

# “Law Enforcement, Youth and Drugs”

A submission to the  
**Commission on the Future of Policing  
in Ireland**

By



Help Not Harm



# Background:

Help Not Harm is an Irish organisation advocating for a health-led approach to drugs. It was a member of the National Drug Policy 'Education and Prevention' focus group and has met with Irish Department of Health, Justice and Foreign Affairs officials on civil society participation in drug policy. It provided drug welfare services at Electric Picnic in 2016 and 2017. Help Not Harm campaigns for the decriminalisation of the possession of drugs; safe, legal and equitable access to cannabis-based medicines; and multi-agency safety testing (MAST) at festivals.

Youth RISE is an international organisation that advocates for meeting the health needs of youths affected by drugs. Law enforcement and public health is one of its key priorities for 2018, and it is participating in a youth consultation as part of the [Law Enforcement and Public Health 2018](#) conference. YouthRISE and **Youth Organisations for Drug Action (YODA)** will be holding a side-event at the 2018 United Nations (UN) Commission on Narcotic Drugs (CND) entitled 'Law Enforcement and Youth'.

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# Law Enforcement and Public Health

Law enforcement is often falsely pitted against public health in drug policy debates, as though the two were mutually exclusive concepts. They are not. When law enforcement is practiced correctly it protects public health. Conversely, public health principles should underpin policing. Considering both in unison can lead to solutions to disparities in health and access to justice (See: [Crofts and Thomas, 2017](#)). The perception of a false dichotomy often arises from a misunderstanding of public health.

## **The Institute of Public Health in Ireland (IPH) considers that public health**

- is population based
- emphasises collective responsibility for health and disease prevention
- recognises the key role of the state, linked to a concern for the underlying socio-economic and wider determinants of health and disease
- emphasises partnerships with all those who contribute to the health of the population

There is a well established link between socioeconomic disadvantage and drug use in Ireland (e.g. [First Report of the Ministerial Taskforce on Measures to Reduce the Demand for Drugs, 1996](#)). Conversely, social capital (e.g. education, employment, income, relationships) is a protective factor against drug use and drug-related harms. We agree with the NACD's recommendation that:

“....research and programme evaluations are assessed to establish the extent to which youth diversion initiatives, such as the Garda Youth Diversion Projects, are associated with a reduction in drug use among young people participating in these initiatives. Consultation with the Irish Youth Justice Service would be an essential undertaking for this review work”.

## **[NACD Illicit Drug Markets in Ireland](#)**

## **Adverse childhood experiences (ACEs)**

are predictors of youth engagement in negative behaviours, including crime. **Trauma-informed care (TIC)** is an evidence-based approach to engaging with vulnerable youths who may already be distrustful of the system. Conversely, arbitrary arrest and/or detention can lead to the development of ACEs, damage relationships with law enforcement, and lead to large long-term health and societal costs. As a result, we fully endorse the implementation of the **Joint Committee on Justice, Defence and Equality's Moving Towards a Harm Reducing and Rehabilitative Approach report's** recommendations (**See: Appendix 1**) which are being considered by a special Working Group as part of the current **Reducing Harm, Supporting Recovery** National Drug Strategy (No. 3.1.35: Page 92). We urge the Commission to make recommendations concerning the implications of the recommendations for the future of Irish policing.

Help Not Harm is aware of many cases of Irish youths illegally using cannabis for medical purposes. This occurs due to the onerous conditions set by the Cannabis Access Program and exposes vulnerable young patients to unsafe products (contaminated, adulterated etc.) and the criminal black market. Concurrently, it undermines the relationship with otherwise law-abiding youth citizens and the police. Authorities should expedite legislative processes in this regard. Until such legislation has been passed we urge the Commission to provide guidance to police officers dealing with such patients.

A number of Irish youths have died from the ingestion of novel psychoactive substances (NPS). We believe that multi-agency safety testing (MAST) (**See: video**) is an effective festival and nightlife-based intervention mechanism to respond to the threat of NPS by discouraging the use of particularly dangerous substances, providing an environment for brief interventions, and allowing for signposting to health services. We urge the Commission make recommendations on how such an approach could be implemented in an Irish context.





# Communication style

The negative attitudes of some police officers can undermine their engagement with service providers. Below is one such example:

*John\* (\*name changed) grew up in care institutions. During his time in these institutions he developed a dependence on heroin, alcohol and various tablets (e.g. 'Zimmos' and 'Blues'). John feels hopeless and is thinking about ending his life. Whilst 'tapping' (begging) on the streets police officers call him a 'dirty junkie'. He gets angry and starts an altercation with the police. He gets arrested on a public order offence. Whilst awaiting trial he stops engaging with his homeless service provider and attempts to end his life by overdose.*

We believe that there are three elements for effective communication between police and the public:

## (1) Professionalism

Cultural competence working with drug using groups such as people who inject drugs (See: [UNODC Training manual for law enforcement officials on HIV service provision for people who inject drugs](#)) benefits police officers and serves public health interests. The reform of police education would benefit from an increased evidence-based understanding of drugs, drug-related interventions, adverse childhood experiences and socioeconomic disadvantage. The development of appropriate terminology standards (See: [Appendix 2](#)) would help prevent cases such as John's.

- Practicing trauma-informed care and striving to build social capital in disadvantaged communities are steps likely to lead to significant positive effects in community relationships.

## (2) Empathy and (3) Active Listening

- Empathy, in this context, means being able to understand why someone uses drugs and why they may engage in drug-related crime. The demonstration of empathy can help build broken relationships with the public. Active listening is the ability of being able to actively participate in a conversation. It is a skill that can be taught and learnt.
- [Motivational interviewing \(MI\)](#) is an evidence-based intervention that utilises empathy and active listening skills which can be performed in a short space of time (several minutes) and can lead to positive changes regarding to drug use. Police are well placed to conduct motivational interviewing interventions with members of the public.

