

A harm-reduction approach to drug use

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The move towards a harm-reduction approach to drug usage poses new considerations for parliament. The diversity of drug usage in Ireland and the approach to decriminalisation in other jurisdictions may frame the development of future policy and legislation.

A pivot to harm-reduction (HR) is likely to be on the drugs policy and legislative agenda in the new parliament. Such a move would represent significant change and, to be effective will require careful consideration and coordinated implementation. As shown in Figures 1 and 2, drug use in Ireland is increasing, especially in younger age groups. The variety of drug use, ‘polydrug use’, is also increasing.

Harm-reduction (HR) covers approaches that look to reduce the health, social and economic harms of drug use to individuals, communities and society. In Ireland, the term ‘health-led’ has been used to refer to HR responses to drug use.

Polydrug use refers to the use of two or more drugs or type of drugs either at the same time or sequentially. It covers the use of both illicit drugs and legal substances, such as alcohol and medicines. Polydrug use is important because the use of multiple drugs potentially increases both the acute and chronic risks associated with drug consumption.

Statistics revealing the reality of drug use in Ireland

- ▶ The variety of drugs used recently, ‘in the last month’, has increased and recent use was most common among 15 to 24 year olds (Figure 1).
- ▶ Drug use in Ireland has gradually increased since 2003.
- ▶ Polydrug use increased from one-third of drug users in 2002 to nearly half in 2019 (Figure 2).
- ▶ Ireland has high levels of drug use in comparison to European Countries (Ecstasy 2nd, Cocaine 4th & Cannabis 8th).
- ▶ The European Union Drugs Agency (EUDA) Drugs Report 2024 shows that Ireland had the highest proportion of drug induced deaths (97 per million of population aged 15 to 64) among EU countries (EU27 corresponding average was 22.5).
- ▶ A 2021 assessment of all Irish data sources found that there was over 23,000 people ‘in treatment’ for drug problems.
- ▶ The EUDA 2024 report also highlights the trend overall of greater drug use society-wide, including variety of drug types, ways to consume drugs, and that risks associated with some substances may be growing among those experiencing social and economic deprivation.

Figure 1

Use of illegal drugs in the ‘last month’ by drug name and age group, 2019–2020

Source: The 2019–2020 Irish National Drug and Alcohol Survey. Health Research Board (2021)

*New Psychoactive Substances (NPS) is an umbrella term to describe a range of drugs that were originally developed to mimic or replace traditional drugs such as cocaine, ecstasy and cannabis.

