

Health Research Board

The Citizens' Assembly on Drugs Use



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A supplement to the Winter
2024 issue of *Drugnet Ireland*

HRB An Bord
Taighde Sláinte
Health Research
Board

Final report of the Citizens' Assembly on Drugs Use

Ireland's Citizens' Assembly on Drugs Use ran from April to October 2023 and provided the opportunity for an unprecedented in-depth discussion on the drugs situation in Ireland, reflecting all its complexities. Following consideration of the extensive body of evidence presented to them, the assembly members made 36 recommendations to Government. These address legislative, policy, and operational changes that the State should make to reduce the harmful impacts of illicit drugs.

The assembly's final report was published in two volumes in January 2024.¹ It presents a comprehensive record of the assembly's six meetings and their recommendations. The report is an invaluable resource for those interested in understanding the drugs situation in Ireland.

According to Paul Reid, chairperson of the Citizens' Assembly on Drugs Use:

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 oversimplification 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. (vol 1, p. 3)¹

Background

The Government committed to the Citizens' Assembly on Drugs Use in its 2020 Programme for Government,² and in February 2023 gave its approval for the assembly to be established. In Ireland, a Citizens' Assembly is a democratic structure in which people living in the country are brought together to discuss and consider important and often complex legal and policy issues, independent of the Government and Oireachtas.³

The Citizens' Assembly on Drugs Use met over six weekends. Membership of the assembly was made up of a selection of 99 Irish residents over the age of 18 years and an appointed independent chair, Paul Reid, former chief executive of the Health Service Executive (HSE). Members did not have to be Irish citizens or on the electoral register. Based on a random selection, a pool of 20,000 households were invited to take part. Of those who agreed to be considered for membership, a selection was made that reflected the age, gender, social class, and regional spread of Irish society. The group was also found to have 'a diverse range of perspectives and levels of experience in relation to the issue of drug use' (vol 1, p. 7).¹ The assembly set its own rules and procedures, within the confines of nine key principles: openness, balance, transparency, equality of voice, respect, privacy and confidentiality, inclusivity, collegiality, and professionalism (vol 2, p. 205).¹ It was supported by a Steering Group, Advisory Support Group, and Lived Experience Group, as well as research support by the Health Research Board and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).



Terms of reference

The remit of the Citizens' Assembly on Drugs Use was 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. It was to consider, among others:

- 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 (EU), 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.⁴

Building the assembly's knowledge

Over the course of the six weekends, presentations were made by approximately 130 national and international contributors, including those with lived experience of drug use, policy and research experts, practitioners in the field, service providers, service users, and representatives of lobby groups, among others. Members' deliberations were further informed by site visits to services for people who use drugs, almost 800 oral or written submissions from the public, and research on young people's views on the topic.⁵

The members of the assembly agreed a work programme through which a broad theme would be covered over each of the six weekends, ensuring that they had the information required to meet their terms of reference. Other than when site visits were being made to drug services, the meetings followed a structured format. A set of presentations would be made by contributors or a panel discussion held on a particular topic or theme, then in a roundtable discussion members would discuss what they had heard, followed by a question-and-answer session. The final report provides an account of each of the six meetings. It includes summaries or full transcripts of each of the presentations, an account of themes emerging from the roundtable discussions, as well as the question-and-answer sessions. This makes for valuable reading and captures the depth and complexity of the topics covered in the meetings. Full video recordings of each session are also available to watch online.⁶

