



Drug Use and Current Alternatives to Coercive Sanctions in Ireland

Mapping the Existing Alternatives to Coercive Sanctions for People found in Possession of Controlled Drugs for Personal Use.





About the Centre for Justice Innovation:

The Centre for Justice Innovation (CJI) seeks to build a justice system which all citizens believe is fair and effective. The CJI is a registered UK charity that champions practice innovation and evidence-led policy reform in the UK's justice systems.

About Strategic Implementation Group 5 (SIG-5)

Following the midterm review of the National Drugs Strategy, Reducing Harm Supporting Recovery, six strategic priorities were identified for specific focus and implementation.

Each priority is driven by a strategic implementation group (SIG) with an independent chair and a wide representation of statutory and civil society organisations. The groups report to the National Oversight Group on a quarterly basis on progress in delivering actions. The focus of SIG-5 are the actions under the National Drugs Strategy which promote alternatives to coercive sanctions for drug-related offences.

List of Acronyms

ACS: Alternatives to Coercive Sanctions

CADU: Citizens' Assembly on Drugs Use

DDTC: Dublin Drug Treatment Court

LEAR: Law Engagement & Assisted Recovery

Foreword

As the Chair of Strategic Implementation Group 5 (SIG-5), I am delighted to present this mapping report detailing the status of alternatives to coercive sanctions for minor drug offences in Ireland. This report accomplishes an action set forth in the mid-term review of the National Drug Strategy under Action 5.4 ‘Strengthen policy and practice with regard to alternatives to coercive sanctions and share learning with EU member states.’

In recent years, Ireland has shifted its policy approach to drug use, moving towards more compassionate, evidence-informed, and health-oriented strategies. This aligns with a broader trend in Europe, acknowledging drug use as a public health concern rather than solely a criminal issue.

As an active member of the EU, Ireland is aware of its responsibilities under the European Drugs Action Plan 2021–2025. Action 49 of the plan states, “Scale up the availability, effective implementation, monitoring and evaluation of measures provided as alternatives to coercive sanctions for drug-using offenders...” In this regard, I am happy to say that this report not only maps the current landscape of alternatives to coercive measures in Ireland, but it also highlights a growing willingness among practitioners to expand these options further as responses to people who use drugs.

The recent Citizens’ Assembly on Drugs Use recommended expanding alternatives to coercive sanctions including restorative justice programmes, youth diversion schemes and a comprehensive

health-led response to possession of drugs for personal use. These recommendations are in keeping with Ireland’s current National Drug Strategy and encourages the State to go further.

This mapping exercise reinforces that there is an opportunity to do more and I am confident that policymakers will carefully consider the insights provided here as our current National Drug Strategy approaches its conclusion in 2025.

Looking ahead it is important that we deliver streamlined processes to ensure alternatives to coercive sanctions are accessible, cost-effective, and efficient, offering individuals every chance to thrive and avoid the negative impact of criminal penalties.

On behalf of SIG-5 I commend the authors, the Centre for Justice Innovation, for their dedication to evidence informed solutions and extend gratitude to all who contributed their expertise. Special recognition goes to Stuart Frazer, a member of SIG-5, and Mary Jane Trimble and Tadhg Fallon from the Department of Health for their contributions to the mapping report advisory group.

I recommend this mapping report to you as part of Ireland’s ongoing journey towards a more effective health-led response to drugs use.

Tony Duffin

Independent Chair

Strategic Implementation Group 5
Alternatives to Coercive Sanctions

Executive Summary

This mapping report looking at the alternatives to coercive sanctions for low level drug offences, forms part of one of the strategic priorities identified in the mid-term review of the National Drug Strategy established in 2017.

As the government has shifted towards a health-led response to drug and alcohol use in Ireland, Alternatives to Coercive Sanctions (ACS) have become a recent area of increased focus. This Irish context aligns with the wider European policy shift towards a health-led approach to drug use, and this report will feed into the wider European strategy around this.

