



**IRISH MEDICAL
ORGANISATION**
Cearrchumann Dochtúirí na hÉireann

IMO Submission to the Working Group on alternative Approaches to Personal Possession of Illegal drugs – 4th July 2018

The IMO welcomes the establishment of an expert group to examine the benefits and harms associated with de-criminalisation of small amounts of presently illegal substances. In countries such as Portugal, there is some evidence that rates of drug-related deaths and drug-related infectious diseases have fallen as a result of decriminalisation accompanied by a significant allocation of resources to prevention, treatment, harm reduction and social reintegration programmes.

In Portugal possession of small quantities of illegal substances is still an administrative offence punishable by a fine or community service and offenders are encouraged to seek treatment and are referred on to drug education and treatment services. Ireland has a drug-related death rate that is much higher than that of Portugal and many other European countries.

On the other hand, decriminalisation in Portugal has had little effect on overall drug use or the harmful effects of recreational drug use. Evidence from Ireland, however, shows that following changes to legislation in 2010 making both the possession and sale of new psychoactive substances (NPS) or “head shop” drugs an illegal offence, NPS-related treatment episodes fell by almost 50%. Problem use of NPS drugs (main drug of use) also fell from 2.5% of all cases treated in 2010 to 0.4% in 2010 rising again slightly to 0.9% in 2015.

Most if not all illicit drugs have significant effects on emotional regulation and executive functioning which can lead to impaired cognitive performance and increase risk of accidents, including occupational accidents. Also different agents have different a "half life" and thus require different washout periods before it is safe to engage in activities such as childcare, driving and other activities where decision making has an impact on public safety. In addition depending on route of administration (ie. smoking cannabis) there is the risk of passive exposure to substances by those who may not have consented as well as carcinogenic risk.

Any change in legalisation is likely to cause an increase in drug use and thus must also be accompanied with a Public Education program focusing on these indirect harms to ensure that if people wish to engage in drug usage they do so in an environment where they are not placing others at risk of harm and this to accompanied with strict penalties for those that either expose others or cause harm attributable to impaired cognitive performance secondary to drug usage.

Currently in Ireland there is no system of automatic referral nor sufficient services for drug or alcohol dependency services. It is estimated that 30% of Irish Illicit Opioid users live outside the capital. Treatment is provided in HSE addiction clinics, over 90% by GPs Specialising in Substance Abuse-GPSSAs, and community GPs (level 1 & 2 trained GPs) providing methadone services in their practices. However access to treatment outside of Dublin in both these settings is very limited. Over 90% of level 2 trained GPs are in the Greater Dublin area and most recent figures released indicate

there are none west of the Shannon. In at least two counties there are no doctors who can initiate methadone treatment and patients are obliged to travel, often to Dublin, for services. In addition there are very limited publicly funded inpatient detoxification services and few specialist services in dual diagnosis for those with co-morbid substance dependency and mental health illness. The IMO welcomes the establishment of an expert group to examine the benefits and harms associated with de-criminalisation of small amounts of presently illegal substances. Whatever conclusions are made the IMO recommends:

- The development of an effective substance abuse and dependence intervention programme, incorporating a referral procedure, for people who have come to the attention of state authorities;
- Incentives to encourage GPs outside of Dublin to specialise in addiction and methadone treatment and by removing limits on existing trained level 2 GPs to enable them to work in multiple locations and thus provide services in areas outside Dublin;
- Expansion of the number of dedicated beds available for medical detoxification and stabilisation of substance users;
- Develop specialist services in dual-diagnosis co-morbid substance dependency and mental health illness;
- Introduce spent convictions legislation that will allow minor crimes to be removed from an individual's criminal record and better enable those convicted of minor possession offences to re-enter the workforce;
- Allocation of additional resources for state agencies charged with seizing and intercepting drug shipments and
- Stiff penalties remain in place for those convicted of major drug trafficking offences.