**Briefing for Minister Frank Feighan**

**Meeting with Cannabis Risk Alliance Group, 21st January 2021, 11am**

**Contents:**

1. **Policy**
2. **Health Diversion Programme**
3. **Citizens Assembly on Drug Use**
4. **Mid Term Review of the National Drugs Strategy**
5. **The Horizontal Working Party on Drugs (HDG), the EU Drugs Strategy, Pompidou and EMCDDA**
6. **Treatment Data on Cannabis**
7. **European School Survey Project on Alcohol and Other Drugs (ESPAD)**
8. **Recent HSE Market Research Regarding Cannabis**
9. **Prevention & Education**
10. **Public Discussion**

**Appendix A**

1. **Policy**

* Our **National Drugs Strategy**, ‘Reducing Harm, Supporting Recovery’, sets out 5 goals. Goal 1 aims to ‘Promote and protect health and wellbeing’ among the population. Preventing or delaying substance use aims to reduce the negative health and social consequences of drug and alcohol use in society and is therefore an important element in promoting healthier lifestyles and a healthy society generally.
* Goal 1 has several performance indicators related to it. One which has been noted as an area of interest by the Cannabis Risk Alliance in their correspondence is the ‘Increase in knowledge with respect to the harms of alcohol, cannabis and other drugs’.

1. **Health Diversion Programme**

* Under the national drugs strategy Reducing Harm, Supporting Recovery, a Working Group was established to consider the approaches taken in other jurisdictions to the possession of small quantities of drugs for personal use. This report completed by this Working Group was submitted to Government in April 2019, along with a Minority Report from the Chairperson.
* Upon reflecting on the three policy recommendations contained within this report, the Government decided to adopt a health-led approach:
  + On the first occasion: An Garda Síochána will refer them, on a mandatory basis, to the Health Service Executive for a health screening and brief intervention.
  + On the second occasion: An Garda Síochána would have discretion to issue an Adult Caution.
* The Programme for Government commits to implementing the Health Diversion Programme as an important step in developing a public health-led approach to drug use.
* An implementation, monitoring and evaluation group was established to implement the Health Diversion Programme in October 2019, chaired by the Department of Health. The group is addressing the need for legislative change, the phasing of the implementation, and the costs involved.
* At the start of 2020 the group devised a detailed project plan setting out the actions required to introduce phased implementation in Q3 2020. However, due to Covid-19 all activities required to progress the implementation of the Health Diversion Programme were postponed from March to May.
* Following consultation with the Office of the Attorney General, the group is currently developing proposals to commence implementation of the Health Diversion Programme on an administrative basis in a number of locations in 2021.
* A review of the Programme will be undertaken following the first full year of the programme’s implementation to ensure that it is meeting all of its aims. In the longer term, implementation of the Health Diversion Programme may require primary legislation.

1. **Citizens Assembly on Drugs Use**

* The Programme for Government commits to convene a Citizens’ Assembly to consider matters relating to drugs use. The timing of this Citizens Assembly, and other assemblies, over the lifetime of the Government has yet to be determined. Consideration of the Citizen’s Assembly on drugs use is at an early stage.
* The learnings derived from the implementation of the Health Diversion Programme could help inform the focus of a Citizen’s Assembly on drugs use in due course

1. **Mid Term Review of the National Drugs Strategy**

* The national drug strategy, Reducing Harm, Supporting Recovery is a dynamic strategy. It is monitored through the key national, local and regional structures charged with ensuring it’s implementation and has the flexibility to adapt to needs that may emerge over the lifetime of the strategy.
* The strategy contains 50 actions for delivery between 2017 and 2020. The implementation of the actions is monitored though the national oversight structures, supported by the coordinated system of monitoring, research and evaluation set out in the strategy.
* The Department is carrying out a mid-term review of the action plan at the end of 2020, in consultation with the national oversight structures. This will provide an opportunity to reflect on progress in implementing the strategy from 2017 to 2020, and to consider the development of new actions to address emerging needs and challenges.
* The review will allow policy to take account of the impact of Covid-19 on people who use drugs and on drugs and alcohol services and to plan accordingly for the remaining years of the strategy. It will also reflect the commitments in the Programme for Government as part of a health-led approach to drug use and misuse.

