

DRUGS, ADDICTION & DECRIMINALISATION LASAIR DHEARG POLICY

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Contents

1. Position in relation to drugs and drug use.	p2
2. Supporting document.	p3
2 (a). Understanding addiction.	p3
2 (b). Can drug addiction be cured or prevented?	p4
2 (c). What are the economic and societal impacts of drug addiction?	p6
2 (d). Conclusion.	p7
2 (e). Practical measures.	p8
3. FAQ.	p11

1. Position in relation to drugs and drug use.

We believe that as long as capitalism persists in creating the socio-economic conditions which drive people to substance abuse, that it should be treated as a health issue, not a criminal one.

We believe that the decriminalisation of (currently prohibited) drugs will allow for individuals suffering from substance abuse to seek medical and psychological help, without fear of persecution or judgement.

We believe that poverty, a lack of provision of sufficient mental health services, and lack of adequate and/or stable housing, are just a few of the factors which can push individuals to self-medication.

We believe the answer to this problem ultimately lies in the eradication of the capitalist system which creates and perpetuates these socio-economic conditions, but also in social and legislative reform.

2. Supporting document.

Broadly speaking, addiction is the compulsive use of a substance or behaviour that is known by the user to be physically, psychologically or socially harmful or detrimental. There are many forms of addiction; drug, alcohol, eating, gambling and sex; as more well known examples.

For the most part, this document refers to ‘addiction’ as it is understood in the context of this conversation, specifically, drugs and the effects of drug misuse.

All of us are familiar with addiction in some way, either directly or indirectly. Some of us may suffer with addiction issues or have seen the effects of addiction on our close or extended family. Likewise, we are all familiar with drug use as an issue, either directly or indirectly. We have all taken some form of drug, whether through prescription, recreationally, or otherwise.

Lasair Dhearg’s policy, *‘Drugs, Addiction & Decriminalisation’*, is as much about removing the stigma of addiction as it is about dealing with the core societal issues, effects and outcomes of addiction from a community, legal and justice perspective.

The vast majority of people who use drugs are not addicted, they are individuals that live in and work in our communities. They are family members, parents, grandparents and more. They are people that contribute to our society, many in very positive ways.

If the majority of people who use any drug are not addicted, it tells us that we need to look beyond the substance itself. We need to understand the underlying causes of addiction.

2 (a). Understanding addiction.

The question must be asked, what is it that causes some people to become addicted, whilst others don’t?

There is no one factor that can predict if an individual could become addicted to drugs, but rather, a combination of factors that can increase the likelihood of addiction. An individual suffers a greater chance of addiction due to drug use, based on the increased numbers of risk factors that that individual has. It is understood that biology has a significant role to play in this, specifically, an individual's genes, which can account for up to half of a person's risk of addiction. Additional factors include their ethnicity, gender, and the presence of other mental health disorders.

We already know that a person's environment has a significant role to play in addiction, from family, friends, quality of life and economic status. Traumas, such as sexual or physical abuse for example, pressure from peers, parental guidance, exposure to drugs at an early stage of emotional or physical development, and other stresses are all contributing factors.

These environmental and genetic factors intersecting with critical stages in development of the individual largely affect that person's risk of addiction. Although addiction at any age is a definite possibility, the earlier that interaction with drugs begins, then the increased likelihood of progression to addiction is to occur. This is a problematic issue for teenagers, given that their judgement, decision-making and self-control is still in development, they are more likely to engage in risky behaviours which include drug taking and trying new substances.

It is evident that the environment within which a person exists and lives has a significant impact on their likelihood of addiction. It is generally accepted that social status has a role to play in this. Working class people across Ireland are more likely to suffer from addiction issues because of their environment, and are even less likely to receive the necessary treatment or support.

2 (b). Can drug addiction be cured or prevented?

Advancements in research show that addiction is a problem of brain functioning; that we become addicted to the chemicals our brain releases, not

necessarily the substance or activity that causes this release. This emphasises even more that an addiction can be treated and can be overcome. As with a lot of other chronic diseases, such as heart disease, diabetes, or asthma, treatment for drug addiction isn't necessarily a cure. However, addiction is 'treatable' in that it can be successfully managed.

