

Safer Injecting Facilities: Will They Work in an Irish Context?

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Summary: Legislation was introduced in Ireland in 2017 to enable the establishment of safer injecting facilities (SIFs). The legislation was introduced amid much public debate about the benefits of these facilities and concerns that they raise. This article considers the context and policy development in Ireland around the introduction of SIFs, in addition to exploring the debates about their operation. The findings from a small-scale research study, conducted by the author as part of a master's programme in criminology and criminal justice in University College Dublin in 2018, are outlined. The focus of this research was to gauge the views of members of An Garda Síochána ($n = 5$) based in the Dublin metropolitan area on the potential for SIFs to operate effectively and efficiently. Gardaí were identified as appropriate participants as they are often the first point of contact with street drug users and have an awareness of how the introduction of SIFs may impact on policing strategy and operations.

Keywords: Safer injecting facilities, National Drugs Strategy, policing, Ireland, addiction, legislation.

Introduction

Safer injecting facilities (SIFs) can be described as hygienic environments where people can inject illicit drugs under the supervision of healthcare professionals (Schatz and Nougier, 2012). They are also referred to as 'user rooms', 'consumption rooms', 'health rooms' or 'fixer rooms' (O'Shea, 2007) and their main objective is to provide a safe environment with medical supervision for high-risk injectors who typically inject on the streets (Hedrich, 2004). The introduction of a pilot SIF was one of the commitments in the programme for government: 'We will support a health-led rather than criminal justice approach to drugs use including legislating for injection rooms' (A Programme for a Partnership Government, 2016: 56).

In 2017, the Misuse of Drugs (Supervised Injecting Facilities) Act 2017 was passed: 'An Act to provide for the establishment, licensing, operation and

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regulations of supervised injecting facilities for the purposes of reducing harm to people who inject drugs; to enhance the dignity, health and well-being of people who inject drugs in public places; to reduce the incidence of drug injection and drug-related litter in public places and thereby to enhance the public amenity for the wider community; and to provide for matters related thereto.¹

There has been much debate about the introduction of SIFs in Ireland. To date the pilot injecting facility in Dublin has not opened and campaigners for its introduction have acknowledged that more work needed is to alleviate the concerns of local people and businesses who have objected to the opening of the facility. There are also unresolved questions for those involved in law enforcement, particularly policing. Questions have been raised about what happens to individuals detected in possession of drugs in the vicinity of an SIF and how Gardaí will police this issue. Will policing policy and practice change as a result of the introduction of SIFs?

Drugs policy in Ireland

Ireland's drugs epidemic started in the late 1970s and early 1980s with the spread of opiates across Dublin. Heroin use was initially a Dublin-based phenomenon (Department of the Taoiseach, 1996, cited in O'Gorman, 1998). This new drug scourge was mainly concentrated in areas of poverty with high levels of unemployment (O'Gorman, 1998). O'Gorman highlighted that the government's response to the emergence of this problem was through medical interventions rather than tackling the wider social issues.

In 1991, the Department of Health released the Government Strategy to Prevent Drug Misuse, which focused on the reduction of supply and demand of drugs. The 1996 Task Force on 'Measures to Reduce the Demand for Drugs' recognised the link between drug misuse and socio-economic disadvantage. It recommended the establishment of drug task forces in areas experiencing high levels of drug misuse and of economic and social deprivation. It also recommended the establishment of a national drug strategy team (Drugnet Ireland, 2011). Since 1996, a number of government departments have been responsible for drug policy in Ireland. The Department of Tourism, Sport and Recreation published the 2001–2008 National Drug Strategy (NDS). The Department of Community, Rural and Gaeltacht Affairs published the 2008–2016 NDS and the Department of Health published the current NDS.