Overview of the six meetings

- 1. Setting the scene:** The first meeting provided an overview of deliberative democracy and tools such as citizens' assemblies and how they can inform policymaking. This was followed by presentations on drug policy, trends, and patterns of use at the national, international, and European levels.
- 2. Lived experiences:** The second meeting involved site visits to drug services followed by panel discussions and presentations that explored the lived experiences of people who use drugs, their families, communities, and service providers.
- 3. Health and community-based perspectives:** The third meeting focused on the role of policy and service delivery providers in the health, community, and voluntary sectors. This included consideration of health-led approaches to drug use, including those implemented in Austria and Portugal. Presentations were also made by national contributors who described the landscape of harm reduction, treatment, and recovery services available for people who use drugs, illustrating good practice and innovative ways of working.
- 4. Criminal justice and Ireland's legislative framework:** The fourth meeting provided an overview of supply-side issues at a national and international level. Members heard about the experiences of those involved in the courts and prisons and the various options available in those settings for people who use drugs. Contributors also reflected on alternative options to dealing with people who come into contact with the criminal justice system because of their drug use. This meeting addressed a core element of the work of the assembly: the exploration of possible alternatives to the current legislative framework in Ireland in relation to drugs use. Models explored ranged from maintaining the status quo to legalisation with regulation (see the section on recommended legislative changes below).
- 5. Prevention strategies and practice:** The fifth meeting focused on prevention strategies and practice across a range of settings. It also included presentations on health-led recovery as well as governance and funding options.
- 6. Conclusions and recommendations:** In the sixth and final meeting members of the assembly voted through a secret ballot to decide on the recommendations of the assembly to Government. Prior to the meeting, draft ballot statements on the issues that had emerged as priorities for assembly members were circulated to them for comment. Through an iterative, democratic process these were amended and then voted on by the assembly. The outcome of this process is discussed in the next section.

Recommendations of the Citizens' Assembly

The recommendations of the Citizens' Assembly form the core outcome of the process. As with previous assemblies, technically the recommendations are only advisory in nature and the Oireachtas, Government, and judiciary are not obliged to act on them. The report of the assembly is referred to a committee comprising members of the Oireachtas and Seanad for consideration, with the committee bringing its conclusions to the Houses of the Oireachtas for debate. The Government is obliged to respond to each recommendation of the report in the Oireachtas. For recommendations that it accepts, it is obliged to set out a time-frame for their implementation.

The process of drafting and selecting the recommendations illustrated the democratic and iterative nature of the assembly. Having been presented with a wide range of evidence by contributors, the assembly identified the issues they considered to be the most important. As mentioned above, related ballot statements were drafted, revised, and finalised to reflect feedback from members. Secret ballots were held involving 41 statements in which members voted for those that would form their recommendations.

In line with the assembly's terms of reference, the recommendations reflect the legislative, policy, and operational changes that it considers the State should make to significantly reduce the harmful impacts of illicit drugs on individuals, families, communities, and wider society. Box 1 lists the 36 recommendations made by the assembly. In the report, each of them is accompanied by an explanatory narrative which, to varying degrees, provides greater detail and specification to the recommendation. It is beyond the scope of this article to provide a detailed account of each of them, and readers are encouraged to examine the relevant section of the report in full (vol 1, pp. 9–18).¹ There are some themes that however cut across the recommendations and illustrate the broad consensus among members on many issues. While not an exhaustive list, these include:

- 1 Drug use is a 'serious, urgent, complex, escalating and evolving public health issue that causes widespread and significant harm' (vol 1, p. 9).¹
- 2 Not enough is being done in Ireland to address the drug situation and to meet the needs of those affected – people who use drugs, their families, communities, and wider society. The situation 'demands a more effective, urgent and ambitious response from the State' (vol 1, p. 9).¹ This includes giving much greater political prominence and priority to drug policy.
- 3 Given the complex and cross-cutting nature of the issues involved, the assembly's recommendations argue for a response that invokes effective involvement from all stakeholders, with high-level leadership. Stakeholders include Government Departments, policymakers, State bodies, service providers, service users, the community and voluntary sectors, civic society, and the general public.
- 4 Significant additional funding resources need to be allocated to implement the wide range of responses identified in the recommendations, for example, in supply reduction, community safety, prevention, treatment, and harm reduction.
- 5 The assembly would like those with responsibility for addressing drugs issues to be held to account, for example, when implementing the Citizens' Assembly's recommendations and the National Drugs Strategy. It advocates for rigorous monitoring of progress and spend across all areas.
- 6 The assembly considered drugs use to be predominantly a health issue. For example, it would like health-led options to be formally adopted and resourced as an alternative for people experiencing drug addiction who are in contact with the criminal justice system. None of the changes recommended involve stricter penalties on people who use drugs, in fact, the contrary.

