

**Green Party Submission to  
the National Drugs Strategy**



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The Green Party welcomes the opportunity to comment on the National Drugs Strategy. Broad input should be sought as much as possible for government policy through the promotion of public consultations such as these. We acknowledge the work behind the 2009-2016 National Drugs Strategy which identified five key areas of priority; supply reduction, prevention, treatment, rehabilitation and research. Our approach to a National Drugs Strategy would envision a shift in focus without losing sight of the core aim of harm reduction.

The consumption of drugs is a significant issue for public health and social cohesion, requiring all available resources that can be spared towards treatment, rehabilitation and research. When it comes to the supply reduction and prevention of drug consumption, we advise a re-evaluation of priorities in light of current international evidence.

The “War on Drugs” has proven to be costly, ineffective and counter-productive. (1) The seizure of illicit substances places a burden on law enforcement resources. Demand for drugs is met by criminal organisations with no health standards for the products they distribute. People are criminalised for non-violent offences, even for possessing small quantities of controlled substances. It is time for a more compassionate policy that does not compound the challenges of reintegration by giving drug users a criminal record. A legal framework where more resources are available for harm reduction would be timely and just.

Research, for example the exchange of information between researchers and drug users, would be greatly improved if drug use was decriminalised. This would facilitate improved data gathering, and in turn lead to more up-to-date information for public health warnings and interventions. This would also allow facilitate better education and knowledge about drug use for those involved in harm reduction. Following decriminalisation, it would be possible for those providing public health warnings, to have real time data about the safety of specific drugs, in environments such as festivals and nightclubs.

There could also be provision of safe access as part of a broader public health strategy when it comes to drug use. Drug-testing kits could be made available at nightclubs, festivals and even a central office. Centres for the injecting of heroin can allow addicts to phase out their use of the drug under medical supervision, as provided under Portugal’s regime of decriminalisation (2). It also prevents the negative impact on public health from harmful chemicals in the criminal market’s drug supply.

The product quality of drugs that do reach buyers should be an area of renewed focus for the National Drugs Strategy. There should also be serious reconsideration of current drug scheduling laws in light of best available evidence. For example, softer drugs that have confirmed medical benefits should not be classified a higher danger than drugs that pose a greater risk to human health. There are jurisdictions that have found their drug supply became more manageable when a civil distinction was made between harder drugs and softer drugs (3).

In the case of cannabis for example, a range of cannabis products have established medical applications and should be available from pharmacies upon the written recommendation of a medical professional. The current classification of cannabis as a Schedule 1 drug does not reflect its scientifically-established medical value (3). The new National Drugs Strategy should re-evaluate the classification and legal status of drugs where reliable evidence exists of its therapeutic benefits.

Areas for research that the National Drugs Strategy should prioritise include the effective sharing of information between drug users and researchers, monitoring the product quality and health standards of drugs on the Irish market and appropriate classification for different drugs. There should be a particular investigation into the legal status of cannabis in light of developments in other jurisdictions that have legalised it for medicinal or general purposes (4).

With regard to treatment, there should be research and public education on the most effective rehabilitation strategies. Early public health interventions with young adults should also be a priority. An area where communities could make a difference is discouraging the normalisation of excessive alcohol consumption in local sports clubs. A designated committee member or official in any sports clubs with an alcohol licence should hold a workshop on substance abuse and addiction for club members under the age of 25. Sports clubs should also adhere to guidelines with a view to minimising any potential addictive behaviour among young members.

With regard to prevention, there should be a holistic exploration into balanced lifestyles that minimise the likelihood of drug and alcohol abuse, considering factors such as education, exercise, diet, genetics, public space, economic opportunities, social marginalisation, and mental health issues and so on.

In conclusion, the issue of supply reduction is one that has proven difficult to tackle and it is time to consider whether resources may be more effectively spent on harm reduction rather than law enforcement. The National Drugs Strategy should outline a timeframe for introducing a new legal regime where all drug use is decriminalised, drug users are treated with compassion and the legal status of each drug is reviewed on a case-by-case basis. Ireland should demonstrate leadership among a progressive vanguard of countries rethinking their drugs policy and implement a National Drugs Strategy that prioritises an evidence-based approach to harm reduction.

### **Summary of Recommendations:**

The Green Party calls for commitments in the National Drugs Strategy to include the following twelve elements:

1. A timeframe for decriminalising the use of drugs in national law.
2. A review of the legal status of drugs with established medicinal properties.
3. A particular review of the legal status of cannabis.
4. Legal availability of cannabis products for medically-prescribed use.
5. Research focus on effective intervention with young adult drug users.
6. Provision of information exchange between drug users and researchers.
7. Provision of centres for safe access to drugs under medical supervision.
8. Provision of drug-testing services.
9. Monitoring quality and public health impact of drugs on the Irish market.
10. Research focus on lifestyle factors that reduce the likelihood of drug use.
11. Research focus and public education on effective rehabilitation strategies.
12. Require sports clubs to promote responsible alcohol consumption.

## References:

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