families are being impacted by drug-related intimidation, with significant drug debts resulting in threats, and acts, of extreme violence and coercion into criminal activity. DRIVE is a national inter-agency project to counter drug related intimidation and violence, with a focus on capacity building and awareness; data collection and analysis; information sharing; community involvement in law enforcement; legislation; and systemic change. DRIVE is funded on a one-year basis, but needs sustainable long-term funding.

The **Questions and Answers session**, detailed in Volume II of this report, dealt with issues including: a detailed discussion about the Portuguese model; the dangers of normalising drug use and the impact of legalisation on perceptions of risk; approaches to governance and implementation; the importance of local partnerships between statutory and community groups, and the importance of international partnerships; alternatives to coercive sanction;

the potential of redirecting cash and assets seized by the Gardaí and CAB; and the need for improved public health messaging.

Session 2: Courts

The following is a brief summary of the contributions in this session. More detail is provided in Volume II of this report.

Judge Ann Ryan outlined her practice of therapeutic jurisprudence as a judge in the Dublin Drug Treatment Court (DTC). The Court seeks to motivate and encourage convicted offenders with underlying problematic drug use to accept treatment and rehabilitation as an alternative to custodial sentences. The DTC has no statutory footing, and has operated on a pilot basis for 22 years as a partnership between the judiciary, the Courts Service, Probation Service, HSE and City of Dublin Education and Training Board. Most participants have complex needs: they may be homeless, have very little education, come from disadvantaged backgrounds, have huge health and mental health problems, and perhaps have little or no family support. Other Courts around the country also operate therapeutic jurisprudence initiatives for drug offenders, but on an ad-hoc basis. Judge Ryan called for the mainstreaming of these approaches, training for judges, and a multi-disciplinary approach to what is a complex issue.

Ms. Maeve Foley, and **Ms. Fiona Carolan**, explained that the DTC offers offenders with obvious underlying drug-related problems a supervised treatment programme as an alternative to custodial sentences. The aim is for each participant to reduce or eliminate their drug use, improve their overall health, attend counselling, participate in education and/or training, perhaps resolve their housing situation, and engage with community-based support services. Each participant receives an assessment of their educational and training needs, and is offered an individualised progression plan, as well as addiction awareness, guidance counselling, peer support and self-care. Many students require additional supports to help them develop basic literacy and numeracy skills. Students discover a drive and self-belief in their capacity to learn, some discover a talent for art, others may discover a commitment to self-care, health and fitness, many have progressed on to college, further education or apprenticeships, and have ended up working back in the community.

Ms. Paula Kearney explained that she had entered the DTC programme three times before finally graduating. Now, she is proud to call herself a Master's graduate. Having been to prison many times, she expressed the view that prison doesn't support people to come out of addiction and, if anything, just helps push people further into addiction. She found the DTC to be compassionate and empowering, whereas she was used to being stigmatized, shamed and put down. Ms. Kearney called for societal change in terms of how people who use drugs are viewed, and highlighted that certain communities are heavily policed with extensive stop and search. She called for more alternatives to prison, which doesn't help people who use drugs, destroys families and impacts in particular on mothers.

Mr. Anthony Lee, who now works as a peer support worker in the DTC Education Centre, described how he had been 'in the system' since age 14, first in a care home and then in detention and prison. He detailed how he was offered the opportunity to take part as one of the first participants in the DTC programme, describing how unusual it was to have a judge ask him how he was and show genuine compassion and empathy. Mr. Lee explained that the DTC Education Centre deals with a lot of people who are homeless and have histories of trauma. While the DTC is 'not perfect', it works as best it can, with limited resources, to meet people where they are at and support them through addiction and into recovery.

The **Questions and Answers session**, detailed in Volume II of this report, elaborated on the role and potential of the courts to offer alternatives to custodial sentences and criminal convictions; the relative cost of providing programmes such as the DTC programme versus sending someone to prison; the particularly traumatic challenges facing mothers who receive a prison sentence; the lack of training for judges in therapeutic jurisprudence and trauma-informed justice; the need for judges to implement innovative responses to the particular drug issues in their areas; the potential benefits of restorative justice; and questions around legislative changes.

Session 3: Prisons

The following is a brief summary of the contributions in this session. More detail is provided in Volume II of this report.

Ms. Caron McCaffrey, Director General of the Irish Prison Service, described the significant challenges facing the prison system, with over 70% of people in custody experiencing addiction. Of the 4,162 sentences handed down by the courts in 2022, 78% were for sentences of 12 months or less, and the majority of those offenders were in the throes of active addiction. Given the waiting lists for access to addiction treatment services in prison, people are unlikely to receive treatment in prison if serving shorter sentences. Ms. McCaffrey called for community-based

structures that can meet the individual needs of a person with drug dependency without them having to come into contact with the criminal justice system.

Mr. Fergal Black, Director of Care and Rehabilitation with the Irish Prison Service, explained that prison provides a unique opportunity for someone to address their addiction, that is, if they are in prison long enough to access the services. Addiction services in prison include detox, methadone maintenance, education programmes, addiction counselling and drug therapy programmes. Through-care, ensuring people receive continuity of care following release, is really important. There are opportunities to further strengthen the close working relationship between the Prison Service and HSE addiction services.

Ms. Sheila Connolly, CEO of the Cork Alliance Centre, explained how the organisation works with the Prison and Probation Services to tackle recidivism, recognising that people being released from prison, particularly those in active addiction or in recovery, need post-release supports. Prison is a huge interruption and disruption in people's lives, bringing multiple challenges to children and families. It can exacerbate housing, homelessness and addiction issues. However, sometimes prison can also save lives. Cork Alliance provides a community-based one-stop shop that offers continuity of care for people following their release from prison, linking people into addiction services. It has successfully piloted a Community Sentence Support Scheme, where people who receive prison sentences of less than 18 months can serve that sentence in the community, while receiving addiction treatment and therapy.

Mr. Keith Purcell, who today is in recovery and works in drugs services, described his experience of addiction and the criminal justice system. He left school at an early age, ran away from home, started using substances, and ended up in prison from the age of 16. He described how prison was a safe place for him, and indeed saved his life. When he was in prison he was never in trouble, his life was manageable and he always made the right choices. When he came out the gates of prison, his life was unmanageable, he had no support or direction and quickly went back drinking and using substances. Usually, on release, he was homeless, living on the streets, and believed his family was better off without him. Eventually, under the Community Support Scheme (CSS) he was introduced to Cork Alliance, which helped him rebuild his relationship with himself, his children and family, supported him going through college, and effectively saved his life.

Mr. Brian O'Sullivan explained that he had developed an addiction at an early age to a range of substances including cannabis, benzos, alcohol, cocaine, heroin and crack cocaine. He described how he was repeatedly in and out of prison for small sentences trying to feed his drug habit. Eventually, he was introduced to Cork Alliance while in prison, and qualified for the Community Sentence Support Scheme. Cork Alliance helped him access the MQI St. Frances' Farm treatment centre in Co. Carlow, and since going through that programme he has been in sustained recovery. He now works as a recovery support worker in Cork, and does a lot of work with Cork Alliance.

Mr. Gary O'Heaire introduced himself by explaining that he is now 16 years in recovery, drug and alcohol free, and works as the Chief Operating Officer for Tiglin, an organisation that supports people in recovery from addiction. He outlined his progression from drinking and smoking cannabis at age 16 to the point where, in his 20s, he was using a minimum of €500 worth of cocaine a day. He lost his job and got into serious drug debt for over €20,000. He was charged for two criminal offences, at which stage he decided to do something about his drug dependency. He went into residential treatment, got a loan from a family member and cleared his drug debts. By the time he was sentenced he was off all drugs for a year. In prison, he began to study Social Studies with the Open University. After 11 months he was released on probation and was linked into Pathways, where he continued his education, received aftercare housing, completed a Diploma in Addiction Studies, followed by a degree, a HDip and, this year, a Level 9 Diploma in Clinical Leadership from the Royal College of Surgeons. Reflecting on what helped him, he explained that the catalyst for his recovery was the fact that he was facing a prison sentence. While the supports he received in prison were important, what was particularly important were the aftercare supports post-prison. He explained that 'If we come out of prison and there's nothing there for us, we go back into the community and we mix with the same people again and, before you know it, you're either back in prison or you're dead.' He concluded by remarking that 'there's one question I have to ask myself: if I were not faced with a prison sentence would I ever have had the motivation to change? I'm not sure I would.'