The recommendations made by the Citizens Assembly on Drugs Use (CADU), established by the Oireachtas in 2023, have also been key in shifting the state's approach towards promoting alternatives to coercive sanction for drug use. Recommendation 17 of the CADU report specifically says 'The State should introduce a comprehensive health-led response to possession of drugs for personal use'.¹

Criminalisation of drug possession has shown to be ineffective in reducing drug use while concurrently causing harm to individuals and society and placing continual pressure on justice system resources. In Ireland, drug possession continues to make up a significant proportion of drug related crime, and the Rooney report highlights that "significant rates of offending behaviour

amongst the sample were reportedly linked to both Drugs (48%) and Alcohol Misuse (53%)".² Alternatives to coercive sanctions on the other hand have shown promising evidence in their ability to reduce drug use and lower reoffending rates.³

As outlined in the European Commission study on ACS, despite the need for more robust evidence in the European context, "a study conducted in Austria, Germany, Italy, Switzerland and the UK found that quasi-compulsory treatment through the criminal justice system was effective in reducing crime" and "overall studies have found evidence that ACS can help reduce levels of substance use".⁴

In order to identify local ACS across Ireland, we carried out a survey disseminated to relevant professionals in the sector and held follow-up remote in-depth interviews with several of them, to gain an understanding of specific existing initiatives as well as gaining insight into the appetite for different types of ACS across stakeholders.

We found a total of nine relevant initiatives spanning across diverse types of ACS, including; The Garda Adult Caution Scheme, diversionary measures, The Dublin Drug Treatment Courts (DDTC), and drug treatment programmes with various criminal justice referral pathways into them. Some of these programmes have been operating for various lengths of time with the year they were established ranging from 2001 to 2023.

The majority of the ACS we came across were local initiatives, with the only national one being

the Garda Adult Caution Scheme. It appeared that there was not a widespread knowledge about existing ACS across the country, and those interviewed about one project were often not aware of others. There also has been very limited use of the Adult Cautioning Scheme by An Garda Síochána for simple possession of cannabis or cannabis resin, as only 5,139 people were given this caution between December 2020 and February 2024, while 17,125 people were issued with a charge/ summons for this in the same period.⁵ This may suggest a lack of widespread awareness about the scheme.

Overall, there seemed to be an appetite for ACS among those we spoke to, particularly within probation, court workers, the judiciary and the stakeholders and networks of those running local initiatives. One stakeholder mentioned there was an “aspiration to fund more successful national projects”, while another stated “it would be easy to do this [refer to treatment] upon arrest, the difficulty would just be in setting up the electronic referral system”.

The one agency that appeared to have a more varied perspective were An Garda Síochána, although this was not the case unilaterally, as the LEAR pre-court diversionary programme collaborated very successfully with local Gardaí.

The findings of this report lead us to believe that at present Ireland is at the precipice of transforming how its justice system responds to drug use in a more effective and humane way. It has shown how local initiatives have identified a need for ACS and have begun to implement them throughout the country in the absence of a national ACS for possession of drugs for personal use. The innovative work undertaken across the system to support individuals with their drug use is laudable, but it is missing opportunities earlier to prevent offending and re-offending and improve health outcomes for its citizens.

Introduction

In July 2017, Ireland launched its most recent National Drug Strategy 'Reducing Harm, Supporting Recovery; a health-led response to drug and alcohol use in Ireland 2017-2025' with the overarching aim of reducing harm caused to individuals, families and communities as a result of drug use.⁶

As part of this strategy, action 3.1.35 required a working group to review approaches taken in other jurisdictions to the possession of small quantities of drugs for personal use and to make recommendations on the policy to the Minister.

In August 2019, the Government agreed a health-led approach to the possession of drugs for personal use, subsequently referred to as the health diversion programme. The decision was made, after careful consideration of the working group to consider alternative approaches to the possession of drugs for personal use.

The aim of the health diversion programme is to offer compassion, not punishment, to people who use drugs, irrespective of what drugs they may be using. It seeks to connect participants with health services and provide a pathway to treatment and recovery where there is problematic drug use. It represents a change in the public perception of people who use drugs and minimises the stigma associated with drug use.

The Programme for Government commits to implementing the recommendations of the working group on alternative approaches to the possession of drugs for personal use, as an important step in developing a public health approach to drug use.

A midterm review of the national drug policy that took place in 2021 led to the development of six new strategic priorities for the remainder of the strategy.⁷ Strategic priority 5 focuses on the promotion of ACS for drug related offences and focuses primarily on the implementation of the health diversion programme. One of the other actions for Strategic Implementation Group 5 is to map any existing alternatives to coercive sanction that currently exist in Ireland, which this research aims to do.