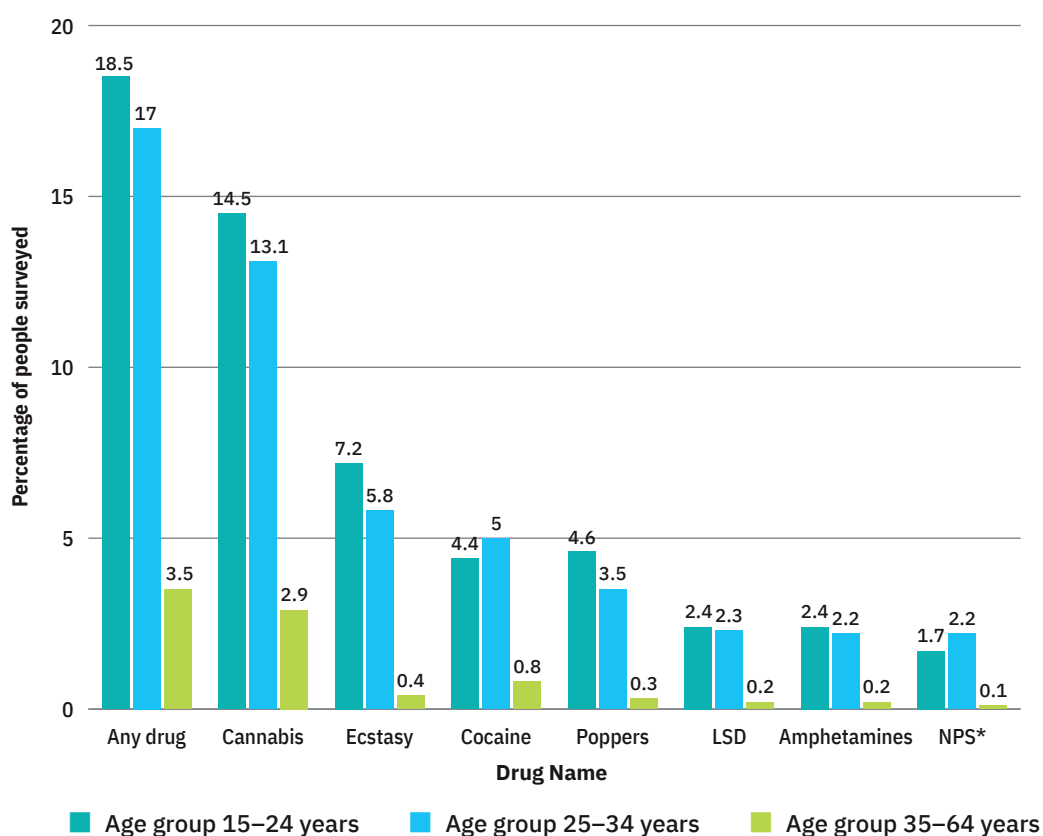
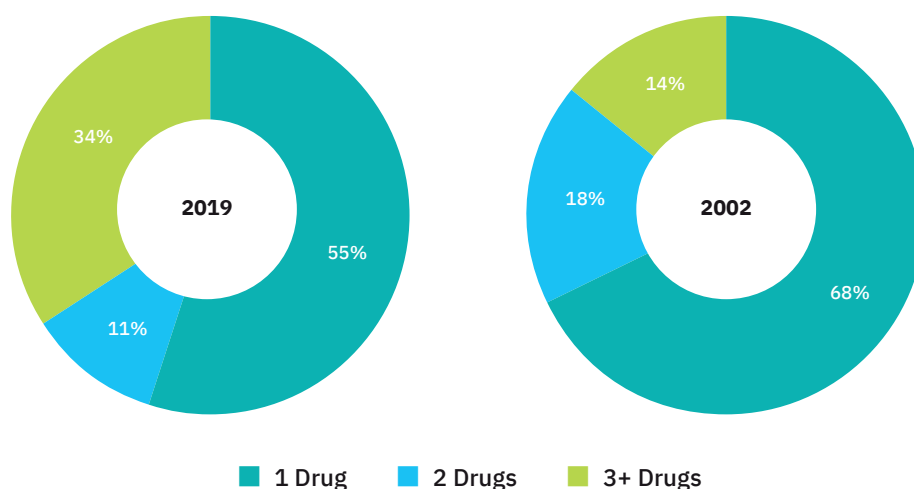


Figure 2

Trends in polydrug use: 2019 and 2002 compared. People using more than one type of drug: percentage of people surveyed.

Source: National Drug and Alcohol Surveys (2023)



The shift to harm-reduction

The move to HR from previous criminal justice-led responses to drug use reflects an acceptance that such policies on drug use, as opposed to drug supply, have not had the impact anticipated. Evidence shows that prohibitionist policies lead to negative consequences for drug users such as:

- ▶ prolonging risky behaviours;
- ▶ delaying access to supports;
- ▶ criminalisation of those who use drugs for personal use; and
- ▶ penalising and stigmatising problematic drug users.

Criminal justice-led policies have also had disproportionately negative consequences for disadvantaged communities and social groups.

While HR is now recommended as the primary response to problems related to drug use, it has faced criticism over the years. A key argument against HR is that it is a step towards legalisation of currently illegal drugs, and in-effect, condones drug use instead of seeking solutions. Reviewing earlier HR efforts in Ireland, Butler and Mayock (2005, 2021) concluded that HR activities had been framed loosely and introduced cautiously to minimise critiques from opponents.

The Citizens' Assembly on Drug use

Overall, the Citizens' Assembly signalled that the State needs a more “innovative, ambitious, comprehensive and coherent approach to drugs use.” The Citizen's Assembly made 36 recommendations addressing legislation, strategy, policy and practice. These recommendations span prevention, harm-reduction, treatment, rehabilitation and recovery, and the relative roles of the health and criminal justice sectors.

Harm-reduction in Irish policy

In Ireland, the shift to HR was first evident under the current National Drugs Strategy (2019). Momentum towards HR has been significantly enhanced by the 2024 Report of the Citizens' Assembly on Drug Use. As the most comprehensive and inclusive overview of drug use undertaken to date, the work of the Citizens' Assembly is of central importance in any consideration of drug policy and legislation. The central message of its recommendations is that the State should pivot to a comprehensive health-led response to drug use.

Following the report of the Citizen's Assembly, the Oireachtas Joint Committee on Drug Use was established to consider its recommendations. The Interim Report of the Oireachtas Joint Committee on Drugs (2024) agreed with all the Citizens' Assembly recommendations considered by the Joint Committee, including recommending the pursuit of a harm-reduction approach.

What are harm-reduction responses to drug use in Ireland?

