

ACT UP Dublin

Submission to the Public Consultation on the New National Drugs Strategy

Submitted October 18, 2016 to the National Drugs Strategy Steering Committee

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Who we are

ACT UP Dublin is a chapter of ACT UP: the AIDS Coalition To Unleash Power. We are a diverse, nonpartisan group of individuals working to end the HIV crisis.

Our mission statement lays out our fundamental position on the issue of drugs policy:

We support a drugs policy that prioritises health rather than criminalising people who use drugs.¹

We advocate for policies that are based in concern for the human rights and welfare of people who use drugs. Drug use is an issue of public health not criminal justice.

We therefore support a National Drug Strategy that emphasises harm reduction as articulated by Harm Reduction International:

“Harm Reduction’ refers to policies, programmes and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption. Harm reduction benefits people who use drugs, their families and the community.”²

Ireland’s National Drugs Strategy

We are encouraged by the commitment made in the Programme for Partnership Government to pursue a health-led rather than criminal justice approach to drug use. We hope that this commitment is not merely rhetorical but is reflected in concrete actions.

In particular we look forward to the timely introduction of legislation authorising medically supervised injection rooms, as well as the expansion of access to naloxone and the expansion of needle exchange sites in Ireland.

We would like to see additional harm-reduction measures encouraged such as onsite pill testing at festivals and venues, and informational materials that contain accurate, helpful, and non-judgemental information about drugs including how to minimise harm when using them.

¹ Available in full at: actupdublin.com/mission-statement/

² “What is harm reduction? A position statement from Harm Reduction International” Available at: www.hri.global/what-is-harm-reduction

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We are uncertain of the depth of this Government's commitment to a health-led approach to drugs policy. We note with concern that this commitment sits alongside other pledges to increase resources devoted to law enforcement-centred approaches.

The punitive, prohibition-based approach to drugs policy has been a failure—in Ireland as across the globe. It has not reduced supply or demand, it has contributed to the growth in people incarcerated in prisons or otherwise involved in the criminal justice system, and it has impeded practical discussions about how to effectively reduce the risks of harm with drug use, including HIV prevention.

People who inject drugs are among those most vulnerable to HIV and hepatitis C. Moreover the use of other drugs, such as amphetamines, cocaine and GHB, are also associated with increased risk of sexual transmission of HIV.

The stigma of criminality and the fear of legal repercussions discourages people who use drugs from seeking support and services until problems become acute.

Government should encourage harm reduction efforts that recognise that people have a variety of reasons for using substances, and not all are pathological. Focusing excessively on harm and risk both undermines the credibility of the information provided and reinforces the damaging stigma around drug use.

Criminalisation of drug use impedes effective HIV prevention efforts, but incarceration itself becomes a health risk for those whose drug use may not present a direct risk. A 2016 Report from the Irish Penal Reform Trust notes that:

“Prisons and other places of detention are high-risk environments for the transmission of [HIV, tuberculosis and hepatitis C]. This is related to the over-incarceration of vulnerable and disadvantaged groups who carry a disproportionately high burden of disease and ill-health; the criminalisation of drug users and high levels of injecting drug use; overcrowded and substandard prison conditions; inadequate health care; and the denial of harm reduction services.”³

While Ireland's Drug Treatment Court Programme is intended to help drug users access treatment services and avoid imprisonment, it appears to be underused and of questionable effectiveness. International research has found that such drug courts do not typically save money or ultimately reduce people's involvement in the prison and criminal justice systems. It is far better to reduce the number of people involved with the criminal justice system in the first place than to waste resources trying to expand the number of paths through that system.

International Views

Our views on drug policy are consistent with those of international bodies and advocates across the globe working on HIV and public health and we encourage the

³ “Improving Prison Conditions by Strengthening the Monitoring of HIV, HCV, TB and Harm Reduction” Irish Penal Reform Trust 2016, p.1. Available at: www.iprt.ie/files/PrisonProjectReport_Ireland_web_A41.pdf

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Steering Committee to consider their opinions as it develops the new National Drugs Strategy.