The Citizens Assembly on Drugs Use was established by the Oireachtas in February 2023 to consider, and make recommendations on, legislative, policy and operational changes the State could make to significantly reduce the harmful impacts of illicit drugs on individuals, families, communities, and wider society. The assembly concluded its deliberations in October 2023 and has recommended that the State pivots from the status quo to a comprehensive health-led response to drugs.

These policy perspectives in Ireland fit into the wider European Union Drug Action plan for 2021-2025 which calls on member states to increase the implementation of alternatives to coercive sanctions.⁸ The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) defines alternatives to coercive sanctions as “measures that are rehabilitative, such as treatment, education, aftercare, rehabilitation and social reintegration”.⁹

The findings from this mapping exercise will serve to inform this wider European drug strategy, as well as informing the perspectives of the National Oversight Committee for the National Drug Strategy. The report of the citizens assembly has created an opportunity in Ireland to allow the State to move towards a comprehensive health-led response to drugs. The appetite for change in a public-led forum has opened the space for political leadership to have a transformative impact.



Context and Brief Literature Review

We conducted a light touch literature review which aimed to; give a brief overview of drug use in the context of the Irish criminal justice system; set the background on the evidence behind alternatives to coercive sanctions; detail the forms that ACS can take; and give insight into the barriers to the implementation of ACS.

We synthesised this knowledge using systematic reviews of evidence and meta-analyses of the European context. The search term ‘alternatives to coercive sanctions’ was used to identify relevant research, and criteria for inclusion depended on relevance to topic and geographic focus (with a preference for European evidence). Recent Irish government data was also used to look at statistical trends.

Rationale for the use of alternatives to coercive sanctions

The criminalisation of drug possession and low-level drug offences has become increasingly problematic across Europe for a range of reasons, including the mounting pressure on justice and prison systems, the ineffectiveness of sanctions as a deterrent for drug use, and the social harms caused to individuals by this. In Ireland, possession of drugs for personal use accounted for 16,114 out of a total of 207,605 recorded crime incidents between Q2 of 2019 and 2020,¹⁰ and made up roughly 70% of all controlled drug crime incidents

in 2022.¹¹ Under Section 3 of the Misuse of Drugs Act of 1977, simple possession of a controlled drug is classified as an offence¹², with possession of substances other than cannabis for personal use subject to up to seven-year imprisonment.¹³ In practice, however, most individuals tried for drug related offences receive dismissed cases, fines, probation, community service or suspended sentences, with only 506 imprisonments for the 22,496 drug related indictable offences seen in District Court in 2021.¹⁴ This continues however to put pressure on the resources of the criminal justice system, and notably on probation. Most European states, with the exception of Portugal, also fall somewhere within the spectrum of criminalisation of drug possession or use, though the majority also offer some type of Alternative to Coercive Sanctions.¹⁵

Despite the criminalisation of drug possession in Ireland, illicit drug use has continued to increase rapidly. Between 2003 and 2019, drug use (at least once in a lifetime) in the general population between the ages of 15 and 65 increased from 2 in 10 adults to 2.7 in 10 adults.¹⁶ This mirrors the findings from in the European Monitoring Centre for Drugs and Drug Addiction’s (EMCDDA) report in 2019 that illicit drug use across Europe has risen. In Ireland, the most recent data suggests that cannabis is the most frequently used illicit substance, followed by MDMA and then cocaine.¹⁷ According to 2022 Drug Treatment Demand data, cocaine was the most common drug used by those seeking treatment followed by opioids, representing a shift from 2016 when opioids were the leading drug used by 47% of those seeking treatment.¹⁸

Benefits of alternatives to coercive sanctions

The relationship between drug dependence and criminal behaviour is well established in the literature, with some of this being linked to the need to finance drug dependence, and some to acts of violence committed while under influence.¹⁹ A recent report by The Probation Service shows that almost half (48%) of those on probation in Ireland (as represented by the sample) reported a link between their offence and drug use.²⁰

As outlined above, evidence suggests that sanctions and incarceration have not been effective at preventing individuals from using controlled drugs, as production, trafficking and use has only continued to increase despite imposition of punitive measures.²¹ Some criminal justice experts also argue that decriminalisation alone is not enough for reducing the level of drug use as well as associated social and economic harms.²² Evidence from Portugal's decriminalisation of a 10 day supply of any drug in 2001 suggests that the most problematic forms of drug use, drug related deaths and HIV deaths fell in the six years following the policy change.²³ However, the causal link between these trends is not entirely clear as the policy change also included a significant expansion of drug treatment, as well as an expansion in the Portuguese welfare state.²⁴ What can be claimed with more confidence is that decriminalisation does allow individuals to avoid the harms associated to contact with the criminal justice system.