- 7 The assembly recognised the value of rigorous evidence. For example, it is essential to inform best practice and remove barriers when evidence-based approaches are identified.
- 8 More treatment and other service places are needed across the settings where people who use drugs present for support.
- 9 The skills and knowledge of those working in a role that involves addressing the drugs issue at any level need to be supported and developed.

The explanatory narrative of Recommendation 1, for example, states:

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. (vol 1, p. 9)¹

Box 1: Recommendations of the Citizens' Assembly on Drugs Use

- 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.
- 2 Government should prioritise drugs misuse as a policy priority, as part of an overall socio-economic strategy.
- 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.
- 4 Government should recognise that an effective national response to drugs-related issues requires whole of government policy coherence, operational cohesion and effective leadership.
- 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.
- 6 The Government should introduce a 'Health in all Policies' approach to policy development.
- 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 [next] Strategy should contain annual action plans with measurable targets and objectives, clear designation of responsibilities, and regular reporting on implementation and expenditure.
- 8 Government should ensure effective stakeholder involvement in implementing the [next iteration of the] National Drugs Strategy.
- 9 Government should work with key stakeholders to build an effective whole of society response to drugs-related issues.

- 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.
- 11 The State should formalise, adopt and resource alternative, health-led options for people with a drug addiction within the criminal justice system.
- 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.
- 13 The Department of Justice and the Irish Prison Service should develop and fund enhanced prison-based addiction treatment services.
- 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.
- 15 Drugs policy should prioritise the needs of vulnerable and marginalised groups and disadvantaged communities.
- 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.
- 17 The State should introduce a comprehensive health-led response to possession of drugs for personal use.
- 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.
- 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.
- 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.
- 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.
- 22 The [next iteration of the] National Drugs Strategy should include a strategic workforce development plan.
- 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.

- 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.
- 25 The National Drugs Strategy should focus on building resilient, sustainable communities through local partnerships in both urban and rural settings, and stronger community policing.
- 26 The National Drugs Strategy [should] continue to prioritise the objective of tackling the source and impact of drugs-related intimidation and violence, and take a zero-tolerance approach.
- 27 The National Drugs Strategy should include a detailed action plan to enhance Ireland's approach to prevention of drugs use.
- 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.
- 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.
- 30 The National Drugs Strategy should prioritise a systemic approach to recovery.
- 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.
- 32 The [next] 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.
- 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.
- 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.
- 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.
- 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.

See vol 1, pp. 9–18.

Recommended legislative change

The assembly was asked to consider legislative changes that the State could make to reduce the harms of illicit drugs use. This issue attracted a lot of debate within the assembly and illustrated how divided opinion is on the topic. It is worth exploring this recommendation in more detail.

Preparing for the ballot

Choosing a legislative approach is a technically complex issue for which the Secretariat prepared a background paper to support the members in their deliberations ahead of their fourth meeting.⁷ Among the topics covered were key terms and concepts such as decriminalisation, diversion, legalisation, etc.; the current legislative framework at national, EU, and international levels (including that related to human rights); the interplay between legislation, policy, and practice; and an overview of the harms caused by drug use in Ireland.

The paper also introduced five examples of different legislative models to illustrate plausible alternative approaches that the assembly may consider recommending for the Irish legislature to adopt to deal with possession for personal use. The fourth assembly meeting was structured as a workshop that explored the models. It facilitated an extensive opportunity for members to draw on the knowledge of an expert panel, have additional time for roundtable discussions, and to report their comments back to the Secretariat. Participants were asked to reflect on the different models and what effects they may have on stakeholders; how effective the model would be in reducing the various harms of drug use; and the advantages and disadvantages of each model and possible improvements. They were also invited to suggest any alternative models they would like considered. The main objective of the workshop was for members to develop a methodology that they could use for the remainder of their deliberations to assess the pros and cons of alternative systems that might be considered in relation to dealing with illicit drugs in Ireland.

