**Summary of Recommendations of the Citizens’ Assembly on Drugs Use**

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| Recommendation | Ballot Reference | Summary of Recommendation |  |
| 1 | 1.1 | The National Drugs Strategy should prioritise a systemic approach to recovery. | Agree |
| 2 | 1.2 | The Government should introduce a ‘Health in all Policies’ approach to policy development. | Agree |
| 3 | 1.3 | The State should formalise, adopt and resource alternative, health-focussed options for people with a drug addiction within the criminal justice system. | Agree |
| 4 | 1.4 | The Department of Justice and the Irish Prison Service should develop and fund enhanced prison-based addiction treatment services. | Agree |
| 5 | 2 | The State should introduce a comprehensive health-led response to possession of drugs for personal use.  **Explanatory Narrative:** Under a ‘Comprehensive health-led’ approach, the State would respond to drug use and misuse primarily as a public health issue rather than as a criminal justice issue. While possession of controlled drugs would remain illegal, people found in possession of illicit drugs for personal use would be afforded, first, extensive opportunities to engage voluntarily with health-led services.  Depending on how the legislation was designed, this approach would minimise, or potentially completely remove, the possibility of criminal conviction and prison sentences for simple possession. A member of An Garda Síochána, on finding someone in possession of illicit drugs for personal use, would refer that person directly to a SAOR Brief Intervention, designed to assess, inform, dissuade and prevent people from developing problematic drug use, and where appropriate, offer a person an onward referral to addiction services. This mirrors the practice in both Austria and Portugal, which both combine health diversion, decriminalisation and dissuasive sanctions, which the Assembly has heard about in some detail.  There are several open questions about how Ireland might best legislate for this model combining diversion, decriminalisation and dissuasion. Changes are likely to be required to the Misuse of Drugs Act 1977, in conjunction with the enhanced use of existing legislative provisions, such as those contained within the Probation of Offenders Act 1907. New legislation may also be required. Given the important legal and constitutional issues to be considered, the Citizens’ Assembly views it as the responsibility of the Oireachtas, informed by legal advice and detailed pre-legislative scrutiny, to determine the most appropriate legal mechanisms to achieve this goal.  The Assembly has identified a number of key questions that the Oireachtas should consider in balancing the objectives of health diversion, decriminalisation and dissuasive sanctions, including:   * Does the Irish legal system allow for the criminal offence of possession of drugs for personal use to be reclassified as an ‘administrative’ offence? The answer to this question has an important bearing on whether ‘decriminalisation’ can be done on a *de-jure* or *de-facto* * Should the sanction of prison sentences for simple possession offences be removed entirely from the statute book? * What limits, if any, should there be on the number of times a person found in possession of drugs for personal use can be diverted to health interventions? Should no limit be set, or should a threshold be specified, beyond which a person would be referred back to the Courts for potential dissuasive sanctions (e.g. a fine)? * What dissuasive sanctions, if any, should be available for repeat offenders, and which body should apply those sanctions? Should the Courts continue to have the role of applying sanctions such as fines, Community Service Orders, the Probation Act, referrals to Restorative Justice programmes, etc. Alternatively, can, and should, another entity be authorised to impose administrative sanctions?   These questions will now be referred over to the Oireachtas for further examination and clarification. |  |
| 6 | 3.1 | Government should give greater political priority, prominence to drugs policy and related issues. A dedicated Cabinet Committee chaired by the Taoiseach, supported by a Senior Officials Group, should consider and publish a detailed annual report on drug trends and emerging risks. The Department of Health must be supported in providing effective leadership and coordination of the work of the National Oversight Committee for the National Drugs Strategy. | Agree |
| 7 | 3.2 | The State should take urgent, decisive and ambitious action to improve its response to the harmful impacts of drugs use, including implementing necessary legislative changes. | Agree |
| 8 | 3.3 | Government should prioritise drugs misuse as a policy priority, as part of an overall socio-economic strategy. | Agree |
| 9 | 3.4 | Government should recognise that an effective national response to drugs-related issues requires whole of government policy coherence, operational cohesion and effective leadership. | Agree |
| 10 | 3.5 | Government should publish a new iteration of the National Drugs Strategy as a matter of urgency. A first draft should be published by June 2024 for consultation, with the recommendations of the Citizens’ Assembly as a key input. The next Strategy should contain annual action plans with measurable targets and objectives, clear designation of responsibilities, and regular reporting on implementation and expenditure. | Agree |
| 11 | 3.6 | The Government must assign accountability, at the highest level, related to the State’s response to problematic drug use, including the implementation and tracking of the progress of the recommendations of the Citizens’ Assembly. | Agree |
| 12 | 3.7 | Government should ensure effective stakeholder involvement in implementing the next iteration of the National Drugs Strategy. | Agree |
| 13 | 3.8 | Drugs policy should prioritise the needs of vulnerable and marginalised groups and disadvantaged communities. | Agree |
