# Briefing for Minister Frank Feighan

## Meeting with Cannabis Risk Alliance Group – 21st January 2021 - 11am

### 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.

This goal has several performance indicators related to it. One which has been noted as an area of interest by the Cannabis Risk Alliance is the ‘Increase in knowledge with respect to the harms of alcohol, cannabis and other drugs’.

The most recent **Programme for Government** has also asserted a concern about the increasing prevalence of illegal drug use over recent decades. As such the PfG has committed to examine the regulations and legislation that apply to cannabis use for medical conditions and palliative care, having regard to the experience in Northern Ireland and Great Britain and to convene a Citizens’ Assembly to consider matters relating to drugs use.

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.
* 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.
* Both myself and my colleague Minister of State Frank Feighan, who holds responsibility for the National Drugs Strategy, look forward to the commencement of the Health Diversion Programme in 2021.
* The Department of Health, as part of the introduction of the Health Diversion Programme, is providing €100,000 in 2020 to develop a national harm reduction campaign to raise awareness of the risks associated with drug use.
* The HSE has conducted market research on how to best tailor its communications towards the public so as to increase the efficacy of its harm reduction information. Through this the HSE has identified a need to create new drug education resources for the general public, the development of which will begin in Q4 2020.
* A further €100,00 is being made available by the Department of Health for 2021 to continue with further harm reduction campaigns.

### Citizens Assembly

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.

One element critical to the success of previous Assemblies has been the opportunity to meet in person and have face to face interactions. The restrictions experienced in recent months have presented considerable difficulties in this regard, as meetings moved to being held online. The experiences and learning in this new way of working will inform how future Citizen’s Assemblies are conducted.

The Government is committed to a health-led approach to drug use. In line with this, the Department of Health is leading on the implementation of the Health Diversion Programme for individuals found in possession of drugs for personal use. This programme is based on the recommendations of an expert working group in 2019, informed by 20,000 public responses to an online survey. This programme will be reviewed after the first full year of implementation, to ensure that it is meeting all of it aims and to make any necessary changes.

I am committed to a health-led approach to drug use. I look forward to the commencement of the Health Diversion Programme in 2021. The learnings to be derived from this programme could help inform the focus of a Citizen’s Assembly on drugs use in due course.

### Treatment Data

The National Drug Treatment Reporting System (NDTRS) provides data on treated drug and alcohol misuse in Ireland.

The most recent published data from the NDTRS6 shows that: •

* 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.

### Prevalence Survey

The **2014/15 Prevalence survey** involved 9,505 people (7,005 in Ireland and 2,500 in Northern Ireland). The results for Ireland showed that:

* Just over one in four people had used cannabis making it the most commonly used illegal drug in Ireland.
* 27.9% had used it at least once (lifetime use).
* 7.7% had used it in the last 12 months (recent use).
* 4.4% had used it in the last month (current use).
* 35.8% of men had used it, compared to 20% of women (lifetime use).
* Lifetime usage of cannabis is highest amongst the 25 to 34 age group with 40.4% in this age group having used this drug at some stage during their lives. Those aged 15 to 24 are the most likely to have used cannabis both in the past year (16.2%) and past month (9.2%).

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 (see www.espad.org ). The sixth survey5, conducted in 36 European countries during 2014/15, collected information on alcohol, tobacco and illicit drug use. 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.