# Recommendations

1. We urge the Commission to recommend the formal adoption of concepts such as adverse childhood experiences, socioeconomic disadvantage, trauma-informed care and social capital into the Templemore curriculum.
2. We urge the Commission to consider and make recommendations concerning the operation of youth diversion projects.
3. We urge the Commission to recommend greater official engagement with fora such as the biennial Law Enforcement and Public Health conference (See: Appendix 3).
4. We urge the Commission to recommend that the Irish Police force become signatories to the Law Enforcement and HIV Network (LEHN) [Statement of Support for Harm Reduction Policing](#).
5. We urge the Commission to recommend professionalism, empathy and active listening -as discussed on Page 3-as core competencies to be taught on the Templemore curriculum.
6. We urge the Commission to make recommendations on the viability of training police officers in motivational interviewing and/or other brief interventions to respond to drug-related harm.
7. We urge the Commission to recommend the adoption of the Global Commission on Drug Policy's terminology regarding people who use drugs (See: Appendix 2).
8. We urge the Commission to make recommendations on the implementation of Joint Committee on Justice, Defence and Equality's recommendations (See: Appendix 1).
9. We urge the Commission to recommend legislating for equitable access to cannabis-based medicines. Concurrently, we urge the Commission to develop guidelines and provisions for police dealing with affected patients until such legislation has been passed.
10. We urge the Commission to make recommendations on how multi-agency safety testing could be implemented in an Irish context.



# Appendix 1: Committee Recommendations

## Summary of Recommendations

1. The Committee, based on the evidence presented to it, makes the following recommendations:

1. The Committee strongly recommends the introduction of a harm reducing and rehabilitative approach, whereby the possession of a small amount of illegal drugs for personal use, could be dealt with by way of a civil/ administrative response and rather than via the criminal justice route.
2. The Committee recommends that discretion for the application of this approach would remain with An Garda Síochána/Health Providers in respect of the way in which an individual in possession of small amounts of drugs for personal use might be treated.
3. The Committee recommends that any harm reducing and rehabilitation approach be applied on a case-by-case basis, with appropriately resourced services available to those affected, including resources for assessment (e.g. similar to the Dissuasion Committees used in Portugal) and the effective treatment of the individuals concerned.
4. The Committee draws attention to the success of 'informal' interaction with users when referred to the 'Dissuasion Committees' in Portugal and recommends that such an approach should be employed in Ireland if the recommendations in this report are to be adopted.
5. The Committee recommends that resources be invested in training and education on the effects of drugs and that appropriate treatment be made available to those who need to avail of same. The Committee feels that out-of-school 'informal' interaction by Youth Services could have a major role to play in this context.
6. The Committee recommends that research be undertaken to ensure that the adoption of any alternative approach be appropriate in an Irish context.
7. The Committee recommends that in addition to other measures, enactment of legislation in relation to Spent Convictions be prioritised.

Page 10, "Towards a Harm Reducing and Rehabilitative Approach", Joint Committee on Justice, Defence and Equality. Available Online: [Here](#)

# FIGURE 4: Better Language

Page 30, "Countering Prejudices About People Who Use Drugs", Global Commission on Drug Policy. Available Online [here](#)

FIGURE 4: BETTER LANGUAGE

✓ <b>USE</b>	✗ <b>DON'T USE</b>
Person who uses drugs	Drug user
Person with non-problematic drug use	Recreational, casual, or experimental users
Person with drug dependence, person with problematic drug use, person with substance use disorder; person who uses drugs (when use is not problematic)	Addict; drug/substance abuser; junkie; dope head, pothead, smack head, crackhead etc.; druggie; stoner
Substance use disorder; problematic drug use	Drug habit
Has a X use disorder	Addicted to X
Abstinent; person who has stopped using drugs	Clean
Actively uses drugs; positive for substance use	Dirty (as in "dirty screen")
Respond, program, address, manage	Fight, counter, combat drugs and other combatant language
Safe consumption facility	Fix rooms
Person in recovery, person in long-term recovery	Former addicts; reformed addict
Person who injects drugs	Injecting drug user
Opioid substitution therapy	Opioid replacement therapy



# Appendix 3: Law Enforcement and Public Health Conference

“LEPH2018 is a must attend conference for you. Be part of this biennial conference exploring the complex and diverse intersections of law enforcement and public health, involving practitioners, policy makers and researchers from these and other related sectors.

Understanding this common ground is critically important, with many current social, humanitarian, security and broad public health issues requiring an inter-sectoral approach. In this emerging field it is important to bring together practitioners, policymakers and academics to explore the nature of the myriad interactions between police and public health. Together we can start to dissect the issues and answer questions like:

- Why is the obvious intersection of law enforcement (especially police) and public health so inadequately recognised and poorly understood?
- Why is the marginalisation of certain populations the enemy of security and health?
- Can inclusive policing really work to overcome marginalisation?
- What actually works ‘on the ground’ and in practice?
- Can you help build police-public health partnerships that are effective, accountable, sustainable and inclusive?

LEPH2018 moves the discussion from Description (LEPH2012), Analysis (LEPH2014) and Action (LEPH2016) to Leadership in Policy and Practice (LEPH2018). The Conference Program will be heavily weighted towards promoting collaborative action – in practice, research, policy development and in the integration of these three elements.”

Source: [Law Enforcement and Public Health Conference 2018](#)