1. **The Horizontal Working Party on Drugs (HDG), the EU Drugs Strategy, Pompidou and EMCDDA**

**Horizontal Working Party on Drugs (HDG)**

* Ireland is an active member of the Horizontal Working Party on Drugs (HDG), which is responsible for leading and managing the European Council's work on drugs. It performs both legislative and general policy work.
* The working party cooperates with EU agencies such as the European Monitoring Centre on Drugs and Drug Addiction (EMCDDA) and Europol (European Law Enforcement Agency) as well as with international organisations and with non-EU countries.
* The main goals of the working party are:
* The preparation of drug strategies, EU action plans and other relevant documents in the field of drugs
* information exchange on national drug policies and drug-related issues among member states and with countries outside the EU
* coordination of actions taken by the member states in the EU and abroad

**EU Drugs Strategy 2021-2025**

* In December the EU Council Approved a new EU Drugs Strategy setting out the political framework and priorities for the EU's drug policy 2021-2025. The strategy aims to ensure a high level of health promotion, social stability and security and contribute to awareness raising.
* During the negotiations of this Strategy, Ireland strongly spoke for a person-centred document, which would include the inclusion of a policy area that focused on reducing the harms related to drug use. Ireland also aimed to increase the synergy between this document and drug strategies of Member States whereby, the sharing of experiences and best practice between members would only serve to strengthen drug strategies of member states and their implementation.
* On the basis of this strategy, the HDG will be working in the first half of 2021 to prepare an action plan which will set out concrete measures to achieve these priorities.

**Pompidou Group**

* The Pompidou Group is the Council of Europe’s drug policy cooperation platform. It upholds the core values of the Council of Europe and promotes a balanced approach in the response to drug use and illicit trafficking in drugs, supporting both demand and supply reduction. The Pompidou Group offers a forum for open debate, exchange of experiences and, as a platform for science and evidence-based innovation, it links policy, research and practice.
* Ireland attends meetings with this organisation every 6 months and participates in numerous policy projects that the Pompidou Group conduct.

**EMCDDA**

* The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) exists to provide the EU and its Member States with a factual overview of European drug problems and a solid evidence base to support the drugs debate. It offers policymakers the data required to inform drug laws and strategies. It also helps professionals and practitioners working in the field pinpoint best practice and new areas of research.
* Ireland is on the Management board of the EMCDDA, and also regularly collaborates with the agency in order to further research and share best practice findings.
* The EMCDDA regularly publishes European Drug Reports, research on specific areas, statistics and best practice findings.

1. **Treatment Data on Cannabis**

* The National Drug Treatment Reporting System (NDTRS) provides data on treated drug and alcohol misuse in Ireland.
* The most recent published data from the NDTRS shows that in 2019:
* Cannabis was the third most common main problem drug.
* The proportion of cases who reported cannabis decreased from 28.7% in 2013 to 24% in 2019.
* Of the 2,502 cases in 2019 who reported cannabis as their main problem drug 2,166 (37%) used cannabis with other drugs (polydrug use).
* Cannabis (37.8%) was the most common main problem drug reported by new cases in 2019.

1. **European School Survey Project on Alcohol and Other Drugs (ESPAD)**

* The European School Survey Project on Alcohol and Other Drugs (ESPAD) has conducted surveys of school-going children every four years since 1995, using a standardised method and a common questionnaire. 1,400 Irish students were surveyed in 2015.
* More male (22.4%) than female respondents (15.5%) have ever tried cannabis (lifetime use).
* 16.8% of students had used cannabis in the last 12 months (recent use).
* 9.8% had use cannabis in the last 30 days (current use).
* Around 70% of students who had used cannabis first did so at age 14 or 15 and the mean age of initiation was 14 years-old.
* 43.4% perceived that it would be fairly or very easy to get cannabis if they wanted it.
* A quarter of students (25.8%) said that there was no risk in trying cannabis and most students (32.5%) said that there was only a slight risk in trying it once or twice.