### Recent Trends

* Cannabis is the most commonly used illicit drug in Ireland. Cannabis is a cannabinoid type substance that can makes people feel relaxed and calm but can have addictive properties and may cause other complications particularly from a psychological point of view. The most prominent chemicals found in cannabis are CBD and THC which is the psychoactive component.
* Cannabis can be administered by smoking, eating or drinking in herbal tea. It can also come in oil format or as ‘butane hash oil’.
* Cannabis ‘edibles’ are food products infused with cannabis extract. Edibles come in many forms—including baked goods, sweets, ’gummy bears’, chocolates and lozenges.
* The digestion of cannabis may be desirable to those who don’t wish to consume tobacco or for those who wish to experiment with a variety of cannabis products and methods of consumption.
* The amount of THC in edibles can vary across a single product and across batches formulated at different times, making it difficult for users to estimate how much THC they consume.
* Cannabis edibles are not represented in traditional research data sets. We are aware of jellies, sweets and chocolate appearing from discussions in relation to law enforcement seizures in certain areas in Ireland.
* There have been a number of seizures which indicate a variety of products in different locations. One news article shows a seizure as far back as 2018. The market may be moving in this direction as more products are available internationally and there are new marketing techniques.
* While these seizures indicate availability, we do not yet have an accurate indication of the cohort using these products.
* The retail cost for these products are reportedly quite high (€50 for a bag of 16 infused Jellies) which means it could be an expensive purchase for a young
* Through their emerging drug trend functions, the HSE are aware of cannabis edibles and have been working on harm reduction information which is now available on their [site](http://www.drugs.ie/cannabis_edible_products/). They have been sharing messages through their social media channels regarding the digestion of cannabis since June.
* The Department of Health and the HSE have discussed this trend at the National Early Warning and Emerging Drug Trend Working group and this group will continue to monitor this trend and issue direction on any further responses required.

Adult Cautioning Scheme

The Adult Cautioning Scheme was introduced to An Garda Síochána in 2006 having been approved by the Director of Public Prosecutions.

In December 2020, An Garda Síochána collaborated with the Director of Public Prosecutions and an expansion of the Adult Cautioning Scheme to include four additional offences has now been approved:

1. Offences contrary to Section 13 of the Criminal Justice (Public Order) Act 1994 (Trespass in a manner likely to cause fear).

2. Offences under Section 21 of the Criminal Justice (Public Order) Act 1994 (Control of access to certain events).

3. Offences under Section 3 of the Casual Trading Act 1995 (Casual trading without a licence or contrary to the terms of the licence).

4. Offences under Section 3 of the Misuse of Drugs Act 1977/84 (Simple possession). This will relate to the possession of cannabis and cannabis resin only. No other controlled drugs are permitted under the Adult Cautioning Scheme.

An Adult Caution for any of these four offences can only be considered in respect of an offence committed on or after the 14th December 2020 and cannot be applied retrospectively.

An Garda Síochána will continue to work closely with the Director of Public Prosecutions in relation to all elements of the Adult Cautioning Scheme.

The extension of the Adult Caution Scheme to other drugs is under consideration at present.”

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 Strategy also adheres to the belief that Prevention is a collaborative effort, which involves a range of stakeholders, including parents and families, those working in education, DATFs, family support networks, youth services, student unions, sporting organisations and networks of people who use drugs.
* The Strategy also states that prevention programmes should be evidence-based, adhere to quality standards and involve participants in programme design and implementation.
* Action 1 & 2 of the Strategy set out the long term aims in this area.
* 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.
* The resource contains 14 lesson plans addressing alcohol and drug use using interactive and experiential teaching methodologies and was jointly developed by the HSE, the Department of Education and Science and the Drug and Alcohol Task Forces. The training being offered will support teachers to deliver this programme in their schools.

**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.
* Since 2015, the National Social Inclusion Office has responded to emerging drug trends and new user groups by creating novel campaign resources and social media content to raise awareness of the risks and to encourage people who use drugs to implement harm reduction measures.
* The site houses a number of resources for those seeking information on drug use, such as, the National Directory of Drug and Alcohol Services and an interactive drug self-assessment and brief intervention resource, which enables individuals over the age of eighteen to complete an online test to identify harmful drug use.
* The Drugs.ie site is currently being redeveloped and there are a number of plans in relation to awareness raising and the implementation of new resources which are currently being reviewed.
* The Drugs.ie site and associated social media pages receive a substantial amount of traffic, with 1,488,380 visits on the site this year, and just under 18,000 facebook followers and just under 11,000 twitter followers.