¹ <https://data.oireachtas.ie/ie/oireachtas/act/2017/7/eng/enacted/a0717.pdf>

The strategy 'Reducing Harm, Supporting Recovery: A Health-Led Response to Drug and Alcohol Use in Ireland 2017–2020' (Department of Health, 2017) identifies a set of key actions to be achieved between 2017 and 2020. It states clearly that treating alcohol abuse and drug addiction as a public health issue, rather than as a criminal justice issue, helps individuals, families and communities. It outlines the importance of providing person-centred services that promote rehabilitation and recovery. The strategy has a clear vision to achieve 'A healthier and safer Ireland, where public health and safety is protected, and the harms caused to individuals, families and communities by substance misuse are reduced and every person affected by substance misuse is empowered to improve their health, wellbeing and quality of life' (Department of Health, 2017).

The introduction of SIFs is outlined under objective 2.2 of the strategy: 'Reduce harm amongst high risk drug users'. The escalating risk of overdose and drug-related deaths is highlighted, with a corresponding need for access to needle exchange and harm-reduction advice promoting sexual health and screening programmes. It states that there is a recognised problem with street injecting in Ireland, particularly in Dublin city centre, and outlines how this practice poses a significant health risk for people who use drugs, and results in discarded needles that present a public health risk to others. The strategy states that mounting public concern and campaigning by harm reduction advocates led to a proposal for the establishment of SIFs to ameliorate these problems. Strategic action 2.2.29 of the strategy states a commitment to the establishment of a 'pilot supervised injecting facility and evaluating the effectiveness of the initiative' in order to provide enhanced clinical support to people injecting drugs and to mitigate the issue of public injecting (Department of Health, 2017). Although the objective is clearly identified, the document fails to go into detail around the structure and the range of services to be provided. There is little information/comment about how this facility will assist Ireland's injecting population.

Debate on SIFs

The public dialogue and discourse in Ireland has continued, with strong argument and counter-argument. The fact that the pilot facility has not yet opened demonstrates the need to provide a meaningful response to concerns as well as to continue to build awareness and understanding of how SIFs can contribute to harm reduction and safer communities.

The establishment of SIFs in the community is likely to be an ongoing concern to the public. One widespread concern is that SIFs are sending the wrong message in that a tolerance of drug misuse is implicit. Elliott *et al.* (2002) stated that the introduction of SIFs should not be interpreted as condoning drug use. Instead, it should be seen as a responsible harm reduction policy that responds to the immediate risks associated with injecting. They noted that in cities that have established SIFs, the population of drug users had decreased. Tony Duffin, CEO of the Ana Liffey Drug Project in Dublin – a campaigner for SIFs and an advocate for a health-based approach to drug misuse – takes the position that there should never be criminal proceedings for those found in possession of drugs for personal use (Duffin, 2018).

However, political will and support remain inconsistent. Derek Byrne (2015) states that politicians need to assure the public that they are being ‘tough on drugs’. If they are perceived to be encouraging the use of illicit drugs, they run the risk of not being re-elected. Grainne Kenny (member of Europe Against Drugs – EURAD) opposes SIFs, stating: ‘The acceptance of injection rooms by a State according to UN experts promotes tolerance towards illegal drug use and trafficking running counter to the provisions of the UN Conventions on Narcotics signed into law by the Irish Government.’ She points out that some communities perceive these facilities as a marketing opportunity for drug dealers and that this could cause serious problems for Gardaí who would patrol the perimeters of the proposed SIFs (Kenny, 2015).

Freeman *et al.* (2005) designed a study to evaluate the impact of SIFs on crime rates. It showed that there was little to no change in theft or robbery incidents in the immediate area surrounding the SIF. Most importantly, their study demonstrated that the opening of an SIF did not lead to an increase in drug use or drug supply. Hedrich (2004) documents a different scenario in Hanover, Germany in the early 2000s. When police cracked down on drug use in the city centre, a new meeting point for users was established outside an SIF. The number of weekly clients went from 390 in 1999 to 680 in 2000.