Ms. Ashling Golden outlined the impact of drugs on young people from her perspective as CEO of Solas, which runs the Compass Prison Programme for young people in Wheatfield, Mountjoy Progression Unit and Oberstown. Even though 18 to 24 year olds only make up 9% of the general Irish population, they make up 20% of the prison population. Young people find themselves caught up in the drugs trade not because they want to be there, but poverty and trauma is leading them there. Drugs gangs have a huge grip on the marginalized communities, and are looking to exploit the situation and groom vulnerable young children into criminality. The fear of a prison sentence is not enough to stop young people going down this path. Every day, Solas staff meet young people in prisons who are crying out for support and help. They do not want to be in prison, and want to tackle their addiction, look for

employment or whatever supports they need when they get outside. They are 'absolutely jumping' to be involved in a programme like Compass. Young people are more open to change and rehabilitation than adult offenders. Their brains are still maturing and they're still in the space where they have that opportunity to really turn their lives around. If we can provide the right interventions within the prison system we can have a much better chance of supporting young people to turn their lives around. While the prisons have health services and drug counsellors, not all young people get to avail of these supports, particularly if they're serving short sentences of under one year. That all contributes to the revolving door problem within the prison system. Anybody who finds themselves in prison needs the support of a service like Compass or Cork Alliance when they walk out of prison, somebody guiding them along that road and encouraging them that they are an important part of community life and there is still a place for them in society.

The **Questions and Answers session**, detailed in Volume II of this report, dealt with a wide range of questions including: why people on short-term prison sentences don't access addiction services; the pressure on in-prison services; the disproportionate number of young people in prison; the relative costs of community-based vs prison-based addiction interventions; the importance of positive role models; education and employment as protective factors against criminality; peer-led recovery programmes; the challenges regarding recreational and choice-based drug use; the additional challenges facing women and mothers in prison; the need for more community-based and residential services to give judges a viable alternative when it comes to sentencing; governance and implementation issues.

Session 4: Pathways and options

The following is a brief summary of the contributions in this session. More detail is provided in Volume II of this report.

Assistant Commissioner Justin Kelly explained the approach taken by An Garda Síochána in relation to controlled drugs. He described how offences for possession for personal use differentiates between cannabis and all other drugs. A first-time offender found in possession of cannabis can avail of an Adult Caution, which does not lead to a criminal conviction. For a second or third offence, the individual will be prosecuted, but on conviction can only be fined, with no potential of imprisonment. Only on a fourth or subsequent offence can a judge, at their discretion, impose a prison sentence for up to a maximum of 12 months. For drugs other than cannabis, the judge will have discretion from the outset to impose a prison sentence. In reality, it is not the norm in Ireland for people found in possession for personal use to be imprisoned. Data for 2022 shows that Gardaí initiated approximately 11,000 'Section 3' prosecutions, resulting in 261 individuals receiving prison sentences or suspended terms. Not one of those people was a first time offender, each had multiple previous convictions (the median was 76). Many were convicted on the same day for other serious offences along with the Section 3 offence. Children under 18 years of age found are dealt with under the Juvenile Liaison Scheme, which diverts them away from the criminal justice process. Section 15 of the Misuse of Drugs Act 1977 deals with sale and supply. Cases heard by the District Court, for smaller quantities, may result in a prison sentence up to 12 months and/or a fine. Cases dealt with in the Circuit Court, for larger amounts, can result in a terms of up to life imprisonment and/or a fine. The focus of all the Garda Drugs Units around the country, and of the Garda National Drugs and Organised Crime Bureau, is on sale and supply, not on possession. AGS is supportive of the current health-led approach but would have grave concerns around any potential legalisation of controlled drugs. Policing colleagues in North and South America have been very clear that legislation will not remove the influence of organized crime groups. Police in Canada have described how legislative changes have significantly curtailed their abilities to approach and engage with suspects. Drugs remain illegal in Portugal. He described the Portuguese model as a diversion scheme, rather than a decriminalisation model. Gardaí support harm-reduction measures such as the use of naloxone and supervised injecting facilities, fully support those who work in the drugs rehabilitation and recovery area, and recognise the need for additional resourcing.

Mr. Mark Wilson, Director of the Probation Service, described the well-documented relationship between drug use and offending behaviour, which includes crimes committed while under the influence of drugs, crimes committed to obtain money for drugs or crimes committed within the context of drug supply. These offences range from public order, road traffic, theft, burglary, violent sexual and non-sexual offending up to and including domestic violence, rape and murder. 81% of the clients of the Probation Service have some form of drug or alcohol misuse. When asked by the Courts, the Probation Service assesses and manages the individual, under the conditions imposed by Court Order, to assist that person towards successful social reintegration. The relationship is involuntary: people engage because they are directed, or ordered, by the Court. A Probation Order is not a conviction, so a person can be placed under the supervision of the Probation Service and avoid a conviction. The Service allocates significant funding to community and voluntary organisations, including for community-based drug treatment services. There are options open to the Court in dealing with an individual which enables the judge not to proceed to convict but does influence the willingness of that person to engage with services. The Probation Service encourages diversion from the criminal justice system, diversion from conviction, and diversion from the use of imprisonment. He called for the

maximisation of the use of community sanctions to assist people engage with treatment.

Mr. Tony Duffin explained the work of the Strategic Implementation Group on Alternatives to Coercive Sanctions, otherwise known as 'SIG-5', which is one of six strategic implementation groups operating under the National Drugs Strategy. SIG-5 has a number of priorities, one of which is the introduction of the planned Health Diversion programme. This would involve Gardaí diverting a person found in possession of drugs for personal use, for a first-time offence, to the HSE for a health screening and brief intervention. On a second occasion, Gardaí would have discretion to issue an Adult Caution, while for third and subsequent offences the matter will be dealt with by the Courts. Mr. Duffin explained that the key difference between Ireland's Health Diversion programme and Portugal's Dissuasion Committees is the number of times that an offender can avail of the diversion away from the criminal justice system. In Portugal, health diversion is available every time a person is found in possession for personal use, while Ireland's Health Diversion programme as currently conceived will apply for a limited number of offences. He explained that other countries around Europe have also introduced versions of decriminalisation. Legislation is required to progress Health Diversion. Operationally, €700,000 has been provided to the HSE to establish a national SAOR network for health screening and brief interventions.

The **Questions and Answers session**, detailed in Volume II of this report, included discussion on questions relating to the SAOR model, and how it would apply to non-problematic drug users; what An Garda Síochána would like to see introduced to improve the situation; what the particular challenges are in supporting homeless people; how women's issues will be dealt with under Health Diversion; the potential impact of legislative change on policing powers; the policing approach taken at festivals.

Session 5: Stakeholder Perspectives

Please note: *The following are brief summaries of the presentations made by four individuals representing groups that had made written submissions to the Citizens' Assembly, each advocating for a different approach to legislative change. The full transcript of each presentation is available in Volume II of this report.*

Mr. Eddie D'Arcy, representing Youth Workers Against Prohibition, a group of 200 frontline youth workers, set out the case for legalising drugs. He argued that the 'War on Drugs' that has been going on for 25 years is simply not working. Drugs are more readily available than ever before, more people use illegal drugs than ever before, and the power and control that gangs have has now spread beyond the marginalised communities in Dublin to be countrywide. The profits being made by drug gangs are so high that no sooner is one gang broken up than another replaces them immediately. He called for a radical change in terms of how we're trying to fight the 'War on Drugs.' He described the modus operandi of drug gangs, who use intimidation, coercion and violence to lure young people to work for them, and to instil fear in families and communities. As frontline youth workers, the group recognises the harm and damage that drugs do to individuals and their families and communities, and work on a daily basis with young people and families whose lives are directly affected by drugs. The other concern about is the number of young men that have been criminalised by the current legislative approach. 90% of young men are in prison because of criminalisation of drugs. While they may be serving a sentence of 18 months or a couple of years, it's effectively a life sentence because it's very difficult to get a mortgage or a job if a person has a criminal record for being involved in the drug trade. He appealed to the Citizens' Assembly to consider a bold move and regulate the sale of illegal drugs, taking it out of the hands of the gangs. He concluded by saying that 'if we don't take a brave move now, in 25 years' time we are going to be back here talking about the same problems.'