Alternatives to coercive sanctions, on the other hand, including treatment, education, aftercare, rehabilitation, and social reintegration have shown more concrete results in reducing drug use and associated harms on several different levels. In the systematic review of studies on ACS conducted by the European Commission, it was found that despite their research designs limiting the ability to draw firm conclusions, the evidence is promising in showing that ACS' help reduce levels of substance use. A study of 565 drug-dependent offenders

in Belgium saw a reduction in drug use among participants who were given alternatives to coercive sanctions, for example.²⁵ The mechanism through which ACS does this is by addressing addiction and reducing stigma on an individual level, alleviating public health problems associated with this as well as acquisitive crimes on a social level and lessen the pressure on criminal justice system's resources such as courts and prisons on a state level.²⁶ The European Commission review also found evidence across Europe, and more robust studies carried out in the US which are equally applicable, that ACS reduces rates of reoffending.²⁷

Types of alternatives to coercive sanctions

In terms of what alternatives to coercive sanctions means in practice, the European Commission's Study on alternatives to coercive sanctions as a response to drug law offences and drug related crimes categorised the initiatives it found among all 28 EU states into 13 distinct types.²⁸

These were defined as:

- Caution/ warning / no action
- Diversionary measure
- Drug Addiction Dissuasion Committee
- Suspension of investigation/ prosecution with a treatment element
- Suspension of court proceedings with a treatment element
- Suspension of sentence with a treatment element
- Drug court
- Drug treatment
- Probation with a treatment element
- Community work with a treatment element
- Restriction of liberty with a treatment element
- Intermittent custody/ release with a treatment element
- Parole/ early release with a treatment element

The review also highlighted that the majority of alternatives to coercive sanctions found across all EU member states pertained to court and sentencing stages of the criminal justice system and were primarily implemented by judges and prosecutors at court and during sentencing. It called for more research to evaluate the effectiveness of different kinds of ACS across earlier and later stages of the criminal justice system.²⁹

Barriers to implementation of alternatives to coercive sanctions.

Systematic analyses of the literature around alternatives to coercive sanctions have identified common barriers to their implementation:³⁰

Individual beliefs about the effectiveness of treatment as opposed to punitive measures by those responsible for implementation, such as judges, prosecutors, and police, was identified as a key obstacle.

- Research involving interviews conducted by experts with a range of professionals responsible for implementing ACS suggests that they often have discretion in their sentencing practice. This discretion was thus influenced by individual understanding of the nature of drugs use, whether it was seen as a health driven issue or purely a criminal one, and attitudes towards drug users. In Austria, for example, drug treatment was reportedly used more frequently by judges who perceived drug addiction as an illness than those who did not.³¹

- Related to this, the availability of feedback mechanisms, particularly from health professionals carrying out treatment programmes, back to judges and other decision makers were also a crucial component in influencing decision makers' beliefs and thus their decisions to use ACS or not. The role of this feedback would be to instill confidence in decision makers about the quality, content and effectiveness of ACS. This could be for example, providing data about offender compliance, which evidence suggests, can undermine decision makers' confidence in ACS if this information is not provided. Of the 108 ACS included in the European Commission's study, only 19 of them had available data about completion rates of offenders.³² In Bulgaria, one of the difficulties cited by the probation service was that there were no means to assess whether an offender had continued to use drugs beyond the interview they conducted with them.³³
- Lack of awareness or knowledge among prosecutors and judges about specific ACS' available was also at times a limiting factor in their use. The European Commission's study found that this was reported to be the case for the Drug Treatment Court in Ireland.³⁴
- Funding and legislation related to mandating or limiting the role of alternatives to coercive sanctions were also unsurprisingly a determining factor in their implementation.

Methodology

The research design was guided by the aim of mapping out existing alternatives to coercive sanctions for low-level drug related offences including drug possession for personal use in Ireland. It sought to identify local initiatives and understand how they function alongside the criminal justice system, and where in the process they fit in.

The research also aimed to get a wider insight into the appetite for alternatives to coercive sanctions among different actors in the system, and what potential barriers may be limiting the potential of existing initiatives. The methodology involved a survey disseminated to a range of relevant professionals and follow up interviews conducted remotely with a range of them.