A significant amount of international research has shown that medically supervised injecting facilities (MSIFs) can save lives, reduce public injecting and drug-related litter, and save money. A study on the first SIF in Vancouver found a significant reduction in public drug injecting, from 4.3 to 2.4 daily average; abandoned syringes and drug-related litter also halved in the study, with drug-related litter going from a daily 601.7 items to 305.3 (Bosler, 2017).

The European Drug Report describes growing evidence of the benefits of injecting facilities, which include reductions in risky behaviour, overdose

mortality and transmission of infections, as well as increased drug users' access to treatment and other health and social services (European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), 2017). Belackova and Salmon (2017) suggest that community support of SIFs increased as enhancements in public order and public amenity became apparent.

What is clear from the debate and research is the need for a coherent and integrated communications strategy to explain to stakeholders and the wider public the purpose and potential benefits to communities of SIFs, if they are to be successfully established.

Research methodology

This research study was conducted to explore the individual views of a small sample of Gardaí about SIFs. The questions posed aimed to gather any queries, challenges or fears experienced by the participating Gardaí.

Strategic sampling was the approach used to select participants. This technique directs questions at a certain group of people who have shared similar experiences or situations (Davies, 2007). For this research, the sample included five members of An Garda Síochána and was conducted using a qualitative interviewing methodology. There is a dearth of primary Irish research regarding SIFs, therefore primary research, albeit on a small scale, was essential. There are many alternative qualitative approaches that could have been used to complete this research, such as focus groups and participant observation. The researcher believed that interviewing was the most effective way to source primary information as one-to-one conversation allowed participants to provide in-depth and high-quality information. Mason (1996) supports the use of interviews as they are relatively informal but still generate quality data through discussion. Also, interviews allow the participants to direct the flow of the conversation.

Interviews were conducted with members of diverse age and rank within An Garda Síochána. They took place in July 2018 at three Garda stations in the Dublin Metropolitan area.

Findings

All findings are based on five qualitative interviews carried out by the researcher. In analysing the data collected, four themes became apparent: existing harm reduction methods in Ireland, the establishment of SIFs in Ireland, the changing role of the Gardaí, and international SIF models. For the purpose of confidentiality, participants are referred to as P1, P2, P3, P4 and P5.

When participants were asked 'Goal two of the National Drug Strategy is to minimise the harms caused by the use and misuse of substances, do you think this is already being done in Ireland?', four of the five participants agreed that yes, harm reduction methods have been established in Ireland. All participants added some variation of the following:

There has been many strategies and policies. Perhaps they are well-intentioned, but they do not work. (P4)

A disappointed attitude to harm reduction in Ireland was common among participants. Unlike other participants, P4 gave their own professional experience of dealing with drug users in the inner city. P4 explained that in 1996, they had worked closely with local drug users in the area. In recent years, they have dealt with the children and grandchildren of these drug users, implying that no strategy or harm reduction method has stopped the cycle of addiction.

While all participants were aware of Ireland's latest National Drug Strategy, only P3 felt confident in their knowledge of the overall aims and workings of the strategy. Three of the five participants stated that they had little in-depth knowledge of the strategy. P2 stated they had not received professional briefing about the strategy, or how to adhere to it. Although unenthusiastic about most harm reduction strategies in Ireland, P1 commented positively on the Drug Treatment Court for its humanitarian treatment of drug users. The Drug Treatment Court redirects those who plead guilty to drugs charges to a rehabilitation setting instead of a criminal one.

When asked 'Would the introduction of SIFs benefit Ireland's injecting population?', only two participants firmly believed that it would. The remaining three participants were undecided. All participants discussed how SIFs might be beneficial in removing drug paraphernalia from the streets. All participants noted that this could be the most valuable aspect of their introduction, acknowledging the lack of recognition given to drug users, their intended target audience. P4 stated:

the reason I feel they [the Irish government] are setting up these SIFs is to take drug paraphernalia off the streets. (P4)

P3 was the only participant who focused on the benefits of SIFs for the injecting drug user. Although they acknowledged the effect SIFs would have

on removing needles from the streets, they saw this as a result of their establishment, and not the purpose. Only P3 and P4 commented on the advantages to SIF clients of their introduction. P4 strongly felt that an inter-agency approach should be adopted when establishing SIFs. These agencies should include mental health services, GPs, the Probation Service, Social Welfare, An Garda Síochána, the justice system and law-makers.