Prof. Anne Doherty, representing the College of Psychiatrists of Ireland, set out the case for a health-based approach to drugs use, which includes prevention, early intervention and treatment as cornerstones of the State's response, regardless of what legislative approach is taken. She called for robust Public Health messaging, particularly around the harms of the drugs that most commonly impact on people's health and lives, namely cannabis and cocaine. She described her experience as a liaison psychiatrist working in the Mater Emergency Department, explaining that they see people who present with mental health crises, often featuring self-harm or suicidal ideation, or psychotic symptoms. Three quarters of the people that present with these issues in the Mater have substance use problem as part of their presentation. She demonstrated data from Canada showing the patterns of cannabis-related emergency department presentations over a four-year period before and after legalisation. In the run-up to legalisation, possibly due to the fact that it became more socially acceptable to use cannabis because the legislation was imminent, there was a sizable increase in the amount of people presenting to the emergency department with real problems. She called for early intervention for at-risk groups, including pregnant women, the children of parents who use drugs, and the Traveller Community, for a properly-funded dual diagnosis model of care and clear pathways and joined up services, which are lacking at the minute.

Mr. Graham Temple, on behalf of Crainn, a non-profit member organisation, set out the case for legalising and

regulating cannabis. Despite the increased use of cannabis, policies set up to reduce harms and reduce use don't seem to be working. There is about 24% lifetime use for cannabis in Ireland, with about 50% of college students using drugs. He described the growing concern about the risks of synthetic cannabinoids, explaining that there has been significant level of hospitalisation and some deaths across the EU due to these substances, which come in edible form or vape form. In Ireland there are just 47 people on the Medical Cannabis Access Programme, a very low number compared to Germany or the UK. He knows 'Irish medical cannabis refugees', including someone with MS, who have had to leave Ireland to live in Spain or Poland to get access to cannabis. He outlined the extensive use of Stop and Search in Ireland, indicating that the London Met police last year, with a population of 9 million, conducted less searches than the Gardaí. He called on the Citizens' Assembly to go further than recommending decriminalisation, urging it to recommend legalising cannabis in order to shrink the black market and offer safe supply. Crainn's proposed approach to regulating the cannabis market, with a focus on harm reduction, would be to allow home cultivation of cannabis as an immediate first step, which would remove people from the black market. As a next step, they would propose allowing Cannabis Social Clubs, non-commercial smaller spaces where people can purchase and consume cannabis. Further down the line could come State-led regulations that would involve licensing, quality standards and traceability from seed to sale. Finally, Crainn would propose a harm reduction campaign that would including information on safer ways of using cannabis.

Prof. Bobby Smyth, representing the Cannabis Risk Alliance, a group of about 25 senior doctors in emergency medicine, psychiatry, general practice and addiction, set out the case against legalising drugs. Six percent of the population reports use of a drug in the last year, with the group of most concern being those who have a drug use disorder. Societal ambition, hopefully, should be to ensure that as few people as possible start to use drugs, while those who do start drug use would step back out of it again. If they choose to continue using drugs, the aim should be to ensure they experience the minimum amount of health problems. Ireland, he explained, has done a superb job in effectively ending adolescent heroin use, and this should be celebrated. We should avoid the narrative of nihilism and hopelessness which suggests that 'All Is Lost' in terms of drug policy. Cannabis now dominates his work as a psychiatrist, with 80% of referrals into adolescent addiction services nationwide due to cannabis. Young people from all socio-economic backgrounds are presenting with very substantial problems. Cannabis dependence derails young lives, is associated with very significant mental health issues, damages family relationships, causes anger and aggression within the home. While the media seems to love reporting about crack cocaine, it just ignores cannabis. The most common reason that young people report for using drugs is pleasure seeking, looking for fun and a bit of a laugh. Having observed its impact, both the American Medical Association and the American Academy of Pediatrics have declared legalisation to be a mistake. It's not delivering what it promised, and instead is resulting in more people in emergency departments, more young adults with addiction. He explained that legalisation in the US is not getting rid of the black market, and described the idea that we can get rid of organized crime groups as 'a fantasy.' Organised Crime will retain 50% of the market at least, and those who will continue to buy drugs on the black market are those with the least money and the greatest addiction, as well as young children. The view of the Cannabis Risk Alliance is that drug policy should be focussed on prevention and treatment. There can be a conversation about what forms of deterrence should be used, but legalisation is a step far too far.

The **Questions and Answers session**, detailed in Volume II of this report, included detailed discussions on the merits of different legislative approaches to drugs use. Issues discussed included: the potential impact of legislative change on criminal activity and the health and safety of people who use drugs; potential changes in public attitudes towards drug use and implications for the prevalence rate in the general population; potential changes in the potency of drugs; possible distribution models in a regulated market; the negative consequences for people who use drugs of criminalising their behaviour; international models of prevention, including the Icelandic model; the absence of public health messaging about the dangers of drug use; the potential of legalisation to attract more organised crime gangs to supply from Ireland into Europe; the inadequate implementation of the SPHE drug prevention programme; the need for targeted drug prevention messaging; Crainn's suggested model for a legalised and regulated drug market; and the prevalence of Crack Cocaine.

Session 6: Exploring Legal Frameworks

The following is a brief summary of the contributions in this session. More detail is provided in Volume II of this report.

Mr. Brendan Hughes, EMCDDA, explained the nature and basis of reforms to drug law internationally. EMCDDA has identified three basic reasons why countries introduce alternatives to coercive sanctions: first, to affect the individual by treating addiction; second, to affect society by reducing drug-related crime and drug-related disease; and third, to alleviate some of the pressures and demands on the State's criminal justice system. Different jurisdictions have different reasons for considering regulating cannabis. Some want to concentrate on more serious crime, reduce the burden on law enforcement resources or raise tax revenues. Others want to limit access for children and improve product quality and safety. At the same time, there may be very legitimate concerns around regulating cannabis, such

as potential increases in consumption and addiction, drug trafficking and road crashes, decreased productivity and the normative impact of sending the wrong message. He explained the meaning of terms including *decriminalisation*, *depenalisation*, *diversion* and *legalisation*. The question of whether a country should pursue a strategy of punishment or rehabilitation is not an either-or dilemma. The Portuguese system, and many other systems including Ireland, feature a blend of punishment and rehabilitation. In Ireland, perhaps the balance of emphasis is not the way it should be. The key question is, who coordinates the response? People misunderstand the Portuguese system. It's not working because of decriminalisation, it's because their system is coordinated by the Ministry of Health, whereas most other countries in Europe and beyond coordinate their response to drug issues via the Justice or Home Affairs ministry, where the ethos is different.

Prof. Yvonne Daly, Professor of Criminal Law and Evidence in the School of Law and Government, DCU, offered members a high-level perspective on the functions, purposes, and limitations of Criminal Law. Criminal Law is an area of public law in which the State, on behalf of society at large, takes action against an individual because that individual has gone beyond the rules which society has agreed to live by, in which transgression of the law is considered so grave as to be deemed a criminal activity meriting sanction. Punitive sanction is attached by way of penalties such as community service, or fines, or imprisonment. However, Criminal Law isn't the only means that the State has for setting the Rules of Engagement of society. There are also other legal approaches, such as designating certain acts as regulatory offences or administrative offences. There are various schools of thought regarding the purposes of Criminal Law. The first is that Criminal Law should be employed only to stop people from doing harm to one another and to maintain general good order in society. Another is that Criminal Law has a more active role in promoting a society whose members observe certain social values and morals. Criminal Law isn't universal and unchangeable, and societal perspectives can evolve over time. Examples of acts that were previously criminal in Ireland include abortion and homosexual acts, while, conversely, rape within marriage was previously not criminalised. She discussed the role of law in punishment, retribution, deterrence, incapacitation, rehabilitation and reformation. Sometimes, the criminalising of an act can be a very important expression of society's disapproval and refusal to accept this behaviour. But there are also certain limitations to Criminal Law. For example, is the Law implemented equally across all parts of society, and all people in society? Sometimes, the Criminal Law can reinforce inequalities, and perhaps compound issues by giving people criminal records that prevent them pursuing future employment opportunities, particularly where they want to give back to society.

Prof. Deirdre Healy, Director of the Institute of Criminology and Criminal Justice, and Associate Professor at UCD's Sutherland School of Law, reflected on the issues raised by the Secretariat Working Paper. Her particular focus was how people with substance misuse issues come to stop offending, and the impact of Criminal Justice sanctions on these change processes. She explained that, when people manage to successfully stop offending, they tend to experience a sense of hope about the future as well as a belief that change is possible. They also tend to have strong social bonds in work, family and community life that enable them to construct a meaningful non-criminal identity. They report feelings of belonging and social inclusion, and encounter State systems that help, rather than hinder, the change process.

Deterrence-based approaches do not reduce reoffending in all cases, and in some cases may even increase it. Even brief contacts like being stopped by police can increase reoffending and undermine the legitimacy of the police in the eyes of those targeted. Conversely, there's substantial evidence that enabling people to avoid a criminal record can reduce reoffending. A criminal record can restrict access to employment, education, and housing, while social stigma can disrupt community and societal bonds. Non-custodial and non-criminal justice options can mitigate, or avoid, some of these harms.