Recovering addicts are at risk of relapse for years thereafter and quite possibly for the rest of their lives. Research has shown that a combination of medicines and behavioural therapies ensures that sufferers have the best chance of success. Treatment approaches tailored to the person, taking into account their individual issues and dependencies can lead to a continued recovery.

Prevention can play a hugely significant role when dealing with this issue. Research has shown that adequately funded prevention programmes that involve the family, the school and the community, as well as the media, are effective in prevention or reduction of drug use and dependency. Although other previously mentioned factors exist which can affect drug trends, including other cultural factors, it is understood that when individuals view drug use as harmful, they have a tendency to reduce their consumption of certain drugs.

It is more than obvious that outreach and education plays a key role in building an understanding of the negative consequences and risks of drug use, and that the health, education and community sectors, along with the family unit, have a significant role to play in this regard.

The lack therefore of adequate measures to support mostly working class people who are more likely to suffer from addiction issues, or the effects thereof, in a family setting or similar, compounds the issue. The abject failure of both states in Ireland to provide the adequate community, social, health, and educational resources to adequately tackle this issue, condemns those suffering from addiction to further misery. Not to mention the additional cost to families, communities, broader society, and indeed the impact on the economy.

2 (c). What are the economic and societal impacts of drug addiction?

Addiction affects not only substance users but those around them. In young children living with substance abusers these effects can be observed, and drug misuse causes even worse problems than alcohol misuse. Bearing witness to drug misuse and its immediate consequences can have an untold effect on other family members, particularly those ill-equipped to deal with the emotional fallout; children.

Such incidents are often traumatic and place an additional burden on the wider family and society, particularly the health system which may then have to deal with the potential causal effect of increased substance misuse and addiction due to intergenerational trauma. The ripple effect of these types of traumatic experiences throughout the various layers of the community is not calculable. In societal terms, the effects are immeasurable.

A recent Six Counties report by the 'Audit Office' (published June 30th 2020) has said that substance misuse is an "unsustainable financial burden", noting that the Department of Health estimated costs of over £1bn every year to deal with drug and alcohol misuse. A significant proportion of this cost is levied directly on the 'criminal & justice' system, indicating that the imposition of a 'criminalisation' policy upon drug users has an additional and costly impact on society.

The report said that substance misuse continues to cause a wide range of harm to individuals, their families and wider society. In hospitals, more than 200 beds per day are occupied by patients with addiction related issues, whilst deaths due to drug misuse has increased by 203% in the last decade.

It added that this is a growing issue, and that many of the points in its most recent report were already identified in recent reviews. While addiction costs £1bn annually, the health strategy to address it is funded by a mere £8m a year. In short, they know the issues, and are failing to address it with an adequately resourced strategy, indeed, the report itself stated, "Despite the significant costs related to substance misuse, a small budget

is allocated to tackling the issue.”

Similar to the Six Counties, most of the strategy within the Twenty Six county state is aimed at reduction of drug supply. Significant resources are directed through the ‘Criminal & Justice’ system to curtail possession or import of ‘illegal’ substances. Whilst the bulk of funding comes from the statutory sector, a significant amount comes from philanthropists, indicating a lack of state resources to tackle the issue. This funding is due to run out.

Whilst significant funds and an overall preventative strategy is in place from a ‘Criminal & Justice’ perspective in the Twenty Six county state, a preventative strategy when it comes to health is severely lacking. The latest figures from the Child and Adolescent Mental Health Services (CAMHS) teams, which are the first line of specialist mental health services for children and young people, show that there were 2,738 children on the waiting list, and of those, 336 had been waiting longer than 12 months to be seen. Of those children admitted to acute inpatient units, 26% were admitted to adult units.

Indications are that both states’ over-preoccupation with criminalising addiction and personal possession of drugs ensures that criminalising people with addiction continues, to the cost of providing additional educational and health resources to adequately tackle the issue.

2 (d). Conclusion.