For all participants, the changing role of the Gardaí as a result of SIFs was their biggest concern. This is also where opinions differed most significantly between participants. P1 and P2 were quick to remind the interviewer that as the Misuse of Drugs Act (1977) stands, possession of illegal drugs is a criminal offence. P1 and P2 agreed that current drug legislation is quite specific in that controlled drugs are unlawful and if an individual is detected in possession of illegal drugs, Gardaí will charge them. However, in an SIF, using drugs for personal use is not a criminal offence. This raised some complexities for participants. For example, if someone was caught with the possession of drugs for personal use on the street, and stated that they were going to an SIF, should they be prosecuted or allowed to continue? Participants wondered how the Gardaí were intended to police what seemed like a grey area. P1 gave an example of this conundrum.

If a SIF was opened tomorrow, we're obliged to uphold the law. We just stand outside and stop everyone going in. I am sure we will find drugs on them, that's me doing my job as I am supposed to. (P1)

P4 also shared their confusion regarding the changing role of the Gardaí in relation to SIFs, and a lack of clear communication on how SIFs are to be policed. They highlighted their concern regarding how Gardaí patrolling the streets will be accountable for dealing with SIFs and their clients. As no drug possession laws have yet been changed, P1 feared that

different guards will have different interpretations of it [the legislation] and it will cause absolute chaos. (P1)

Contrary to other participants, P3 believed that the establishment of SIFs will not modify the role of police in society. P3 believed that their establishment could work in favour of the Gardaí, explaining that SIFs would take injecting off the streets, which would eliminate the constant altercations Gardaí experience with the current injecting population. P3 addressed the issue of

possession of illegal drugs outside SIFs. Unlike other participants, P3 emphasised the importance of each Garda assessing the legitimacy of each individual in possession of illegal drugs. P3 stated that if an individual is stopped and searched under the Misuse of Drugs Act 1977 in the vicinity of an SIF, discretion should be maintained to assess the legitimacy of the individual. However, there does not appear to be any clear guidance on the criteria for assessing an individual's 'legitimacy'. If an individual states that they are intending to use the drugs at the nearest SIF, then they will be allowed to continue. P3 adds:

If it is a thing that they say they are going around there and they see them somewhere else doing a drug deal, you deal with it like we always have. (P3)

P3 recognised the need for co-operation with all stakeholders for this to be achieved. As seen previously, this is the main challenge in the effective running of SIFs in Ireland.

In order to address these issues, participants were asked: 'In other European countries such as Portugal, the decriminalisation of drugs has been introduced. Do you think this is necessary in Ireland before introducing SIFs?' Two participants answered yes, this would be necessary in Ireland; two participants disagreed with the decriminalisation of drugs; while one participant was ambivalent around decriminalisation, stating that European results remained inconclusive.

One argument against the decriminalisation of drugs was the possible attraction of drug dealers to SIFs. If drugs, mainly heroin in this context, were decriminalised, would drug dealers flock to these establishments in the hope of supplying vulnerable addicts with the drugs? P1 noted this and stated:

If you are a dealer and you go down to the drug treatment centre or near enough to it, they can supply these people with drugs. It is a ready-made market for them. (P1)

P3 was adamant that drug dealing would not be tolerated in or near an SIF. P3 suggested that CCTV systems be installed to monitor activity surrounding the premises. If persons were caught selling or distributing drugs, they would be punished as usual under the Misuse of Drugs Act 1977.