Ballot options

Five models were on the ballot, including the text of the recommendation (in italics below). Some of the key elements of the accompanying explanatory narrative are also outlined; the full text for each model can be found in Appendix H of volume 2 of the report (pp. 216–218).¹

- A The status quo/options within the current legal framework:** *To retain the current legislative approach to possession of drugs for personal use, including offences specified under S3 of the 1977 Misuse of Drugs Act, and sentencing as specified under S28 of the Act.* Under this approach, possession for personal use can result in a criminal conviction and a prison sentence. There is also no legal basis for direct referrals by Gardaí to health-led services.
- B Limited health diversion:** *The Government should introduce the planned Health Diversion legislation as an urgent legislative priority.* Under this approach, the offence of possession of drugs for personal use and the related sentences would be retained as per the status quo model. However, new legislation would provide for leniency in the treatment of people found in possession of drugs for personal use for the first time. First-time offenders would be referred for a brief intervention. They would avoid an appearance in court, with the prospect of a criminal conviction, fine, and possible prison sentence.
- C Comprehensive health-led approach:** *The State should introduce a comprehensive health-led approach to possession of drugs for personal use.* Under this approach, the State would respond to drug use primarily as a health rather than a criminal justice issue. While possession of drugs would remain illegal, those found in possession would be afforded extensive opportunities to engage voluntarily with health-led services. This would minimise or potentially completely remove the possibility of criminal conviction and prison sentences for simple possession. At its core, this model combines diversion, decriminalisation, and dissuasion (see Box 2 for definitions of the first two of these).

- D Tolerance of possession of drugs for personal use:** *The State should take a more tolerant approach to people found in possession of drugs for personal use.* Under this approach, possession of drugs for personal use would remain illegal but an approach combining decriminalisation and depenalisation would be adopted (see Box 2 for definitions). People found in possession would have their drugs confiscated with no further consequences or charges to follow, and no required referral to health or other support services.
- E Legalisation and regulation of drugs:** *Drugs should be legalised and made available to adults on a regulated basis.* This is a significantly different proposal to the previous approaches and would have implications for the production, sale, and distribution of drugs, as well as possession for personal use. People who use drugs would be able to purchase and consume drugs without fear of prosecution, among other potential benefits. The Exchequer would also be impacted with a new revenue stream from taxation of drugs sales.

Box 2: Decriminalisation and diversion

The comprehensive health-led approach recommended by the Citizens' Assembly is structured around a combination of decriminalisation, diversion, and dissuasion. There is sometimes a lack of clarity about the meaning of the first two of these terms. Definitions that are provided in the report are consistent with those of the EMCDDA.

Decriminalisation refers to the removal of criminal status from a certain behaviour or action. However, it does not mean that the behaviour becomes legal, nor does it mean the elimination of sanctions or penalties for the commission of an offence. It generally means that the nature of penalties and sanctions change from criminal to non-criminal. Therefore, the likelihood of an offender receiving a criminal record and custodial sentence can be significantly reduced, or indeed entirely eliminated following decriminalisation. However, other sanctions and penalties can still be applied. For example, drugs can be confiscated and non-criminal penalties such as fines may still be applied. In debates about drugs policy, 'decriminalisation' is usually used to describe laws related to personal possession or use (typically of small amounts without any intent or attempt to supply) rather than drug supply.

When talking about decriminalisation for possession for personal use, the terms 'de jure' and 'de facto' are often used. The distinction is explored in-depth in the report of the Citizens' Assembly (vol 2, pp. 139–140). In its simplest terms, **de jure decriminalisation** occurs when legislation is changed to explicitly remove a criminal offence from the statute books, as was done in Portugal in 2000 in relation to the possession of drugs for personal use. In contrast, other jurisdictions may pursue the objective of decriminalising, while retaining the criminal status of an act. This approach, which could be described as **de facto decriminalisation**, can be achieved by introducing such additional diversion and depenalisation measures as to render the act effectively, or to all intents and purposes, decriminalised.

Diversion refers to any mechanism that moves an offender away from the path of punishment by the criminal justice system and towards a health-oriented response such as counselling, treatment or social reintegration.

Based on extracts from vol 2, p. 120 and p. 139.