It is quite clear that various governments over many decades, across both states in Ireland, have so far failed to adequately tackle the issue of drug misuse and addiction. A complete lack of understanding of the issues, combined with an even greater lack of political intent or wherewithal, has left continued generations of Irish people to the ravages of addiction.

Significant resources channeled through both states’ criminalisation policies have so far failed those suffering from addiction and additionally

contributed to their burden by criminalising those who did not set out to be 'criminals'. The policy of treating drug misuse as a criminal issue has added stigma to those who might otherwise seek help and support through a health system.

The lack of sufficient funding for both states' respective health systems, particularly for younger people, has only extended the suffering of those who have been willing to seek what little support exists. That lack of adequate resources, for mental health services in particular, fails those dealing with trauma related issues and consequently adds a significant burden on the social structures.

Both states in Ireland are, through their lack of provision compounded by policy, complicit in the continued crisis of addiction. That policy of criminalisation, where drug users and addicts are punished and criminalised, should move instead to approaching the issue from a health perspective. Such an approach would allow the significant funds otherwise spent on such a policy to be injected into the relevant health system, which should then be adequately resourced to tackle the issue.

Complete decriminalisation of all drugs in personal possession - there are significant benefits to such an approach, not just in theory but in practice.

2 (e). Practical Measures.

The consumption of drugs in our communities is an undeniable fact and must be faced head on. Practical measures, like the ones seen in countries which have already decriminalised drugs, must be put in place to ensure that those consuming drugs and those suffering from addiction are met with support, not condemnation.

Portugal, the first country to decriminalise personal possession of all drugs in 2001, is leading the way in a health-based approach to drug consumption. Following decriminalisation, HIV infections, drug-related crime and drug-related deaths all decreased, and with no dramatic increase in drug

usage (with the exception of cannabis, which is not classified as medicinal).

Personal possession of drugs is not a criminal offence in the state, but an administrative violation, which can result in fines or community service, depending on each individual case.

The following practices have been implemented to provide medical and holistic help to those consuming drugs, rather than punishing them:

- Drug treatment centres in towns and cities
- Methadone mobile van units throughout cities, operating 7 days a week, free of charge.
- Harm reduction teams present on the streets (staff fully trained in providing medical assistance and counselling) – direct intervention.
- Dissuasion Commission – a local panel of three people from the legal, health and social work sectors, who review cases individually, to determine whether or not the person in possession of drugs has a dependency/suffering from addiction. Majority of cases are deemed ‘non-problematic usage’, and there is a provisional suspension of proceedings for six months, during which if there are no further incidents of personal possession, the matter is dropped completely. If the panel determines the person is suffering from a dependency/addiction, the commission will refer the person to a treatment centre – this is always voluntary and never forced, but instead, if repeated instances of possession occur, the person may face fines, community service or revocation of driving licence in some cases.
- Syringe exchanges in community pharmacies.

Further measures which Portugal does not offer, but are recognised as practical steps to providing healthcare support to those consuming drugs, are:

- Take-home naloxone programs
- Supervised consumption services (with fully trained medical staff present)

- Heroin-assisted treatment facilities (for the provision of diamorphine by medical professionals. A facility in Glasgow, launched in November 2019, also provides service users with addiction counselling and welfare support)
- Prison-based syringe exchanges
- Legalisation of prescribed medicinal cannabis.

Additionally:

- Syringe exchange schemes in community pharmacies, hospitals, and local health centres
- Increased education on the dangers of drug consumption and safe consumption
- Resources for the provision of mental health services, increased social welfare support and education on the links between trauma, mental illnesses, and addiction.
- Provision of testing kits in clubs, festivals, bars, and outdoor events
- Harm reduction street teams
- Community based rehabilitation centres in cities, towns, villages, and rural areas
- A holistic approach to personal possession of drugs, similar to Portugal's Dissuasion Commissions, made up of a team of local health and social care workers, who can properly assess the individual's needs and situation.

3. FAQ.

What is your position in relation to drug dealers?

