Joint Committee on Drugs Use

REF: JCDU-1-027-2024

Module 3 — A Health-Led Approach

Thursday, October 3, 2024

Submission by Dr Barry Cullen

Opening Statement

1. Opening Statement by Dr. Barry Cullen[1]

I thank you for inviting me to address the committee and to make this input[2].

1. In a discussion about 'health-led' I wish to emphasise the distinction between drug use and problem drug-use: the latter is a small component of the former[3]. We need health interventions **only** for the latter — that is people who develop an addiction or other health related issues. When we talk 'health-led' we should keep that in focus.

2. For perspective, I also emphasise that the most extensive substance use problem in Irish society is Alcohol Use Disorder estimated at 578,000 people, which represents a staggering 15% of total adult population and is equivalent to 24 times the number of persons with a cannabis dependency[4].

3. Without exception the Assembly report says little that has not been stated previously in other reports. Health-led schemes are not new. A special mental health custodial facility was provided for in the Misuse of Drugs Act, 1977 but did not happen[5]. The Dublin drug court has existed for 23 years with little evidence of impact[6]. The adult caution scheme for persons suspected of possessing cannabis was used in less than one third of the cases to whom it could have applied[7].

4. Recommendation 17 is the latest such health-led proposal — a diversion to assessment and onward health referral, whilst possession would remain illegal. It too would have little impact, and simply transfer procedural tasks from the over-burdened court system to the over-burdened health services[8].

5. Rather than simply adopting the latest iteration of the health-led approach, I would urge you as public representatives to grapple more deeply this complex area of policy, and to recommend legislation, as appropriate.

6. Public policy on drugs in Ireland, as in most countries, vacillates between two opposing perspectives. <u>On the one hand</u> — criminal justice favours tough sanctions against both dealers and users. <u>On the other hand</u> - the health-led perspective sees problem drug use as best managed by the health system, while accepting that most people who use drugs do not need a specialist intervention, at all. The more powerful justice perspective prevails but needs to be challenged.

7. Frontline personnel are confronted with this dilemma: should they simply follow the criminal justice model, and focus on getting people drug free, whether or not they wish to, and whether or not the evidence is there to support it? Or should they focus on harm reduction thereby accepting that their clients will continue to use drugs, but more safely, but also knowing that because harm reduction is often electorally unpopular they risk being accused of giving in to the war on drugs?

8. Meanwhile, within the health system generally, drug addiction is seen as being outside the mainstream of hospital, mental health and community services. Little progress has been made in getting mainstream services to participate in the treatment of drug problems. A parallel, rather than integrated, system is operated.

9. The major drug programme within the health-led sphere — methadone maintenance — has consistently been shown to be unsympathetic to clients[9] [10], who experience considerable stigma[11], and whose rights are often, as a result, easily denied[12]. Contrast this position with the legal drug alcohol. Where people develop issues around addiction or other physical or mental health problems from alcohol, the various health systems, are all geared up to respond, without moralising, and no stigmatising.

10. The same approach used with alcohol is needed in relation to use of all drugs: the moralising and stigmatisation will not go away by fiddling at the edges, or by re-defining the meaning of 'health-led'. Legal change, starting with cannabis, is essential, especially given that cannabis accounts for up to 80% of illegal drug use.

11. In the attached briefing, I summarise the main elements of a pragmatic public health approach to substance misuse, that includes both alcohol and drugs. This type of framework, which is used across other health issues, is important for understanding that progress on overcoming health problems, in this case drug and alcohol problems, requires interventions at all three levels of the public health system:
    - primary prevention – where the main actors are yourselves as legislators and national policy makers
    - secondary prevention — which involves the community and voluntary agencies on the prevention frontline — and
    - tertiary prevention — which is operated by specialist health care and recovery agencies.

12. As legislators, it is of course your responsibility, your prerogative to update the law, and give direction to policy. I would urge that you concentrate on this bigger picture and use your position as public representatives to change the narrative. The state needs to assert its role in this space, not through continued prohibition, or through simply sanctioning limited, health-led initiatives, but through legislation, regulation, licensing and bringing drug supplies, as with alcohol, under proper control and taxation and through proper enforcement. The war, which tends to be fought out in the more vulnerable places, needs to end. People should not fear that – other wars have been brought to an end and unsurprisingly normality followed.