There are multiple approaches to HR in Ireland (see Figure 3). A core principle of HR is implementing pragmatic responses to problematic drug use. The most prominent HR intervention in Ireland is **Opioid Substitution Treatment (OST)**, which involves medical prescription of Buprenorphine or Methadone to address opioid dependence, such as heroin addiction. Often referred to as Ireland's ‘Methadone programme’, OST has been effective in reducing HIV and Hepatitis C virus transmission and reducing drug-related illnesses. It has also been shown to reduce crime, minimise risky behaviours and improve the health and well-being of individuals.

Figure 3**Other ongoing harm-reduction interventions in Ireland****Outreach**

Conducted by the HSE and HSE-funded voluntary bodies, outreach workers distribute supplies of drug-use paraphernalia to known active drug users.

**Naloxone**

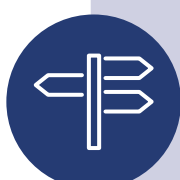
Frontline health workers have access to Naloxone, a prescription only medication that temporarily reverse the effects of overdose from opioid overdose, such as from heroin. Following pilot initiatives, Naloxone is being provided at drug support services and as a 'take away' (Nalox-Home) to those following medical treatment for opioid overdose.

**HSE Safer Nightlife Programme**

Engages with and supports festival attendees in a non-judgemental way on substance use and related issues in nightlife spaces. This has included 'back of house' drug checking, testing and volunteer engagement with attendees.

**Medically Supervised Injecting Facilities (MSIF)**

MSIFs were provided for in legislation in 2017. Ireland's first facility is expected to open in Q4 2024 in Merchants Quay Ireland, Dublin, as a pilot.

**Health Diversion Programme**

A pilot programme with An Garda Síochána (AGS) for individuals found in possession of drugs for personal use:

1. First occasion: AGS can refer the person to health services for a health screening and brief intervention.
2. Second occasion: AGS will have discretion to issue a caution, or make another referral to the HSE for a further SAOR health screening and intervention.
3. Subsequent arrests: The person is excluded from the programme.

Issues for the new parliament

The Citizens' Assembly on Drug Use described Ireland's roll-out of HR as partial and inconsistent. This section outlines key policy issues arising on foot of their recommendations. These will be relevant for Members of the Oireachtas when they consider future legislation and policy on drug use.

Recognising the diversity and reality of drug use

- ▶ Drug users vary from those using less potent drugs for personal use to those who are problematic drug users.
- ▶ Problem-related drug use represents a minority of the population of drug users.
- ▶ A one-size-fits-all approach to drugs legislation and policy has generally not been effective. Effective responses require a series of measured supports and interventions.
- ▶ Future policy would benefit from considering the varied lived experiences of people who use drugs and how these interact with public and private services.



Decriminalisation refers to the removal of criminal charges for drug use and possession for personal use. It does not, however, equate to the legalisation of personal drug use.

Decriminalisation

- ▶ The Citizens' Assembly called for a clear decriminalisation model and a pivoting from a reliance on criminal justice-led responses. The legal situation remains that possession of drugs for personal use is a criminal offence.
- ▶ The Irish legal system does not presently allow for criminal offences to carry administrative or civil sanctions instead of criminal penalties.
- ▶ There are insights to be gained from the experiences of decriminalisation in other jurisdictions including Portugal, Oregon (USA), British Columbia (Canada) and Switzerland.
- ▶ Decriminalisation alone is not a 'silver bullet' to drug use problems. International experiences demonstrates that, without extensive planning, design, leadership, implementation and complementary supports beyond legal changes, decriminalisation efforts can fail or even provoke backlash.

The need for policy coherence

- ▶ The Citizens' Assembly Report states that there is evidence that Irish drug policy and legislation has been compartmentalised, siloed and is as a result 'incoherent'.
- ▶ Submissions to the Citizens' Assembly and the Oireachtas Joint Committee on Drug Use demonstrate a lack of consensus on the nature of drug use, associated problems, and appropriate responses. This fragmentation poses a significant challenge to the effectiveness of future policy and legislative initiatives.
- ▶ Both the Citizens' Assembly and the Oireachtas Joint Committee emphasise that HR-led responses require a broad and sustainable range of services and supports. These must cohere across departmental, agency, service, and policy boundaries to ensure long-term success.

Creating the space for policy innovation

- ▶ The nature of drug use trends and drug related problems continues to evolve. This highlights the importance of drug policy and legislation adapting and innovating in parallel with societal trends in drug use.

While there have been incremental advances over the course of three National Drug Strategies, there has been no fundamental change to the general legislative and policy framework for drug use. The extent of the changes required by the implementation of a HR-led response are considerable. If these changes are to prove successful, they will require careful consideration and sustained implementation.