Results of the ballot

A universal comprehensive health-led approach is the model recommended by the assembly. This was the most divisive of the recommendations within the assembly. While appearing as number 17 in the list of recommendations, it was the first to the ballot. Six ballots were taken to come to the recommendation of adopting a comprehensive health-led approach for all drugs. Initially members were asked to choose whether they would recommend a universal or a hybrid approach to any legislative model, that is, would the same or a different approach be recommended for different types of drugs. It was agreed by the assembly to take separate ballots for (1) cannabis; (2) DMT, psilocybin/mushrooms, ayahuasca, ibogaine, etc.; (3) cocaine; and (4) all other drugs. Despite the decision to consider a hybrid approach, the comprehensive health-led approach was chosen in each of the ballots, essentially resulting in the recommendation of a universal approach. However, there was variation in the numbers between drugs, with the cannabis vote proving especially divisive. The comprehensive health-led model received only one more vote than the legalisation and regulation model (39 vs 38 votes). In contrast in the cocaine vote, the comprehensive health-led model received 56 votes in the final count, with the status quo being the next most popular model with 22 votes. The ballot results are presented in detail in the final report (vol 2, pp. 180–202).¹

Concluding comment

The final report of the Citizens' Assembly is an invaluable record of the drugs situation in Ireland in 2023 and its complexities. Drug use is often an emotive and divisive topic and both members and contributors sometimes held conflicting views on the best approach to take to address the harms drugs can cause. However, the nature of the process provided an opportunity for all perspectives to be heard, and a comprehensive overview of the evidence base underpinning work in the field to be presented and reflected upon. Furthermore, the comprehensive set of recommendations included in the report indicates an understanding of the complex nature of drugs use and a commitment to reduce the harms caused, through a compassionate, humane, and health-led approach.

If the assembly is to have an impact on policy and bring about legislative change on a par with other citizens' assemblies, there will need to be a firm commitment from Government and an increase in the resources provided. Furthermore, there will need to be a new sense of urgency at the highest levels, especially where legislative changes are to be made. Developing the new National Drugs Strategy provides

an opportunity to harness the learning from the assembly and state a commitment to what is needed to reduce the harms caused. There is an opportunity to build on the innovation, expertise, and commitment of those working across the sector so evident over the course of the assembly.

Lucy Dillon

- 1 The Citizens' Assembly (2024) *Report of the Citizens' Assembly on Drugs Use*. vols 1 and 2. Dublin: The Citizens' Assembly. Available from: <https://www.drugsandalcohol.ie/40393/>
- 2 Fianna Fáil, Fine Gael, and the Green Party (2020) *Programme for Government: our shared future*. Dublin: Department of the Taoiseach. Available from: <https://www.drugsandalcohol.ie/32212/>
- 3 For more information on the Citizens' Assembly, visit: <https://www.citizensassembly.ie/en/>
- 4 Naughton H (2023) *Parliamentary Debates Dáil Éireann*. 21 February 2023. Vol. 1033, No. 6. Available from: <https://www.drugsandalcohol.ie/38235/>
- 5 Dillon L (2023) Young people's consultation for the Citizens' Assembly on Drugs Use. *Drugnet Ireland*, 86 (Summer): 13–15. Available from: <https://www.drugsandalcohol.ie/39493/>
- 6 A full record of presentations, panel events, and question-and-answer sessions can be viewed on the Citizens' Assembly website: <https://citizensassembly.ie/assembly-on-drugs-use/meetings/>
- 7 Citizens' Assembly (2023) *Workshop on options for legal frameworks in relation to illicit drugs*. Dublin: Citizens' Assembly. Available from: <https://www.drugsandalcohol.ie/40395/>

Deliberative democracy and citizens' assemblies

Ireland's Citizens' Assembly on Drugs Use, which published its report in January 2024, is the first time that the topic of illegal drugs use has been considered by a deliberative forum of this type in any country. This article is a brief introduction to the concept of deliberative democracy and the ideas from which it developed.

Deliberative and aggregative democracy

Deliberative democracy is a political exercise in which deliberation is the defining feature, and so differs from aggregative democracy, which primarily involves the counting of votes. Citizens' assemblies, citizen juries, mini-publics, or other mechanisms for deliberative democracy invariably focus on topics where there are sharp differences of opinion. Deliberative democracy does not seek to replace aggregative systems or become the only or even the main form of public policy formation. Accounts of the origins and development of deliberative democracy emphasise its equally important epistemic and normative aspects; reasons are weighed and their strength is determined through a political process that supports

equal participation and produces a collective judgement on the matter being considered. The opportunities for deliberative input into policymaking are limited, but deliberative democracy can add a further level of legitimacy for policy decisions in that public justification for a position is built through reasoning among equals.