**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.
* In relation to third-level drug education, the HSE and USI as well as a number of other stakeholders were involved in a rapid response last year which led to the publication of a report. This group aimed to look at drug use among the university population and find a suitable response which would reduce the number of students who decide to use drugs and reduce the harm experienced by those students who have chosen to use drugs.
* In 2019, the Drugs.ie team expanded their campaign remit to incorporate outreach to universities and festivals.

### HSE Market Research

The have conducted part of the market research on cannabis communications. The main purpose of the market research was to gain a snapshot of opinions and information sharing.

Some points below from this piece below:

* 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 responses, the general public prefer a ‘talk from a person with experience’ although we know that this is not supported by best practice evidence and would not be an approach we recommend.



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.

The HSE also know valuable points from previous market research such as the importance of peer networks in delivering messages, the view 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. This work also noted that many preferred drug information to include a number of topics and not just information on one substance. However, those who are likely to be already using would prefer harm reduction information on one drug.

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

* 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. The target audience here are nightlife drug users/students and this work will include a section on cannabis (Work underway).
* 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 on the science of drugs – cocaine, ketamine, MDMA and cannabis (Estimated time August – September 2021).
* A campaign with a youth agency encouraging peer based conversations on the topic of drugs and mental health. Peers are seen as more credible and are noted in evidence as being the first resort for drug-related conversations. Video topics TBC but can include cannabis  ( Estimated launch end of May).

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.

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’.* This letter outlined the dangers of cannabis, especially for younger people. The letter also noted that the public debates have been influenced by those with a legalisation agenda, and noted the resulting misinformation among the general public as a result of this. The Alliance called 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.
* In recent months, there has been a notable increase in discourse surrounding cannabis legalisation in the general public. This consists of a considerable social media presence, and a number of small protests last year. In addition, the Department has received a large number of reps from the public on the matter. The position on calls for cannabis legalisation (as set out in the Annex), has been agreed within the Unit, and it will be issued in response to these reps shortly.

### Annex

## Cannabis Risk Alliance Letter

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,

## Recent Rep Reply on Cannabis Legalisation

The National Drugs Strategy, Reducing Harm, Supporting Recovery, ‘A health-led response to drug and alcohol use in Ireland 2017-2025’, sets out a health-led approach to drug use. It promotes a more compassionate and humane approach to people who use drugs, with drug use treated first and foremost as a public health issue. The Programme for Government endorses this health-led approach. By treating the use of substances as a public health issue, rather than solely as a criminal issue, we can better help individuals, their families and the communities in which we live.

The Government established a working group to consider alternative approaches to the possession of drugs for personal use in December 2017. The work programme of the group consisted of meetings with experts from other countries, commissioning research on other jurisdictions and undertaking a public consultation. The consultation process received a response of over 20,000 people and included the views of many people who use drugs.

The working group examined the option of decriminalising drugs. The report did not deem this an appropriate option in the Irish context due to legal difficulties (which could lead to the de facto legalisation of drugs), and operational problems for An Garda Síochána. The report of the working group was published in 2019 and is available here).

The Government accepted the views of the working group on the decriminalisation of drugs. Accordingly, there are no plans to decriminalise drugs, including cannabis.

In line with the working group’s recommendations, the Government agreed a health-led approach to the possession of drugs for personal use. This approach will connect people who use drugs with health services and a pathway to recovery, avoiding a criminal conviction, which can have far-reaching consequences for people, particularly younger people.

The commencement of the health develop programme is currently being finalised. As outlined in the Programme for Government, the health diversion programme will be reviewed following the first full year of implementation, to ensure it is meeting all of its aims and to make any necessary changes.

The importance of a health-lead approach is reflected in the significant number of treatment episodes (2,500) provided to people who use cannabis in 2019. Cannabis, behind cocaine and opioids, was the third most common main drug reported by people accessing treatment in Ireland, accounting for 23.5% of cases treated in 2019. In addition, presentations to Child and Adolescent Addiction Services indicate that cannabis is the main substance causing harm for those under the age of 18.

We cannot be complacent about the risk to health posed by illicit drugs. I am committed to a public health approach to drug use, that will lead to better outcomes for individuals and society.