Diversion into treatment can be effective for drug-using offenders. Evidence suggests that overly-intensive interventions with low-need groups and recreational drug users can actually increase criminality among these groups. Under some of the proposed models in the Secretariat Working Paper, treatment participation is a condition of health-led diversion, and non-compliance can actually lead to harsher criminal justice sanctions. Where treatment participation is a condition of Probation Orders, for instance, non-compliance with treatment can have legal consequences for the person even if no new offence has been committed. The relationship between sanctions and rehabilitation thus needs careful consideration and the Assembly might want to consider ways to decouple treatment and punishment to avoid further criminalisation and harm.

Prof. Tom O'Malley, recently-retired Associate Professor of Law at Galway University focussed on sentencing of drug offences. He drew a distinction between sentencing and punishment. The sentence is the formal penalty imposed following a criminal conviction. In the case of drugs offences, that could be a fine and/or a prison sentence. However, the 'collateral consequences' of conviction mean that a person may endure punishment well beyond the judicially-imposed penalty. For example, they may lose their job, and find it difficult to secure employment on release. The sentencing provisions in the Misuse of Drugs Act 1977 deal with two categories of offences. Section 3 offences

concern possession for personal use only, while Section 15 offences concern more serious offences of possession for sale or supply. A person convicted of sale or supply offences is liable to a sentence of up to life imprisonment. While it is rare in the extreme for a life sentence to be imposed, the vast majority of people convicted of Section 15 offences will receive a custodial sentence, very often a quite significant one. For the less serious Section 3 offences, there is a distinction for sentencing purposes between cannabis and other drugs. In the case of cannabis, the sole penalty available in the first or second conviction is a fine. After that, there is a possibility of imprisonment for up to 12 months following conviction in the District Court. If the drug is something other than cannabis, then there is a possibility of imprisonment even on a first conviction. There are two strategies available to avoid the consequences of conviction. The Probation Act permits the District Court to refrain from formally convicting a person even though they're satisfied that the person has committed the offence. Secondly, under the Children Act of 2001, anybody under the age of 18 who was found to have committed an offence can be admitted to a Juvenile Diversion programme, whereby they can be cautioned and placed under supervision. Prof. O'Malley concluded by drawing attention to Section 28 of the Misuse of Drugs Act 1977, which he described as an important but seldom-used provision whereby a court, instead of imposing a penalty, can allow the offender an opportunity to enter into a commitment to undergo supervision or treatment at a designated custodial facility. The State does not currently have a designated custodial facility for treatment, meaning Section 28 is seldom used.

Prof. Andrew Percy, Queen's University Belfast, commented that, while society has a tendency to see the current generation as worse than previous generations, teenagers today are, in fact, a 'golden generation of young people', who commit less crime, use less alcohol, use less tobacco, use less drugs, are less racist, less homophobic, and less sexist than his generation in particular. From a prevention perspective, one of the key objectives is to allow young people engage in this risky behaviour in safe environments, to begin to teach them the necessary skills to regulate and control their behaviour, and to avoid any long-term consequences as a result of their drug use. One of the key risks young people face as a result of acute intoxication is their increased vulnerability to becoming a victim of violence, and particularly sexual violence. Prof. Percy remarked that perhaps the single biggest risk that the vast majority of teenage drug users face is being drawn into the criminal justice system, particularly if they are cautioned or receive a criminal conviction for drug use, which will have a more serious impact on long-term outcomes for young people than any recreational use of drugs such as cannabis. He urged the Citizens' Assembly to reflect carefully about unintended consequences of the decisions they make in terms of policy and legislative changes, in particular, policy options that increase the likelihood of young people coming in contact with the criminal justice system.

Dr. James Windle, lecturer in Criminology, UCC, examined the merits of four legislative options in the Secretariat Working Paper, including Model A ('the Status Quo'), Models C and D (two versions of decriminalisation), and Model E (legalisation). Dr Windle made a number of observations about the challenges that need to be borne in mind when considering policy changes. First, we need to consider how we measure success. While drug use prevalence is an important measure, it may not be the most important. So when policy is being devised, it is important to be clear about what the underlying objectives are. Also, policy needs to be cognisant not just about the current challenges, but also about future issues. Drug markets are changing, with new synthetic drugs emerging. We need to be prepared for heroin to be replaced by synthetic opioids such as fentanyl. Research he had been involved in, along with Dr Graham Cambridge and Dr Orla Lynch, shows that rehabilitation from addiction often comes before desistance from crime. He argued that, if we can help people on that journey into recovery at an early stage, through some kind of diversion scheme, this can be beneficial not just to the individual but to society. At present, many people first begin addiction treatment in prison. However, prison can also cause more trauma, which sometimes people will cope with by consuming more drugs. He expressed caution about legalising drugs, and if it were to be done, he advised doing so in a way that avoids commercialisation, given the propensity of industry to lobby for lighter regulation, advertise aggressively, normalise drug use and diversify products.

The **Questions and Answers session**, detailed in Volume II of this report, featured detailed discussion on issues including: educating young people about self-regulation; oversight and governance of drugs policy; ADHD screening; Section 28 of the Misuse of Drugs Act 1977; Switzerland's regulatory approach to drugs; legislative timelines; public support for changes to legislation and policy; *de jure* and d*e facto* 'decriminalisation'; and Stop and Search powers and practice.

Session 7: Workshop on Legal Frameworks

The following is a brief summary of the contributions in this session. More detail is provided in Volume II of this report.

The final session of the fourth meeting focussed on options for a legal framework. This session was supported by a Secretariat Working Paper, which had been circulated in advance to members. An extract from that Working Paper is published in Volume II of this report, while the full original version is published on **www.citizensassembly.ie**.
The Working Paper provided background reading material and explained key terms and concepts. It also provided

links to a range of more detailed reading material including legislation and policy at international, EU and national level, previous analyses of some of the issues, and cross-referenced to submissions made to the Assembly by stakeholder groups and the general public.

The paper examined definitions of, and limitations of, terms such as *prohibition*, *criminalisation*, *decriminalisation*, *depenalisation*, *diversion*, *legalisation*, *harm reduction*, *and health-led responses*. It explored ***de-jure*** *and* ***de-facto decriminalisation***.

It also presented a **typology of five different models** to illustrate plausible alternative approaches that a legal framework might take.

- Model A: 'The Status Quo'
- Model B: 'Dissuasion with Limited Health Diversion'
- Model C: 'Dissuasion with comprehensive Health Diversion'
- Model D: 'Decriminalisation with depenalisation for personal consumption'
- Model E: 'Legalisation with regulation'

A facilitated workshop allowed members extensive time to examine, debate and consider the relative merits of these five options, and possible variations and hybrid options.

Following the workshop, members had 'private time' during which they completed a questionnaire that identified their personal assessments of each model, and indicated what alternative variations they would consider to have merit.

The Secretariat used this detailed feedback from members to inform the design of draft Ballot Papers ahead of the sixth and final meeting.

Figure 5.1:
Session 1 - Gregor Burkhart presenting via Zoom

Figure 5.2: Session 1 - Annette Honan, Dr. Michael Byrne, Celeste O'Callaghan, Karen O'Connor, Richie Stafford

Figure 5.3: Session 2 - Prof. Denis Cusack, Prof. Mary Cannon, Prof. Catherine Comskey, Prof. Breda Smyth

Figure 5.4:
Session 3 - Dr. Ian Marder, Nicola Corrigan, Roger Mehta

Figure 5.5: Session 3 - Video Presentation - Judge Olann Kelleher, Joe Kirby, Declan O'Riordan

Figure 5.6:
Session 4 - Jim Gavin, Fiona Ward, Andy O'Hara, Fr. Peter McVerry

Figure 5.7:
Session 5 - Aubrey McCarthy, Laura Dunleavy, Prof. Pat Dolan

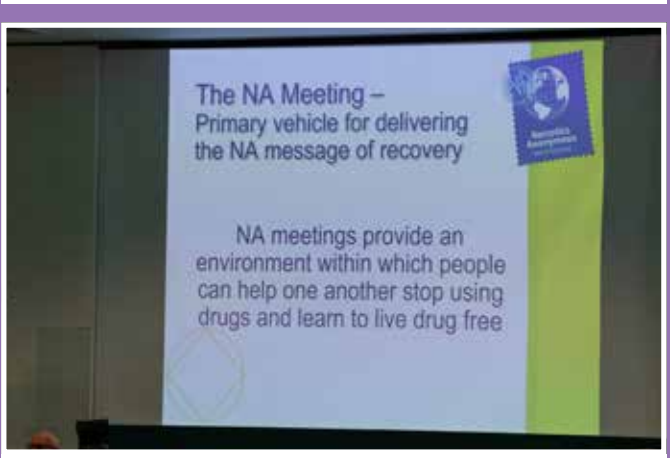

Figure 5.8:
Session 5 - Narcotics Anonymous - Andy R and Sean H

Meeting #5

Figure 5.9: Session 6 - Dr. Orlaigh Quinn, Joe O'Neill, Dr. Peter Kelly, Brian Galvin, Jim Walsh