1. **Recent HSE Market Research Regarding Cannabis**

* The HSE has recently conducted market research on attitudes towards cannabis and the effectiveness of communications on this topic.
* This research has found:
* Over half of adults involved in the survey consider cannabis to be a harmful drug, this drops to 1 in 3 among 18-25yrs.
* On effective responses, the general public prefer a ‘talk from a person with experience’ although the HSE know that this is not supported by best practice evidence and would not be a recommended approach.



* As part of this work, the HSE have also planned to conduct a focus group with 5 respondents over the age of 18 at the start of February and two focus groups with 5 participants under the age of 18 at the end of February. Here they will test questions regarding what young people observe within their communities (initiation of use etc), how they view harms and where they view positive cannabis messages in society.
* From previous research on this issue, the HSE are also aware of the importance of peer networks in delivering messages. It is also known that drug use is more common and that people over the age of 18 want a health led and harm reduction focused approach for people who use drugs.
* It is also noted from previous research that there are currently barriers for those over 18 seeking emergency and health care support due to fear of judgement and repercussions.
* For this reason, the HSE are currently working on a number of drug resources that combine information on a number of different areas for those over the age of 18 including:
* A booklet with information on drugs, harm reduction, mental health, identifying a problem, supporting a person, sign posting and a drug diary to record and review your use.
* A booklet for the general public including commonly used drugs, the types of services, supporting a person and information for parents (general population target audience, estimates for the second half of the year)
* A series of videos to be developed on the science of drugs (including cannabis)
* A campaign with a youth agency encouraging peer-based conversations on the topic of drugs and mental health.
* The above work is aimed at those over the age of 18, which are generally the main audience the HSE engage with publicly. Evidence shows that mass media campaigns have a number of limitations for influencing behaviour change or to prevent use and for these reasons the HSE recommend further discussion on approaches targeting under 18s to prevent the use of cannabis.

1. **Prevention & Education**

* Reducing Harm Supporting Recovery, the National Drugs Strategy adopts a population health approach to addressing the underlying reasons for substance misuse, recognising that behaviour change is complex, challenging and takes time.
* The Strategy states that substance misuse prevention strategies targeting families, schools and communities are an effective way of promoting health and wellbeing among the general population and result in wider benefits for society in terms of savings in future health, social and crime costs.
* The new **Programme for Government** reaffirms responsibility in this area, as it specifically commits to:
  + Build on recent initiatives at junior and senior cycle and support secondary schools in introducing drug and alcohol awareness programmes, particularly in relation to the hazards of casual drug use.
  + Continue to resource harm reduction and education campaigns aimed at increasing awareness of the risks of drug use and the contribution of drugs to criminality.

**Current HSE Prevention and Education Measures**

* **Know the Score;** A national drug awareness programme ‘Know the Score’ was launched in 2019. It was developed in partnership between public health and education professionals. The resource is aimed at engaging young people in exploring and considering a wide range of topics related to the risks associated with alcohol and drugs. ‘Know the Score’ is the first national evidence-based resource on alcohol and drugs for senior cycle students (15-18yrs).
* The overall aim of the resource is to enable young people to make conscious and informed decisions about alcohol and drugs.
* **HSE Website Drugs.ie;** Drugs.ie is Ireland's national drug information and support website that provides a comprehensive range of information and supports related to substance use. It is managed by the HSE National Social Inclusion Office. The website provides an A-Z of different types of drugs and their effects, a wide range of support resources, and several harm-reduction campaign resources.
* The Department works on an ongoing basis with the National Social Inclusion Office to review national and international trends which inform their campaign response. Public health messaging and risk communication strategies used in other countries guide the Irish response.
* **Drugs.ie and the Union of Students in Ireland (USI);** Drugs.ie have partnered with student bodies since 2015 to develop yearly campaign messages and resources that are student body led. This longstanding partnership means that we have students involved in working groups which influence responses. The HSE also train the incoming national student Welfare Officers on drug trends, related issues and harm reduction practices.