It is important to acknowledge the difference between the current legalisation and decriminalisation. If the decriminalisation of possession of

illicit drugs for personal use was introduced in Ireland, people detected for possession of drugs for personal use could be offered rehabilitation instead of a prosecution under current legislation. P3 recognised that the introduction of regulations and guidelines for SIFs is not a matter for the Gardaí alone, stating that:

whatever is decided, we will implement. That's what our role is. We are not really politically opinionated on what is right or wrong. (P3)

To address the issues highlighted above, both P2 and P4 recommended introducing the SIF model used in the Netherlands. Participants were aware that a synthetic substitute for heroin was chemically produced in the Netherlands and distributed to clients in place of heroin. Firstly, this diminished the risk of clients injecting 'bad gear', as all substitutes produced pass through quality control. Secondly, it reduced the opportunity for drug dealers to prey on clients, as they no longer had to source their own supply. P4 praised this model as it included all stakeholders in the establishment of SIFs, including the public.

Discussion

Only one participant felt comfortable in their knowledge of Ireland's current drug policy, the National Drugs Strategy (Department of Health, 2017). While all participants were aware of the strategy, one admitted having only a 'gist of what's in the document and its aims' (P4). Only two of the five participants believed that establishing SIFs in Ireland could help Ireland's injecting population. Although all participants acknowledged the potential benefits of removing drug paraphernalia from the streets, they were less convinced that it would benefit the injecting population, its intended audience.

Although the ethos of Ireland's latest Drug Strategy is to provide drug treatment from a health-led approach, the potential benefits of SIFs for the injecting population are not outlined in any detail. Participants acknowledged the strategic actions by the government, including the introduction of legislation, but concluded that they are 'well intentioned, but will not work' (P4). All participants stressed the need for support from local stakeholders in establishing SIFs. P4 said that establishing SIFs in isolation will not work, and that 'letting them in to inject and letting them back out on the street to mix with drug dealers, homelessness and mental health will not work' (P4).

Discussion of decriminalisation of drugs for personal use resulted in divided opinions among participants. While two participants did not see it as necessary for the establishment of SIFs, two viewed it as vital. Participants in favour of decriminalisation agreed with the EMCDDA (2011), which stated that decriminalisation does not mean legalisation. Put simply, those caught in possession of illicit drugs for personal use will be referred to rehabilitation programmes rather than prosecution.

While expressing admiration for the Portuguese model, one participant claimed that 'drug deaths increased massively' (P5) subsequent to decriminalisation. Upon further examination, the researcher found an overwhelming amount of literature in disagreement with this statement. In fact, a study carried out by Hughes and Stevens (2007) reported a drop in drug-related death figures after 2001. After re-evaluation of this harm reduction strategy, Greenwald (2009: 17) confirmed this statement, saying 'The total number of drug-related deaths has actually decreased from the pre-decriminalization year of 1999 (when it totalled close to 400) to 2006 (when the total was 290).' Although drug-related deaths had decreased, Hughes and Stevens (2007: 5) pointed out that this could be a result of 'changing drug patterns', with cannabis becoming more prevalent and opioid use decreasing.

The SIF model used in the Netherlands was discussed in detail by two participants. This model takes an inter-agency approach while working with clients. Stakeholders such as GPs, the Department of Social Protection (DSP), housing and the Probation Service came together to make a clear plan for each client. Most importantly, P4 commented on how 'the community were brought into it and that client went through the system and became a respected member of the community'.

Both P2 and P4 acknowledged the manufacturing of synthetic heroin provided to clients of SIFs in the Netherlands. Although this is significantly controversial, the researcher could not locate any significant academic literature around it.² A report on the Netherlands (EMCDDA, 2017) briefly mentioned the manufacturing of synthetic drugs as a means of eliminating illicit drug trade, but not for the safety of drug-using individuals. P2 praised the use of synthetic heroin, stating that 'you cannot let someone walk by you with "bad gear", they could collapse and die'.