Figure 5.10: Clondalkin Drug and Alcohol Task Force Prevention Model - Sive Brennan, Trevor Bissett

Figure 5.11:
Roundtable discussions

Figure 5.12:
Roundtable discussions

Figure 5.13:
Workshop on legal options

Figure 5.14:
Roundtable discussions

Figure 5.15:
Questions and Answers

Figure 5.16:
Questions and Answers

Figure 5.17:
Roundtable discussions

Figure 5.18:
Questions and Answers

Figure 5.19:
Questions and Answers

Figure 5.20:
Roundtable discussions

Figure 5.21:
Questions and Answers

Figure 5.22:
Questions and Answers

Figure 5.23:
Questions and Answers

Figure 5.24:
Questions and Answers

3.5 Meeting #5

The fifth meeting, held on 30 September – 1 October 2023 at the Grand Hotel Malahide, focused on prevention strategies, health-led recovery, governance, and funding options.

Session 1 - Perspectives on prevention (Part I)

The following is a brief summary of the contributions in this session. More detail is provided in Volume II of this report.

Mr. Gregor Burkhart, EMCDDA, provided an EU perspective on prevention. He advocated for evidence-based approaches to prevention, saying that there are many misconceptions about what works and does not work. If done correctly, evidence-based prevention can tackle lot of problems at once, not just drug use. He outlined the findings from studies exploring what influences young people to use cannabis, explaining the role of descriptive norms, individual responsibility and environmental prevention. He criticised the argument typically made by representatives of the alcohol and cannabis industries, that alcohol or drug use is best limited by people exercising individual responsibility and self-moderation, and, by extension, doesn't warrant public policy interference in people's private lives. People's perceptions of what other people are doing have a particularly powerful influence on behaviour. The normative effect for cannabis is particularly strong: where someone believes their peers are using cannabis, their risk of doing so themselves increases 85-fold. A focus on environmental prevention and regulation can have very significant impacts on prevention objectives, whereas simple information provision does not impact.

Mr. Richie Stafford and Ms. Karen O'Connor, Department of Health, explained the approach to prevention under the National Drugs strategy. Opening the presentation, **Mr. Stafford** described the complexities around prevention, and profiled international examples of prevention as well as the EU Xchange registry. He argued that we need to stop doing what is ineffective, including talks aimed at scaring people, which simply don't work. He noted the public health approach to alcohol and tobacco prevention was well resourced and coordinated but there was no comparable approach for drugs prevention. **Ms. O'Connor** outlined the increased national focus on prevention and provided an overview of three key areas of implementation being worked on by the Department of Health. She described five projects that have each received €100,000 a year for three years, implementing prevention programmes across a range of settings including schools, universities, communities, night-time economy and deprived areas.

Ms. Celeste O'Callaghan, Department of Education, explained the role of the primary and secondary school system in drug prevention, giving an overview of the Social, Personal and Health Education (SPHE) programme, which is currently undergoing significant updates. While SPHE is compulsory for primary and junior-cycle post-primary students, it is optional for senior cycle students, and only a minority of schools implement the programme at senior cycle level. The SPHE programme focuses on affirming young people's capacity for good decision-making, supports them to develop the emotional and social skills that they need, and teaches them to critique and question the cultural and social norms and behaviours that they see around them. The Department also operates initiatives for supporting young people at risk of early school leaving, and children living in disadvantaged communities.

Dr. Michael Byrne, University College Cork, presented the headline results of the *Drug Use in Higher Education in Ireland* survey (DUHEI), which is one of the most comprehensive data sets in Europe about drug use behaviour and attitudes among third level students. The data shows diverse experiences and behaviours among the student population. Just under half of students had never used drugs, one in five had used drugs in their lifetime but not in the last twelve months, 16% had used drugs in the past twelve months but not in the preceding month, while one in five had used drugs in the preceding month. One in two current drug users at moderate or substantial risk of harm. Current drug users report that their drug use has a negative impact on almost most areas of their lives, including their academic studies, physical health, finances and work life. The exceptions are socialising and mental health, the latter perhaps suggesting that some students are self-medicating. While 33% would like to reduce their drug consumption, 68% do not wish to do so.

The **Questions and Answers** session, detailed in Volume II of this report, dealt with a wide range of topics including: prevention measures for marginalised groups; the role of the experts with lived experience in school-based prevention programmes; the focus within the education system on mental health and wellbeing; the potential therapeutic benefits of magic mushrooms; the reasons why third-level students do and do not take drugs; deterrence options; guidance for parents talking to their children about drug use; and the challenges of evaluating prevention programmes.

Session 2 – Perspectives on prevention (Part II)

The following is a brief summary of the contributions in this session. More detail is provided in Volume II of this report.

Prof. Breda Smyth, Chief Medical Officer, provided a perspective on drug use as a public health challenge. She described the significant burden that drug use imposes on the health system in terms of drug-related hospitalisations, transmission of blood-borne infectious diseases, and the impact on mental health. She highlighted public health concerns in relation to increased frequency of cannabis use, with more potent forms of cannabis being used, with one in five adults who use cannabis, or 45,000 people, likely to have Cannabis Use Disorder, and one in three young people likely to become addicted if they use cannabis weekly or more frequently. Prof. Smyth highlighted the hidden harms of drug use on families, argued that legalisation would result in normalisation of drug use and increased harms, and advocated for a multi-layered public health approach with evidence-based prevention.

Prof. Catherine Comiskey, Trinity College Dublin, emphasised three key points for the Citizens' Assembly to consider: the need to tackle stigma; have progressive policies; and promote independent research. Presenting research on the protective factors for young people and highlighting case studies of 'John' and 'Patricia', Prof. Comiskey explained the background factors, including Adverse Childhood Experiences, that can lead people to use drugs. She highlighted the importance of a State response that is compassionate, non-stigmatising, responsive and engages in early-stage intervention. She gave examples of how society's attitudes have evolved over time, and called on the Citizens' Assembly to be bold and progressive in their recommendations.

Prof. Mary Cannon, Beaumont Hospital and RCSI explained the main strands of prevention strategy. Tertiary prevention is focused on supporting people with problematic drug use, secondary prevention focuses on preventing people who use drugs from developing problematic drug use, while primary prevention focuses on preventing people from using drugs in the first place. An effective primary prevention strategy requires a public health approach. The 'prevention paradox' means that there are greater gains to be made by focusing on reducing risk factors in the whole population rather than focusing just on the cohort of people with substance use disorder. Any new policies should have regard to unintended consequences and should not increase the risk for the whole of society. The Icelandic model of prevention has been implemented in a number of counties in Ireland, and is yielding useful insights into risk factors and preventative factors. Adverse Childhood Experiences (ACEs) are a particularly important risk factor for substance use. A person who suffers three or more ACEs during their childhood has a 10-fold increased risk of problematic drug use. While the supply of drugs cannot be stopped, we can try and stop demand. Prevention capacity is about focusing on the whole of society to achieve the best outcomes for the entire population, focusing not just on the individual, but on that individual within their families, their school and broader society. Drug use is a wicked, or complex problem, and requires complex solutions.

Prof. Denis Cusack, Medical Bureau of Road Safety, provided members with statistics on road deaths noting that, at the time of the meeting, the number of road deaths for 2023 had already passed the total for 2021. Both alcohol and drugs are significant contributory factors to these deaths. He outlined latest developments in roadside drug testing and related prevalence figures. He suggested that the Citizens' Assembly might also consider the issue of the improper use of prescribable and over the counter drugs, which can be as problematic as illicit drug use. Prof. Cusack reflected on his over thirty-year experience as a coroner noting that drug related deaths can be directly as a result of fatal positioning or indirectly arising from accidents occurring while under the influence. The most at risk group is young men under 35, and targeted preventions measures for this group are warranted.