In a 2016 report, UNAIDS (the Joint United Nations Programme on HIV and AIDS) advocates strongly for an approach to drug policy that is rooted in a concern for the health and human rights of people who use drugs noting that:

“Countries that have moved away from laws and policies that are harmful to people who use drugs and that have increased investment in harm reduction have reduced new HIV infections and improved health outcomes. These policies also deliver broader social benefits, such as lower levels of drug-related crime and reduced pressure on health-care and criminal justice systems.”⁴

In 2012, the Global Commission on HIV and the Law offered recommendations regarding people who use drugs “[t]o ensure an effective, sustainable response to HIV that is consistent with human rights obligations”:

“Countries must reform their approach towards drug use. Rather than punishing people who use drugs who do no harm to others, they must offer them access to effective HIV and health services, including harm reduction and voluntary, evidence-based treatment for drug dependence. Countries must:

- Shut down all compulsory drug detention centres for people who use drugs and replace them with evidence-based, voluntary services for treating drug dependence.
- Abolish national registries of drug users, mandatory and compulsory HIV testing and forced treatment for people who use drugs...
- Decriminalise the possession of drugs for personal use, in recognition that the net impact of such sanctions is often harmful to society.”⁵

In 2015, UN High Commissioner for Human Rights Zeid Ra’ad Al Hussein noted:

“Criminalization of possession and use of drugs causes significant obstacles to the right to health. Drug users may justifiably fear that they will be arrested or imprisoned if they seek health-care. They may even be discouraged from seeking information about safe practises for drug use.”⁶

In a 2014 report, “Taking Control: Pathways to Drug Policies that Work,” the Global Commission on Drug Policy noted that:

Punitive drug law enforcement is predicated on the idea that criminalization serves as a deterrent. Notwithstanding its popularity, this theory is not supported by evidence. Instead, research indicates that criminalizing drug users actually worsens drug-related problems...

⁴ “Do no harm: Health, human rights, and people who use drugs” UNAIDS 2016, p.1. Available at: www.unaids.org/en/resources/documents/2016/do-no-harm

⁵ “HIV and the Law: Rights, Risks & Health” Global Commission on HIV and the Law 2012, p. 35. Available at: www.hivlawcommission.org/index.php/report

⁶ Statement by by Mr. Zeid Ra’ad Al Hussein, United Nations High Commissioner for Human Rights, at the high-level panel on public health and human rights approaches to the world drug problem, 21 October 2015. Available at: ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=16628&LangID=E

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[C]riminalization—whether of drug use, possession of small quantities for personal use, or possession of drug paraphernalia—is a key driver of a range of health and social harms. Criminalization is the opposite of a pragmatic, health-centered, harm reduction approach – it is, in effect, a policy of harm maximization.”⁷

Recognising the harms caused by incarceration, in 2014 the World Health Organization called upon countries to “work toward developing policies and laws that decriminalize injection and other use of drugs and, thereby, reduce incarceration.”⁸

Conclusion

We strongly urge the Dept. of Health to focus Ireland’s new National Drug Strategy on the welfare, health and human rights of people who use drugs. The evidence is clear that policies based on criminalisation and punitive measure have failed, creating international criminal enterprises that drain law enforcement resources, stigmatising those who uses drugs and deterring them from accessing services and care, and unnecessarily drawing vulnerable people into the criminal justice system.

To have any hope for achieving the goal of reducing the harms associated with drug use, the National Drugs Strategy must focus on removing the source of much of that harm: the counterproductive application of the criminal law to what is, fundamentally a social and health issue. The resources currently devoted to futile law enforcement approaches would be better used to strengthen and expand the struggling community services that will actually make a difference.

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⁷ “Taking Control: Pathways to Drug Policies that Work” Global Commission on Drugs 2014, p. 21. Available at: www.globalcommissionondrugs.org/reports/taking-control-pathways-to-drug-policies-that-work/

⁸ “Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations” World Health Organization, 2014, p.87. Available at: www.who.int/hiv/pub/guidelines/keypopulations/en/