Although participants noted the possible benefits of SIFs, they believed that, as proposed in Ireland, SIFs will not work. P4 highlighted how they

² 'Dutch cut overdose deaths by dispensing pure heroin', https://www.cleveland.com/metro/2018/07/in_amsterdam_the_government_pr.html

'could work as part of a jigsaw, but unless it's structured around other agencies, it will fail'. Strike *et al.* (2015: 3) recognised the caution expressed by stakeholders, stating that 'community stakeholders who express ambivalence towards SIFs desire evidence about potential SIF impacts relevant to local contexts and that addresses perceived potential harms'. Participants highlighted the need to educate stakeholders, especially residents and local businesses, around the potential benefits of introducing SIFs to their communities.

The potential location of Ireland's first SIF was discussed in detail by participants. Extended delay in the establishment of a pilot SIF has been due to planning permission requirements. All participants disagreed with 'just plonking it in the city' (P2) and understood how an SIF could affect businesses and tourism. P2, P4 and P5 discussed the harm reduction project, Merchants Quay Ireland (MQI), as a possible location for an SIF. Participants stated that, in their view, this location was not suitable. One participant noted that this location already generates a number of complaints due to the high level of drug users attending.

The participants suggested locating SIFs in the suburbs of the city. P5 recalled that in other European cities, SIFs are located in industrial estates where they do not interfere with the retail or residential populations. While noting their belief that SIFs should be located outside the city, all participants recognised that accessible transport links to the SIF were vital for its clients.

For all participants, the changing role of the Gardaí in relation to SIFs was the most concerning issue. With no proposed changes to the Misuse of Drugs Act (1977), four out of five agreed that each individual Garda would be left with the responsibility to assess the legitimacy of individuals stopped in routine drug searches. P4 acknowledged that one guard might say 'OK, there is nothing I can do, it's an injecting centre'; while another would be 'to the letter of the law', charging all individuals who are in possession of illicit drugs. P3 was the only participant who did not see this as an issue, suggesting that SIFs 'will run more fluidly than people think'. P3 was confident in the individual Garda's ability to assess the legitimacy of individuals. Literature in this area suggests that the exercise of informed and well-managed discretion is necessary in policing. A study by Rhodes *et al.* (2006: 914) described similar caution and concerns in Russia. It quotes a police Chief Inspector: 'If he [a drug user] is walking around completely spaced out, with saliva running out of his mouth, then, I am sorry, but he's in a public place and should not disturb the public order.'

Recommendations

Recommendations made by participants on the establishment of SIFs in Ireland included the following.

- A multi-agency approach to the introduction and running of SIFs should be adopted, including all key stakeholders, especially communities, the Gardaí, service providers and decision-makers.
- A communication strategy should be in place to ensure trustworthy information, open dialogue and constructive engagement among all interests in the operation of SIFs.
- Sufficient funding should be available to avoid harm reduction projects 'competing against each other' and a central authority should have overall responsibility to manage and co-ordinate funding fairly.
- Two participants agreed that a legislative provision for decriminalisation of drugs for personal consumption would benefit Gardaí in police SIFs and enable referral of individuals to a rehabilitation setting. This option merits further examination in the overall context of health and criminal justice policy development.

Conclusion

This study set out to explore a Garda perspective on the introduction of SIFs in Dublin. This was a small research study with a very limited sample. It is not possible to draw reliable inferences or conclusions regarding overall Garda perceptions or opinions. The views expressed, however, do suggest that there is considerable work to be done to clarify issues, develop solutions and develop community and inter-agency strategies. This would support the development of action plans to explore, inform and evaluate the overall impact of SIFs and their contribution to addressing personal, social and societal needs in tackling the issue of drug abuse and addiction on our streets and in our communities.

Editorial postscript

Dublin City Council refused planning permission for a drug injection centre, citing lack of a policing plan and impact on local tourism (Power, 2019).

The Report of the Working Group to Consider Alternative Approaches to the Possession of Drugs for Personal Use (Department of Health and

Department of Justice and Equality, 2019) was launched on 2 August 2019. The report recommends that possession of drugs for personal use should never be punishable with imprisonment and recommends a system of multiple cautions with diversion to treatment as an alternative option.

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