The **Questions and Answers** session, detailed in Volume II of this report, featured detailed discussions on issues including: the challenges in implementing preventative policies; health promotion and education within primary prevention; integration of services; the importance of properly resourcing prevention and targeting at-risk groups; the challenge of reducing stigma; governance and oversight of drug services; public messaging on drug use; the implications of legislative change for drug use prevalence; and roadside testing for drug impairment.

Session 3 - Perspectives on prevention (Part III)

The following is a brief summary of the contributions in this session. More detail is provided in Volume II of this report.

Mr. Roger Mehta explained his role as an addiction counsellor, psychotherapist and prevention practitioner, and his background as a trauma survivor who misused substances for 16 years. He extolled the benefit of music on mental health, highlighting in particular the power of hip hop to address themes such as poverty, trauma, depression and addiction. He explained how he uses hip hop in workshops he runs in schools and within the prison system across Ireland, where participants can explore the issue of drug use in the context of dual diagnosis.

Dr. Ian Marder (Maynooth University) outlined the concept of restorative justice, explaining how it can be of benefit to both the perpetrator and victim of a crime. Restorative justice supports prevention by involving people in deciding how they can stop offending. It allows participants to explore questions such as whether they need drug and/or mental health treatment, whether they need to make amends to the victim or if they want to reconnect with their own family. People are more likely to follow through with outcomes where they have been involved in deciding what those outcomes will be, rather than having outcomes imposed on them. Dr. Marder pointed to research that shows that giving people criminal records and sending them to prison often makes reoffending more likely. He argued that the main harm arising from problem drug use lies with the current legal framework – the criminalisation of drug use. Decades of research in criminal justice, policing and criminology shows that the current law, where the possession of drugs is criminalised, does not deter problem drug use, and in fact makes public and individual health worse. He called on the Citizens' Assembly to recommend the decriminalisation of drug possession, at a minimum, offer restorative justice for all offences with victims, and provide reparation to the people and communities harmed by the 'War on Drugs'.

Judge Olann Kelleher (Cork District Court), **Mr. Joe Kirby** (HSE Cork/Kerry Region) and **Mr. Declan O'Riordan** (Coolmine) provided members with an overview of the Cork Courts Referral Programme, which was designed to divert first-time offenders charged with cocaine-related possession offences away from the courts and into health services. This allows them avoid a conviction and prison sentence, while availing of a health-led brief intervention (SAOR intervention), with onward referral, if needed, to specialist drug addiction services. 189 people have availed of the referral programme to date. Each pays a fine of €750, which funds the employment of a full-time SAOR worker. An independent assessment has shown a 93% attendance rate, indicating that participants are motivated and want to engage with the programme. 81% of participants are employed, while another 7% are students, two cohorts that wouldn't normally present themselves to addiction services. 11% of the people coming through required onward referral to a specialised drug and alcohol service.

Ms. Nicola Corrigan (HSE) concluded the third session with information on the Health Diversion Model, explaining what brief intervention is and how the HSE is preparing for the introduction of the model pending legislation. She noted that the model will be monitored and evaluated with reporting with the HRB. During the questions and answers section members reacted to the plan for nine practitioners under the Health Diversion Model as being wholly inadequate as a national response.

The **Questions and Answers session**, detailed in Volume II of this report, covered issues including dual diagnosis, outcome measurement of programmes, the potential of legislative change to normalise drug use, the delays in the introduction of the planned Health Diversion programme, the adequacy of HSE resources to provide a SAOR service nationwide, and reflections on earlier contributions by An Garda Síochána and the Department of Justice.

Session 4 - Perspectives on prevention (Part IV)

The following is a brief summary of the contributions in this session. More detail is provided in Volume II of this report.

Fr. Peter McVerry highlighted the challenges of preventing or reducing drug consumption, explaining the powerful influence of peers on young people, the challenges facing parents and the lack of family support services, particularly in deprived areas where drug use can be seen as a way of escaping the harsh realities of poverty and unemployment. People coming out of treatment, particularly people experiencing homelessness, need accommodation away from their familiar environment. He highlighted the lack of support for people with addiction issues within the prison system, describing it as a 'wasted opportunity'. Ireland's prison population is in excess of 4,000, of which 70% have an addiction, with only 10 or 12 treatment beds available. He concluded by saying that we can reduce drug use, but we have to do things differently.

Mr. Andy O'Hara (UISCE) examined drug prevention from a social determinants perspective, highlighting the role of trauma, poverty, unemployment and people's struggles to find housing and attain a good standard of living as factors behind increasing levels of problematic drug use. He called for responses that keep people from entering the criminal justice system, explaining that criminalising people for drug use can exacerbate their problems, causing them to lose their jobs, lose custody of their children and lose their homes. He described this as an approach that makes lifelong victims of the very people we need to be helping. Proposing an approach to prevent people who are drug dependent from escalated harm, Mr. O'Hara called for trauma-informed services built around people's needs and based on a human rights approach. He called for street level drug checking, naloxone available across the counter, safe drug consumption rooms and the removal of barriers for people accessing treatment. To achieve all this, he argued, we need a social determinants approach that recognises the non-medical factors that influence health outcomes, such as educational attainment, employment status, and housing. Concluding, Mr. O'Hara urged the inclusion of people with living experience through an independent national framework.

Ms. Fiona Ward, Assistant Secretary, Department of Social Protection outlined how the Department of Social Protection employment support service supports people in recovery. The primary support is provided through the Community Employment (CE) scheme, which has a dedicated Drug Rehabilitation Scheme with some 1,000 places ringfenced to address the needs of people in recovery. The Scheme provides participants the opportunity to gain the experience, training and skills they need to obtain sustainable employment. There are currently around 900 participants on the Scheme. Places are located across 45 CE Drug Rehabilitation Schemes nationwide and supported by a staff ratio of 7:1, lower than mainstream CE Schemes where it is 25:1. This lower ratio recognises the additional barriers to employment and personal development that people in recovery face. There are also pathways for ex-offenders to participate in CE schemes, either on referral from relevant agencies, or directly where they meet the criteria for time spent unemployed. Time spent in prison is considered reckonable. Some of the incentives offered to employers to recruit ex-offenders include the Jobs Plus Scheme, whereby an employer is paid a grant of €7,500, increasing to €10,000 if they recruit someone with a history of a drug addiction or who has a prison record.

Mr. Jim Gavin, Chair of the North East Inner City Initiative (NEIC), outlined the strategic objectives and work of the NEIC. The vison is to make the Northeast inner city a safe, attractive and vibrant living environment for the community and its families, with opportunities to live full lives. The NEIC Taskforce has six groups covering crime and drugs; education; family well-being; enhanced wellbeing and physical environment; substance use, misuse and social inclusion; and alignment of services. Drugs have had a major detrimental impact on the area, with associated intimidation and violence perpetrated by the criminal gangs who control the drug trade. While policing is important, the NEIC's view is that, in the long term, drug use must be treated as a health issue, people need to feel safe in their communities, which goes hand in hand with promoting recovery from drug use. The NEIC supports a number of initiatives to meet the health and social needs of people who use drugs, including the Inclusion Health Hub (a one-stop-shop for person-centred health and social care services), case management systems for managing the care of people with complex needs who use drugs, Career's Edge (a programme to enhance the employment prospects of people in recovery from substance use), and LEAR (Law Enforcement Assisted Recovery, a programme that supports people to move away from criminality and antisocial behaviour and towards recovery). The NEIC also has a dedicated residential drug treatment service with a ten-bed stabilisation unit serving the area.

The **Questions and Answers session**, detailed in Volume II of this report, included discussion on: prevention for at-risk young people; supports for families, young people and people experiencing homelessness; the importance of political will; the need for partnerships, collaborations and cross-governmental responses; the idea of a Criminal Assets Bureau-type system at local level; the costs of running a detox and treatment facility; employment support options for under-18s; and issues regarding resources and governance.

Session 5 - Resilience and Wellbeing

The following is a brief summary of the contributions in this session. More detail is provided in Volume II of this report.

Prof. Pat Dolan, University of Galway, explained resilience as the capacity to bounce back or recover from adversity or trauma, and to do better in life than might be expected. He outlined the moral, scientific and economic case for focusing on resilience, including as a response to drug use. Resilience, he explained, happens where a person's protective factors in life outweigh their risk factors. The evidence is overwhelming that where you support young people and families in their communities, even in very basic ways, it has amazing results, but it requires investment in capacity. The social return on investment around preventative interventions and early intervention services that enable resilience in young people, families and communities, is outstanding. Nobel Prize-winning economist James Heckman showed that for every €1 spent in early childhood education, there is a return in the region of €12. Where a person has good family support and good social support, they have greater capacity for resilience, the ability to thrive in the face of adversity. Prof. Dolan called for empathy education and stressed the importance of good relationships as a buffer against marginalisation and isolation. He advocated that at least 20% of any budget must be allocated for prevention and early intervention.