1. **Public Discussion**

* In May 2019 the Cannabis Risk Alliance had a letter published in the Irish Times that warned of the dangers posed by cannabis use in Ireland, entitled, ‘[*Unspoken risks of cannabis use’*](https://www.irishtimes.com/opinion/letters/unspoken-risks-of-cannabis-use-1.3896017) *(please see Appendix A).*
* In recent months, there has been a notable amount of online discourse surrounding cannabis legalisation. The Department has also received a significant number of representations from the public on the matter of legalising cannabis.

**Appendix A**

Letter from the Cannabis Risk Alliance, Irish Times, May 20th, 2019.

Sir, – There is currently a great deal of one-sided discussion about cannabis. This discussion has been driven by two separate debates. First, there is the argument in favour of legalising cannabis for medicinal use. Second, there is the argument criticising the use of criminal sanctions to deter people from using cannabis.

Most of the people taking part in these discussions are sincere and well-intentioned. However, as doctors, we are concerned that Ireland is being led down the path of cannabis legalisation. We are opposed to such a move as we strongly feel that it would be bad for Ireland, especially for the mental and physical health of our young people.

We are extremely concerned about the increasing health-related problems caused by cannabis across Ireland. There are several reasons for our concern.

Cannabis use, especially in adolescent years, is associated with increased risk of development of severe mental disorders particularly psychosis.

There is growing scientific data that indicates that cannabis use in young people is related to impairments to memory and thinking, which can endure long after cannabis use has ceased.

Cannabis is now the most common drug involved in new treatment episodes at addiction services nationally.

Cannabis is also the most common substance involved in drug-related admissions to our psychiatric hospitals.

Cannabis smoke contains the same cocktails of carcinogens and toxins as tobacco smoke and therefore it must be assumed that it brings with it all the medical risks associated with smoking cigarettes.

In our view there has been a gross failure to communicate to the people of Ireland these harms which are being caused by cannabis. Responsibility for this failure lies partly with the medical profession but also with the Department of Health and the HSE.

We are also concerned that these debates have been influenced by those with a legalisation agenda. We recognise that there is a difference between decriminalisation and legalisation, but it worries us that many TDs seem unaware of these distinctions.

While there is limited evidence that some products containing cannabinoids have medical benefit in a very small number of conditions, this has, in our view, been grossly distorted to imply that the cannabis plant in its entirety can be considered a “medicine”. Decriminalisation and “medical cannabis” campaigns have proven to be effective “Trojan horse” strategies on the road to full legalisation and commercialisation elsewhere such as the United States and Canada.

Both debates have provided an effective platform for the spreading of misinformation to the public, who are being kept in the dark regarding the harmful side to “weed”. Those harmful effects are magnified now with the prevalence of a much more potent form of cannabis than the form which was common in the 1980s and 1990s. There is evidence that cannabis use has increased in the context of this propaganda campaign and the proportion of people in Ireland who see it as harmless has doubled from 10.1 per cent (2011) to 19.5 per cent (2015).

The medical bodies in Canada finally spoke up regarding their concerns about cannabis policy on the eve of its recent legalisation in that country, but that was too late for the youth of Canada. We are determined not to make the same mistake in Ireland.

We are calling for an urgent and unbiased examination of the evidence about cannabis use and cannabis-related health harms in Ireland and a comprehensive public education campaign. We hope that we can work with the Department of Health and the HSE to address this “ignored” crisis and minimise further harm to the youth of Ireland. – Yours, etc,