Settings for deliberative democracy

It is possible to see attempts at deliberation in formal political settings, such as parliament or in selective forums in civil society, where non-governmental actors bring the techniques and standards of deliberative democracy to resolve conflicts in a public setting. While public adherence to deliberative principles may improve the quality of debates, probably the only settings in which they can be consistently applied are those that are created specifically for the purpose of deliberation, such as citizens' assemblies, citizen juries, or mini-publics.

Ideally, these forums comprise citizens who are randomly selected, not because of their interest in a topic or prior position in a policy debate. Mini-publics, citizen juries, or consensus conferences involve 15 to 20 people debating a particular policy issue. Citizens' assemblies involve 100 to 150 people, and so have a greater claim to population representation. While their role in relation to the workings of the more established structures of power remains advisory, policymakers may give greater consideration to results of these forums than the submissions of interest groups or professional politicians.

Development of deliberative theory

The deliberative paradigm emerged as a response to concepts of democracy based on rational choice theory and the aggregation of interests. One of the key points of separation is the importance placed on the link between epistemic outcomes and the principle of inclusivity. The act of deliberation is a collective exercise in learning, weighing evidence, and considering the positions of other participants in a problem-solving process. This process is supported by scientific evidence, expert argument, and facilitated discussion. The democratic legitimacy and the epistemic value of the process depend on both equal participation and demonstrable reason-giving.

Several different strands of political philosophy merged in the first generation of scholars in the 1960s and 1970s to shape the concept. The emphasis was on creating the opportunity for public rational debate, respect for the opinions of others, and the goal of a consensus position firmly grounded in an agreed notion of the common good. The second generation of thinkers, beginning in the 1990s, are less fixed on reason-giving in argument and say that emotions and values have just as important a place in debate and that there should also be plurality in the styles of communication.¹ This is not simply to ensure that expression is not suppressed based on assessment of the quality of reason it attains. Reason and emotion are not two immutable opposites. Emotions are learned responses to stimuli and allow for subtlety and calibration and an understanding of context when reason is being applied. Empathy and compassion also help to facilitate deliberation and widen the opportunities for stories, accounts of lived experience, and other less rigorous forms for evidence.²

Managing obstacles to deliberation

Plurality, political equality, and democratic inclusion are the overarching objectives of deliberation, with mutual respect being the standard to which all instances of deliberation must meet. For the ideal of mutual respect to be realised, coercive power in deliberation must be removed, clearly a challenge when the different experiences and expectations of class, gender, or ethnicity in any randomly selected group

of citizens are considered. Polarisation within groups is inimical to gaining empirical knowledge but is far less likely when discussion is facilitated. Neither is class nor disparity in education nor income a barrier to engagement nor a drag on the quality of deliberation. Attention to evidentiary pluralism, such as allowing stories to complement reasoning based on observation or science, enables participants who may be less confident in their communication skills at the beginning to present their positions through logical argument.³ Empirical evidence demonstrates that in several deliberative assemblies, members gained an impressive body of knowledge on the topic, demonstrating that engagement with arguments in the right conditions was more likely to change opinions than motivated reasoning.

Philosophical origins

The emergence of deliberative democracy as a distinct concept in political theory began in the 1960s and while it challenges the dominant paradigms prevailing in liberal democracy, it is established on the same philosophical foundations. Some reinterpretations of Aristotle's commentary on Athenian democracy draw attention to his recognition of the value of occasionally consulting the multitude.² While wisdom and virtue might be qualities confined to a tiny number of citizens, given the right conditions, Aristotle does concede a more inclusive democratic process is capable of arriving at decisions that benefit the polity. Rousseau's concept of the general will might appear to be an unlikely source of inspiration for deliberative theorists, given that it envisages a direct form of democracy that eschews the type of deep consideration required by the deliberative process. At the same time, the idea of the common good is a powerful inspiration for those genuinely seeking solutions to policy differences.