13. I am happy to take any questions or comments you wish to raise on my statement, footnotes and attached briefing. Once again, I wish to thank the committee for the invitation.

Ends/….

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Briefing A: Footnotes on Opening Statement

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1 My contribution to this Oireachtas debate is independent. I do not work for or belong to any entity with an interest in drug or alcohol issues nor do I receive funding — either financial or in-kind — from any such source.

2 My input draws from my experiences as outlined in my self-published, self-funded, book, *The Harm Done – Community and Drugs in Dublin,* which reflects on how society dealt with these problems for over 4 decades, concluding with the need for substantial legal reform. A comprehensive summary of the book is available on the HRB website https://hrb.newsweaver.ie/drugnet/1eikthjwp27d5qyjm8l3z8?email=true&lang=en&a=2&p=64482937&t=29019321 Further information on the book itself is available on https://kfcullen.ie/the-harm-done-2.html

3 **Estimates of substance use and problem substance use**

SUBSTANCE USE (alcohol and Drugs)			PROBLEM SUBSTANCE USE (alcohol and drugs)						
	Estimated by survey, 2019	**% of Pop**	**Estimated by survey, 2019**			**% of Pop**			**Treatment cases, 2019**
Alcohol	2,904,000	73.65	AUD: 578,000			14.66			7,526
All drugs *(last year)*	289,000	7.33	n/a			n/a			
All drugs *(last mth)*	161,000	4.08	n/a			n/a			10,664
Cannabis (last year)	231,000	5.86	CD	CA	CUD	CD	CA	CUD	2,491
Cannabis *(last month)*	113,000	2.87	23,700	21,300	45,000	0.60	0.54	1.14	

Key: Pop - Population of adults over age 15; n/a- No estimate provided; AUD - Alcohol Use Disorder*; CD - Cannabis Dependent**; CA -Cannabis Abuse; CUD:- Cannabis Use Disorder.
Source: The 2019-2020 Irish National Drug and Alcohol Survey (INDAS) (HRB); NDTRS - National Drug Treatment Reporting Survey (HRB) — Interactive Tables; and Pop of Ire/CSO (15 yrs +).

Notes on definitions
*Alcohol Use Disorder (AUD): According to INDAS, AUD is defined, in accordance with the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria. as follows: 'It is a maladaptive pattern of alcohol use leading to clinically significant impairment or distress, as manifested by 2 or more of the following 11 criteria occurring at any time in the last 12 months: role impairment; hazardous use; social problems; tolerance; withdrawal; longer or more use than intended; unsuccessful attempts to quit/cut down; much time spent using alcohol; reduced activities because of drinking; continued drinking despite psychological or physical problems; and alcohol cravings.

**Cannabis Dependence (CD): According to Irish National Drug and Alcohol Survey (INDAS), CUD is defined as any cannabis abuse or dependence in the 12 months prior to the survey and classified according to the Diagnostic and

Statistical Manual of Psychiatric Disorders, Fourth Edition (DSM-IV). Cannabis abuse is established from a positive response in one or more of the four domains in the DSM-IV diagnostic criteria: hazardous use; role impairment; legal problems related to use; or social or interpersonal problems. Cannabis dependence is determined from a positive response in three or more of the following seven domains: tolerance; withdrawal; longer or more use than intended; unsuccessful attempts to quit/cut down; much time spent obtaining cannabis or recovering from its effects; giving up or reducing important social, occupational, or recreational activities in favour of use; or continued use despite psychological or physical problems. It should be noted that DSM-V (2013) discarded legal problems as a factor in defining cannabis abuse.

4 ***Comment on Table in fn 3***

- It is clear from the above table that the most extensive problem arising from use of substances is Alcohol Use Disorder (AUD), who make up 20% of those who drink and 15% of the adult population.
- The number of persons with AUD is more than twice the number of persons who consume all illegal drugs (last year) and 24 times the number of persons with cannabis dependency.
- The number of persons treated for alcohol is tiny compared to the overall incidence of AUD.
- The number of persons who used cannabis (last-year) is 80% of total who used drugs, while the number who used cannabis (last month) is 70% of the total.