| 14 | 3.9 | Drugs policy design and implementation should be informed by service users and people who use drugs as well as family members of people affected by drugs, with provision of appropriate supports to enable this involvement. | Agree |
| 15 | 3.1 | Government should work with key stakeholders to build an effective whole of society response to drugs-related issues. | Agree |
| 16 | 4.1 | Government should allocate significant additional funding on a multi-annual basis to drugs services across the statutory, community and voluntary sectors, to address existing service gaps, including in the provision of community-based and residential treatment services, to support the implementation of the recommendations of the Citizens’ Assembly. This funding should ensure geographic equitability in terms of access to statutory services, as well as providing for accountability, transparency and traceability of allocations. | Agree |
| 17 | 4.1 | The Government should allocate additional resources to fund a significant increase in community-based and residential treatment and recovery services as an alternative to custodial sentences for people with problematic drugs use, where appropriate. | Agree |
| 18 | 4.3 | The Government should examine the potential of novel funding sources to support increased drug services within the health and criminal justice systems, and in the community and voluntary sectors. Any novel funding should be secured, tracked and ringfenced for drug services expenditure. | Agree |
| 19 | 4.4 | Key stakeholders should publish a joint report on an annual basis detailing total and disaggregated expenditure and channels of funding provided for drug-related services in Ireland, audited by the Comptroller and Auditor General. | Agree |
| 20 | 4.5 | The next iteration of the National Drugs Strategy should include a strategic workforce development plan. | Agree |
| 21 | 4.6 | A minimum, mandatory basic training should be implemented for personnel across education, health, criminal justice, prison and social care services on trauma-informed and problem-solving responses to addiction, and health-led response options for those presenting with problematic drug use or addiction. | Agree |
| 22 | 4.7 | The Government should recognise, value and adequately resource the role of family members and extended support network in supporting people affected by drugs use, and their children. Kinship carers and children should have the same rights as foster carers and foster children, and this should include legal rights and monetary rights on a non means-tested basis. | Agree |
| 23 | 4.8 | The next National Drugs Strategy should seek to optimise services to ensure continuity of care and joined-up care for all service users, including people with complex and/or specific needs. | Agree |
| 24 | 5.1 | The National Drugs Strategy should continue to prioritise the objective of reducing illicit drugs supply and associated structures, at international, national and local level within communities. | Agree |
| 25 | 5.2 | The Government should develop and expand the use of alternative pathways for young people engaged in low-level sale and distribution of drugs. The Assembly recommends that the judiciary adopts the widespread use of restorative justice and diversion initiatives in these cases, with enhanced investment in community-based youth work and community development projects and initiatives | Agree |
| 26 | 5.3 | The National Drugs Strategy should focus on building resilient, sustainable communities though local partnerships in both urban and rural settings, and stronger community policing. | Agree |
| 27 | 5.4 | The National Drugs Strategy continue to prioritise the objective of tackling the source and impact of drugs-related intimidation and violence, and take a zero-tolerance approach. | Agree |
| 28 | 5.5 | The National Drugs Strategy should use evidence-based approaches to harm reduction, and take measures to reduce the barriers to implementing harm-reduction approaches without undue delay. | Agree |
| 29 | 5.6 | The National Drugs Strategy should include a detailed action plan to enhance Ireland’s approach to prevention of drugs use. | Agree |
| 30 | 5.7 | The Department of Health should develop a strategy to enhance resilience, mental health, well-being and prevention capital across the population, including a focus on providing therapeutic supports for children and young people, and for people dealing with trauma and adverse childhood experiences and dual diagnosis. | Agree |
| 31 | 5.8 | The Departments of Health and Education, in conjunction with the HSE, should design and implement a comprehensive, age-appropriate school-based drug prevention strategy for primary school children, junior and senior cycle secondary students, and wider community settings, as well as their parents/guardians and teachers. Prevention programmes should utilise external experts to deliver to classrooms, supporting teachers, with regular updating by the experts to the schools. | Agree |
| 32 | 5.9 | The Department of Health should roll out regular national public health information campaigns, focusing on reducing shame and stigmatisation of people who use drugs, prevention, risk mitigation and advertising services. | Agree |
| 33 | 6.1 | Referral of submissions received by the Citizens Assembly from the general public and stakeholders on Drugs Use to inform the development and implementation of the next National Drugs Strategy. | Agree |
| 34 | 6.2 | Referral of certain submissions received by the Citizens’ Assembly on Drugs Use to appropriate authorities. | Agree |
| 35 | 6.3 | The next National Drugs Strategy should incentivise and promote evidence-based innovations in service design and delivery, prioritise the evaluation of pilot projects and emphasise the timely mainstreaming of best practice nationally and internationally. | Agree |
| 36 | 6.4 | The National Drugs Strategy should include a plan to strengthen the national research and data collection systems for drugs to inform evidence-based decision-making. | Agree |