From this perspective, Rousseau is not opposed in principle to deliberation, but is concerned at its potential to encourage factionalism and distract from clear articulation of the people's will. It is the Enlightenment's emphasis on political equality, rather than the mode through which the general will is expressed, that is of most interest to contemporary theorists of deliberative democracy such as Cohen.^{4,5} The Kantian principle that all human beings are deserving of respect is inherent in the egalitarian basis of deliberative democracy. While Kant was not a democrat, he did argue that the legitimacy of laws needed to be established on reason, and this test could theoretically be done through public argument and reasoning and persuasion.

Contemporary political theory

John Rawls and Jürgen Habermas presented radical, separate challenges to the liberal notion of political justification being underpinned by a social contract and the state's winning the consent of the governed.⁶ In common with the pragmatist tradition, Rawls and Habermas see the shortcomings in a liberal tradition rooted in metaphysical concepts like natural law theory. Political justification is established through reasoning in public and in conditions of pluralism and equality. Through our laws, it is argued, that we hand coercive authority to the state and the legitimisation of this control cannot depend on something as flimsy as personal belief. Rawls introduced the concept of public reason to democratic political theory as an attempt to move beyond subjective or personal beliefs and values and ground collective decisions on principles that derive their strength from rational appraisal and agreement. It might be asked how realistic it is to expect people to set aside deeply held beliefs and enter a process of reason-giving, unsullied by world views established over a lifetime. Other thinkers accepted this challenge and offer a less rarefied and possibly more viable concept of reason-giving.¹

For Habermas, the creation of a new sphere of political debate, as the early shoots of democracy emerged in Europe, allowed for the development of a new form of political communication. Public opinion became a recognisable feature of states moving into greater openness in expression of opinion

and paying greater attention to the discussions taking place in newspapers and public settings outside the formal political gatherings. Habermas talks about 'the ideal speech situation', a key part of his linguistic theory of argumentation that describes the setting in which reason-giving can lead to a position that all participants in the discussion can agree to. While there may be similarities with Rawls' notion of the outcome of reason-giving as the condition for acceptance of state coercion, Habermas is careful to stress that the ideal speech situation is a linguistic conception and sets out the rules of argumentation that must be adhered to if an argument is to be justified. It is quite formal and the rules are based on logic, rather than social or political requirements or the content of public reason. The distinction appears subtle. The rules of argumentation appear similar to the requirements of equality, respect, and pluralism that underpin public reason. Yet, each of us has an intuitive understanding of what these rules of argumentation are and are aware of transgressions in everyday interactions.

Proponents of deliberative democracy have made extensive use of Habermas's understanding of reason as the outcome of communication that must meet exacting conditions of inclusivity, equal opportunity to speak, and the absence of deception or manipulation and coercion. The ideal speech situation can be given concrete expression in conditions of equality and respect. Reason in this context has a definite normative aspect; it is both the guarantor of the freedom and equal status of the participants in a discussion and the outcome of the deliberation that meets these standards. We must be careful when applying these standards in a political context; however, they do provide a guide to how the public sphere can be developed so the state is held to account and shortcomings regarding reason can be corrected. Habermas speaks of 'the unforced force of the better argument', which can at least point to a direction of travel towards reason-giving in deliberative contexts, even if we are cautious about applying the concepts implicit in the ideal situation to debate in recognisable public arenas.

Habermas's unforced force of the better argument is a contemporary variation of philosophy's championing of the epistemic value of deliberation. The practical work of deliberation sifts the jumble of arguments and bits of information, presents opportunities to look at information from a different perspective, and introduces new ideas and ways of seeing the world to those participating. Deliberation also helps to offset what might be considered impediments to reason due to personal histories, socioeconomic background, or even prejudice. In fact, it is the cognitive diversity of the participants rather than the pooling of expertise that gives deliberation the edge. Democratic deliberation, involving a public and equal exchange among a representative group, adds a further dimension in that it assures cognitive diversity and the confidence that, whatever the outcome, it will be accepted as legitimate.

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