5 The 1977 Misuse of Drugs Act (28, 2 [b]), empowered judges to 'order that the person be detained in custody in a designated custodial treatment centre for a period not exceeding the maximum period of imprisonment which the court may impose in respect of the offence to which the conviction relates, or one year, whichever is the shorter' but this never worked.

6 The Dublin Drug Treatment Court has existed for more than 25 years with little impact on those who participated and no impact on overall numbers (Gallagher, C. [2019] Drug treatment court: A failed experiment imported from the US? Critics of the system point to low graduation rates, although others cite hidden benefits, *Irish Times,* June 24.

7 On the basis of figures issued in 2024, for each discretionary adult caution issued for cannabis (n= 5,139), over the previous 3 years, an average of 3.3 court prosecutions (n = 17,125) were pursued (McEntee, H. [2024] Minister for Justice answer to PQ No. 37 from Gino Kenny, TD, *Oireachtas Debates*, February 22. https://www.oireachtas.ie/en/debates/question/2024-02-22/37/

8 **Recommendation 17**

- Under Recommendation 17, up to 231,000 individual who used cannabis carry a risk of being caught in possession although the risk obviously is more for those who used cannabis, in last month (113,000).
- In recent years, the average annual number of alleged incidents involving cannabis is 7,000+ (see fn 7 above). It can be assumed therefore that under Recommendation 17, most if not all 7,000 individuals would be diverted to SAOR assessment and/or health referral. Obviously, a health assessment

followed by service engagement would constitute a more significant requirement of resources/personnel than that of a caution, for both justice and health personnel Many, perhaps most, of those given this opportunity, would understandably, have good reasons to accept the referral and to participate in the health intervention, especially if referral meant it would help them to avoid, delay or mitigate a drugs conviction.

- Currently, according to NDTRS, 2,240 cases of treatment for cannabis are reported for 2024. Capacity for health service interventions for cannabis therefore would need to increase at least threefold, and a lot more were it to be used with persons caught in possession of drugs other than cannabis.
- Among the 231,000 who used cannabis (last year), and who carry a risk of being caught for possession, there is an estimated 23,700 persons, who are cannabis dependent. Given the prospect of increasing its involvement in providing interventions, health managers and service providers would expect to prioritise this cannabis-dependent sub-group for health interventions, rather than members of the wider group most of whom, notwithstanding their legal need, will not have a health need. Most likely therefore, health practitioners would articulate a demand to invest additional resources into targeting and outreach to the cannabis dependent group, and not those referred through the legal system, although potentially, they might not have any choice in this matter.
- Given there are already difficulties around recruitment into this area of work, the whole scheme, while it might look good as an attempt to reframe discussions around health led approaches, would, like other schemes, be destined to have little overall impact.

9 *Trapped in Treatment: Applying a public sector equality and human rights duty approach to the human rights and equality issues identified by service users of drug treatment services in the North-East Inner City (NEIC)* (2024). Dublin: CAN, SURIA, ICON. https://www.canaction.ie/wp-content/uploads/2024/03/Trapped-in-Treatment-Research-2024.pdf

10 Mayock, P., Butler, S., Hoey, D. (2018). *'Just Maintaining the Status Quo'? The experiences of Long-Term Participants in Methadone Maintenance Treatment*. Dublin: Dún Laoghaire Rathdown Drug and Alcohol Task force (in conjunction with Community Addiction Team, Sandyford, and Southside Partnership). https://www.drugsandalcohol.ie/30063/1/Just_maintaining_the_status_quo.pdf

11 Mayock, P., Butler, S. (2021) "I'm always hiding and ducking and diving": the stigma of growing older on methadone. Drugs: Education Prevention and Policy 29(1):1-11

12 Healy, R., Goodwin, J., Kelly, P (2022) 'As for dignity and respect…. me bollix': a human rights-based exploration of service user narratives in Irish methadone maintenance treatment. *International Journal of Drug Policy,* 110, (103901), see https://www.drugsandalcohol.ie/37442/