Andy R and Sean H, members of Narcotics Anonymous (NA) provided information on the history and context of NA and its operations in Ireland, including the key message that any addict can stop using drugs, lose the desire to use and find a new way to live. NA provides a non-drug specific Twelve Steps programme that welcomes anybody who takes any drug, or has a problem with any drug, whether legal or illegal. The NA programme is one of complete abstinence from all mood-altering substances. As of September 2023, there are over 237 physical weekly meetings in Ireland (North and South) and 80 online meetings, with 30 meetings in prisons and treatment centres. The therapeutic value of peer-led recovery programmes such as NA's is well recognised. NA is a complementary resource for professionals providing treatment and supports the continuing care of their clients. The NA meeting is the primary means of delivering the NA message of recovery. Members often share their personal experiences, with more experienced members supporting newer members. Meetings are free and are self-supported by those

who choose to contribute. Survey results indicate that NA has improved a range of areas in members' lives including family relationships, social connectedness, hobbies, stable housing, employment and educational advancement. **Ms. Laura Dunleavy**, Kinship Care Ireland, explained the value and contribution of kinship care in Ireland. She observed that Ireland's traditional strengths in effective emergency response mask a potential weakness in acting outside of emergency mode. There are examples of good practice at community level in terms of comprehensive wrap-around care and services for families, but these need to be supported and resourced on a wider scale. Prevention and early intervention are the key to responding to drug-related challenges, otherwise it's like trying to empty a bath with the taps on full. She argued that a child cannot go into an educational setting and learn if they are coming from trauma, or if their basic food and safety needs are not being met. Instead of looking at the individual and their right to access supports when they need, people are often told they are not in enough crisis, or that there are no beds available. These are missed opportunities for intervention. Kinship care is one way of investing in early intervention and prevention that supports families with recovery. While we are entrusting kinship careers to be that 'one good adult' in a child's life, we are not supporting them to fulfil that role. Concluding, Ms. Dunleavy called for top-down support and investment in supporting families and communities entrenched with poverty and trauma.

Mr. Aubrey McCarthy, Co-founder and Chairman of Tiglin, explained that recovery can come undone unless the right supports are provided to maintain the progress made, so there can be a permanent exit from addiction. While prevention and education are important to prevent people going down the road of substance abuse, more effort is also needed to prevent relapse for those that have already taken action to rehabilitate themselves. There is no magic formula. Without aftercare such as supported housing, community employment, education and reconnection with the community, a person in recovery can easily relapse. Explaining that faith can be a key aspect in an individual's recovery, Tiglin works from a biopsychosocial and spiritual model, employing a non-denominational chaplain. It provides wrap-around care including a range of Community Employment schemes, links to educational opportunities, internship opportunities, voluntary work with Tiglin's Lighthouse Homeless Café, bakery and/or carpentry workshop. Mr. McCarthy explained that Tiglin strongly believes that there must be life beyond addiction, and that support from the community to help people integrate with independent living is vital.

The **Questions and Answers session**, detailed in Volume II of this report, covered issues including social empathy education; measures of outcome success; the scope for, and cost of, expanding an operation like Tiglin; the role and responsibility of the State versus charities in providing services; the role of experts in school-based prevention; the financial burden on kinship carers; and stigmatisation and the importance of language.

Session 6 - Perspectives on Governance and Funding

The following is a brief summary of the contributions in this session. More detail is provided in Volume II of this report.

The final session of meeting five provided perspectives on governance on funding. Detailed accounts of the contributions are contained in Volume II of this report.

Mr. Jim Walsh, Department of Health, provided members information on the health budget and budgeting process. He explained 'labelled' and 'unlabelled' drugs-related expenditure, providing available figures for 2021 and describing how funding was allocated across government departments, and onwards to statutory, community and voluntary sector organisations. He explained the budget and Estimates process, which identifies allocations for introducing new services or expanding existing ones. He outlined the governance structure for the National Drugs Strategy, highlighting the involvement of Civil Society. Mr. Walsh outlined how the additional €4.4 million allocated in Budget 2023 was used and provided three examples: €200,000 allocated to Tiglin to provide a new aftercare service for women, €0.5 million allocated for Family Support Services, and €0.5 million allocated to increase service delivery for cocaine treatment support. He also described the governance structure for oversight of drugs policy, including the Cabinet Committee; the Minister for State with responsibility for the National Drugs Strategy; the Joint Oireachtas Committee on Health, and the National Oversight Committee. Mr. Walsh explained that Civil Society is recognised as a partner in the drug strategy.

Mr. Brian Galvin, Programme Manager for Drug and Alcohol Research at the Health Research Board (HRB) Evidence Centre, presented a perspective on the role of evidence in drugs policy and practice, emphasising that evidence is essential to every stage of the policy process. Research evidence ecosystems are networks that help the creation, dissemination and use of evidence. Mr. Galvin explained three evidence types that have particular relevance to drugs policy. First is the analysis of raw data, for example, data on drug deaths is hugely important in supporting harm reduction measures, while treatment demand data is essential in planning services and the types of treatment needed. Qualitative research provides evidence and insights into experiences, using this to determine treatments. Evidence synthesis involves gathering the best quality international evidence to provide a good overview of a topic. Ireland already has many of the elements of a good evidence ecosystem, including the HRB National Drugs Library,

a committed community of researchers and other resources. However, there are gaps and opportunities to do more. Mr. Galvin suggested Ireland needs more secondary data analysis to fully use the evidence resources we have, including by combining information across data systems in health, criminal justice and other sources. He proposed establishing a Substance Policy Research Centre, which could be put together through a collaboration across universities, government bodies and research centres. The Centre would be a place to test a range of new ideas and models, connect to international research and help us to proactively identify threats and opportunities.

Dr. Peter Kelly, Assistant Professor School of Nursing and Midwifery TCD, described the idealised scenario in the year 2035, at a point where the next National Drug Strategy, into which many of the recommendations from this Assembly will have been integrated, will have run its course. That scenario entailed a satisfied service user who experiences a professional treatment service in a comfortable and inviting environment, with staff who are respectful, professional, educated, trained, competent, supported and supervised, working in a collaborative multidisciplinary team environment. To move to this point in the future, Dr. Kelly suggested that we need to pay attention to the capacity of the environment, or ecosystem, within which services are delivered. All too often in healthcare services, research can identify the best treatments and approaches, like recovery-orientated services, trauma-informed care, human rights orientated treatment, or case management, but when we try introduce these, little consideration is given to whether the ecosystem has the capacity to support them. He suggested a number of factors that would support a good ecosystem for drug services, including: strong service user involvement; quantifiable and measurable key performance indicators; fully independent oversight of policy; an independent inspectorate for drug services; full accountability for expenditure on treatment; a needs-based analysis and mapping of the national staffing skill mix and resource allocation of services; workforce education strategy; and a universal IT system with unique patient identifier. These suggestions are likely to require reform of the current structures including the Drug and Alcohol Task Forces, more standardisation of service delivery, and greater centralisation, which may necessitate a loss of autonomy for some service providers.

Mr. Joe O'Neill, Chair of the Western Region Drug and Alcohol Task Force, offered some reflections on the current and next iterations of the National Drugs Strategy. The current strategy was first developed in 2017, and contained 50 actions, each of which was assigned to a lead agency, or agencies. The mid-term review undertaken led to positive changes to the governance structures and a clearer focus on strategic priorities. It is important to maintain accountability. The long-overdue Health Diversion programme is an example of a priority that has not been delivered. The current National Drugs Strategy runs to 2025, meaning there's another 18-24 months for a lot of good things to happen. There is an urgency about implementing the National Drugs Strategy. Every day, and every hour, there are people in this country suffering from drug use, and since the Citizens' Assembly commenced in April, 150 people have died from drug poisoning. The next Strategy should take into account the different needs that arise in various regions of the country, and in different Task Force areas. Funding should be based on population needs, and the Department should engage with the Task Forces to see how best they can contribute to delivering the Strategy. Established standards should be used in identifying needs. Clear standards motivate service providers and make it easier to hold them to account. Irrespective of whether services are delivered by the State or by NGOs, the most important thing is that the service is sustainable, with sufficient resources and parity for staff in terms of pay and conditions. The reason that things are sometimes not delivered is that power in Ireland tends to be centralised, and that people suffering from drug addiction are well outside the circle of influence. People with drug addictions are criminalised for that addiction, which in turn has a significant impact on public attitudes to drug addiction.