Lasair Dhearg believes that any agent who seeks to exploit people within the community for profit are enemies of that community and should be ostracised. Drug dealers of any level only deliver harm to the community and must be differentiated from drug addicts and drug users. Whilst users and addicts can be categorised as victims of a socio-economic system that largely encourages and forces them into self-medication, Lasair Dhearg rejects any such rationale that drug dealers are themselves victims to that same system. The threshold whereby an individual surpasses from drug use and addiction, to community exploitation through the sale of drugs - they cease to be a victim of that system, but rather an agent of it. Whilst poverty, ill-mental health, and deprivation are essential factors for understanding the creation of crime, they do not serve as a justification for exploiting people within working class communities. Thousands of other working class people exist within the same impoverished conditions and do not resort to drug dealing and drug exploitation as an escape.

What is your position on deaths due to drug use?

The tragic and avoidable reality of drug related deaths occur for many reasons. Lasair Dhearg, in producing policy, does not aim to offer a justification or condemnation of drugs, drug users, and by association: those who have suffered drug related deaths. Instead our objective is to offer an explanation as to why drug use and drug related deaths happen, in order for us as a community to organise better to prevent them.

What is your position in relation to drug taxation within the community by individuals or organisations?

Any organisation that benefits from, facilitates, or engages in drug dealing activity are of course no better than drug dealers themselves. As there is no justification for drug dealing, there can be no justification for the permissance of drug dealing through taxation. The allowance of anti-community, anti-working class elements can never serve as a means to an end justification for the liberation of our class and country.

What is your position on your own members using drugs?

Whilst this policy is intended to remove the stigma of drug addiction, we do not promote the use of drugs. We understand that, like all organisations, Lasair Dhearg is reflective of the society within which it exists. We urge caution to our members when it comes to drug use, and offer support to those dealing with addiction issues.

Do you support the roll-out of needle exchanges?

Yes. Lasair Dhearg believes that needle-exchanges contribute an essential short-term relief to some of the dangers posed by drugs to both addicts, users and non-users. Needle exchanges are proven to reduce the contraction of HIV amongst addicts and users, decreasing risk of death, illness and its incumbent pressure upon the health service. Needle exchanges additionally discourage the potential for used needles to be left in public domains which present an extreme danger to individuals and animals. Like with any illness, we as a society must create the best environment for recovery possible in lieu of a definitive cure. The health systems in Ireland, including local health centres, hospitals and pharmacies, provide the necessary community based infrastructure for a possible nation-wide roll-out.

Do you support the legalisation of drugs?

Lasair Dhearg believes that nobody should profit from the sale or distribution of drugs, which under the current material conditions provided by capitalism (a system driven by profit motivation) is impossible. Profiteering from what is essentially a health issue is immoral.

What is the difference between legalisation and decriminalisation?

Legalisation would see the legal permittance of all drug related activities - manufacturing, distribution, and usage. This would see both drug users, drug addicts and also drug dealers free of legal repercussions. The decriminalisation of drugs would instead remove criminal repercussions from users and addicts, but not dealers. The manufacturing and distribution of drugs would still be prohibited and incur criminal consequences, however the personal consumption of drugs (whilst still legally prohibited) would not incur criminal consequences - therefore allowing for the treatment of substance misuse as a health issue, and not a criminal issue.

Would decriminalisation lead to easier access to drugs?

No. Decriminalisation will in fact reduce drug access in two major ways: it will allow for a more concerted focus in tackling those who manufacture and sell drugs within our communities, and additionally allow those who are drug users to access better and more welcoming drug education and rehabilitation services.

Lasair Dhearg is a growing movement fighting for a 32 County Socialist Republic.

Formed from a small collective of community and political activists in 2017, our primary concern is the economic liberation of the Irish working class and the establishment of a **Socialist Republic** built upon the principles of the **Proclamation of the Irish Republic of 1916** and the **Democratic Programme of the first Dáil Éireann**.

We believe that Irish sovereignty, equality for all and the economic liberation of the Irish people, can only become a reality upon the establishment of a People's Republic where all **power and economic control** rests with the Irish people.

*"A free Ireland would control it's own destiny...
from the plough to the stars." – James Connolly*

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