Dr. Orlaigh Quinn, retired senior Civil Servant, shared her perspectives and experience as a former Secretary General, offering insights into the type of structures and principles that support effective implementation of complex cross-cutting issues. She urged the Assembly to be cautious about making definite decisions about whether drugs services should be delivered exclusively by statutory bodies or NGOs. The reality is that we have a mixed system, and are not starting with a blank page. Cabinet Committees and Joint Oireachtas Committees matter greatly, as ultimately this is where decisions are made and where money gets allocated. Aside from the annual budgetary process, where additional resources can be allocated, Government spends €120 billion per annum, so a useful question to ask is whether certain things can be closed down in order to start new things. Government ministers have busy agendas, so to get something important on a Minister's agenda you have to build a strong vision and a very strong proposal, it has to be tied in with the Programme for Government, and it has to work. The Citizens' Assembly will have heard a lot of worthy proposals and suggestions, and will need to sift through them all. While they all have value, the Assembly's recommendations need to be important, impactful, effective and measurable. On the tendency to call for the establishment of a new agency to deal with a particular issue, Dr. Quinn explained that agencies do not sit at Cabinet Committee meetings, usually do not sit at the centre of power, and it can take two to three years to set up a new agency. If an agency approach is needed, she suggested looking first to see if there is an existing agency whose remit can be adapted.

The **Questions and Answers session**, detailed in Volume II of this report, discussed issues including: the high quality

of data available in Ireland in comparison to other European countries, and opportunities to improve the data system; the potential use of AI and machine intelligence in policy research; detail on budget allocations; institutional options to optimise governance and oversight; and the importance of key performance indicators.

Session 7: Case Study of Clondalkin Drug and Alcohol Task Force Prevention Model

The following is a brief summary of the contributions in this session. More detail is provided in Volume II of this report.

The final session of the fifth meeting featured a case study of the Prevention model used by Clondalkin Drug and Alcohol Task Force, with a presentation from **Mr. Trevor Bisset** and **Miss Sive Brennan**. Mr. Bisset, the DATF coordinator, provided an overview of the Task Force's work on prevention in the Clondalkin area, explaining how it works in partnership with the community, parents and schools. The Task Force has a mandate, under the National Drugs Strategy, to support the SPHE programme and teachers in schools. The Task Force works with schools to provide prevention support to parents in the form of talks, advice, and mentoring. The Task Force also works with schools to provide intervention supports. Where a situation is flagged in a school, the Task Force can go into the school to work with that young person to try and keep them in school and support them through a case management process. **Miss Brennan** provided the Assembly with a young person's perspective on the preventative work of the Task Force. She explained the importance of learning about drugs and their effects in the school classroom. She outlined the sessions provided while she was in Transition Year. Even though it was a serious topic, Miss Brennan and her classmates were still able to enjoy the talks and have fun, while also learning about and understanding the topic. By the end of the module, they understood the effects of drug use, recognised the seriousness of the issue and knew who they could talk to if anyone in the class was facing issues. She would 100% recommend the module to other schools. The classes were engaging and interesting and students did not want the classes to end. She suggested that the programme should be rolled out from 2nd year all the way to 6th year, and that a stripped-down version of the module could be offered to sixth class primary school children.

The session concluded with members thanking Miss Brennan for her valuable contribution to the work of the Citizens' Assembly.

Figure 6.1:
Opening of the Final Meeting for the Citizens' Assembly - Paul Reid, Chairperson

Figure 6.2:
Electoral Specialist - Ciarán Manning

Figure 6.3:
Citizens' Assembly Ballot Box

Figure 6.4:
Members discuss Ballot Papers

Figure 6.5:
Members decide on the wording of Ballot Papers

Figure 6.6:
Members decide on the wording of Ballot Papers

Figure 6.7:
Members discuss Ballot Papers

Meeting #6

Figure 6.8:
Paul Reid discusses proceedings with Members

Figure 6.9:
Members discuss Ballot Papers

Figure 6.10:
Members discuss Ballot Papers

Figure 6.11:
Members discuss the wording of Ballot Papers

Figure 6.12:
Members discuss Ballot Papers

Figure 6.13:
Selection of voting scrutineers

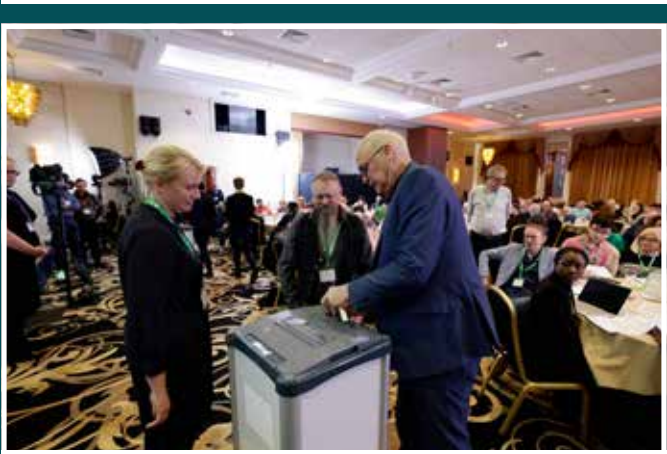

Figure 6.14: Sealing of Ballot Boxes by Ciarán Manning, Returning Officer, with scrutineers Jessie Smyth and Marcus Byrne

Figure 6.15:
Members Vote

Figure 6.16:
Members Vote

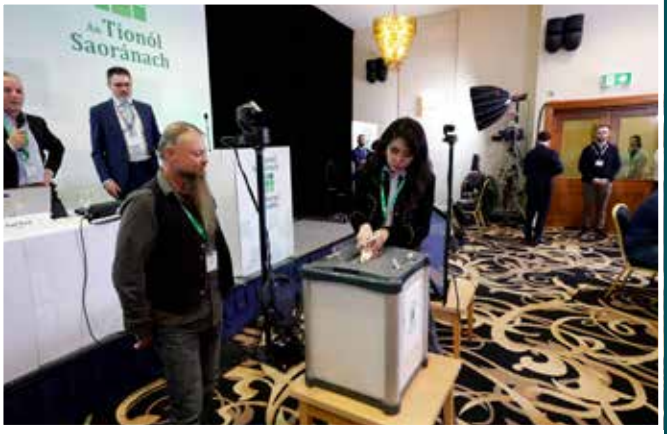

Figure 6.17:
Oversight of voting by Marcus Byrne, member and scrutineer

Figure 6.18:
Members Vote

Figure 6.19:
Members Vote

Figure 6.20: Getting ready to open the Ballot Boxes: Marcus Byrne, Jessica Smyth and Ciarán Manning

Figure 6.21:
Ballot Boxes opened ahead vote count

Figure 6.22:
Citizens' Assembly Secretariat with Chairperson Paul Reid

Figure 6.23:
Members applaud the end of the Citizens' Assembly on Drugs Use

3.6 Meeting #6

The sixth and final meeting of the Citizens' Assembly on Drugs Use, focused on finalisation of the ballot papers and voting, took place on 21-22 October 2023 in the Grand Hotel Malahide.

Draft ballot questions were identified based on those issues that had emerged as priorities for the members during the five preceding meetings. In advance of the sixth meeting, the Secretariat circulated members with initial draft ballot papers. Based on detailed feedback, received from members, updated and refined draft ballot papers were prepared and presented to members at the final meeting. Members then determined the final wording of each question on each ballot paper, through an iterative, democratic process.

In addition to the wording of the ballot question, members were able to discuss and propose substantive amendments to the explanatory narrative that accompanied each question. That narrative provides greater detail and specification to the recommendations, and it is intended that the recommendations be read in conjunction with the accompanying narratives.

Once finalised, members voted by secret ballot on each ballot paper. Voting operations were conducted with the assistance of an electoral operations specialist, Mr. Ciarán Manning of Manalog Ltd., who acted as Returning Officer. The casting and counting of votes was overseen and scrutinised by two members of the Citizens' Assembly, Ms. Jessie Smyth and Mr. Marcus Byrne, who had been selected randomly from the large number of members who had volunteered for the role. Ms. Smyth and Mr. Byrne verified the integrity of each stage of the process.
Counting was conducted by designated members of the Secretariat team, under the supervision of the Returning Officer and under the scrutiny of the two member observers.

The results of each ballot question, with supplementary information including number of eligible voters, number of votes cast, number of invalid votes and total valid poll, are detailed in Volume II of this report.

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