Survey design

A survey was disseminated by the Department of Health to relevant contacts who could share further information about specific local initiatives existing as alternatives to coercive sanctions around the country.

The survey design focused on distilling the most important questions about local initiatives in order to help build a wider picture, while retaining a length that would ensure a maximisation of responses. The topics included: basic programme details and background; agencies involved in leading/ delivering/ funding the programme; its operating model and eligibility criteria; and any information regarding evaluation of the

programme. A total of 13 responses were received from this survey, including 8 incomplete survey responses, and 5 complete survey responses. As the survey response number was lower than anticipated and desired, the number of one-to-one interviews undertaken was increased in order to supplement findings.

Interviews

In addition to the survey findings, semi-structured follow up remote interviews were held with different stakeholders in the sector who had knowledge of specific ACS or broader insight into the institutional perspectives on ACS. These covered similar topics to the survey but sought to collect more in-depth responses and context about existing ACS, as well as the awareness of them and appetite for them among different actors.

Interviews were held with practitioners or managers from the following organisations:

- HSE (with particular knowledge of the Cork Court Referral Programme)
- An Garda Síochána
- Dublin Drug Treatment Court (DDTC)
- Community-Based Organisations Unit at the National Probation Service
- Prime for Life
- Letterkenny CDP START project
- Meath Community Drug and Alcohol Response (MCDAR) project
- Law Engagement & Assisted Recovery (LEAR) project
- Ana Liffey Drug Project (Dublin)

Summary of Findings

Of the initiatives found, the majority were localised, with the exception of the Adult Caution Scheme. The timeframes of operation varied across projects, with some initiatives such as the DDTC being much more longstanding than newer ACS such as the Limerick LEAR programme or the Louth and Cork judge-run court referral programmes.

Funding for initiatives came mainly from the Department of Health, the Department of Justice, Local Drug and Alcohol Task Forces, the Probation Service, and sometimes a mix of agencies lending resources, or in one case, self-sustaining fines imposed on individuals being diverted into the programme.

The relatively low response rate received from the surveys as well as the limited awareness that interviewees had about ACS projects beyond their own suggests a lack of knowledge across the sector about existing ACS practice.

Caution / warning / no action

Adult Caution Scheme³⁵

The Adult Cautioning scheme was established in 2006, functioning as an alternative to prosecution for a range of crimes in which prosecution was not in the public interest - notably including the possession of cannabis or cannabis resin which was added to the scheme in December 2020.³⁶

The decision to use a caution as an alternative to prosecution is done at the discretion of An Garda Síochána, who take into consideration a range of factors including circumstances of offence, behaviour, guilt, victim's views and public interest. They would also specifically consider the type, quantity and volume of cannabis or cannabis resin found to be able to classify it as possession for personal use. The caution is, in the majority of cases, only available to an individual once.

Recent data released by the Department of Justice reports that the number of cautions issued for the personal possession of cannabis between December 2020 and February 2024 is 5,139.³⁷ Within the same period, 17,125 people were charged for simple possession of cannabis or cannabis resin which suggests that the scheme is not being used consistently by Gardaí.³⁸ One individual we interviewed stated that in their experience, not all Gardaí were aware that personal possession of cannabis formed part of the adult cautioning scheme. They also said that not all Gardaí were supportive of pre-arrest diversion, and that Gardaí particularly in the Dublin area had mixed perspectives about alternatives to coercive sanctions.

Diversiónary measures

Law Engagement & Assisted Recovery (LEAR) programme

LEAR is an initiative based in Dublin and Limerick, established in 2014 and April 2023 respectively. The two team's primary focus is on implementing case management in Dublin and Limerick

city centre areas, where they identify, approach, engage with, and provide assistance to individuals facing complex and multiple needs. The needs of the target group spans four key areas: addiction and public injecting; homelessness and rough sleeping; anti-social behaviour, begging and criminal behaviour; and mental health³⁹. The programme includes diversionary measures, intervening in cases at the pre-arrest stage, with referrals made into it by An Garda Síochána.

The Gardaí are able to use their discretion to identify individuals who have either committed a low-level drug offence, public order offence or where there may be suspected influence of drug use related to the offence committed (in domestic abuse cases for example). It is open to all types of substance use, including alcohol. Though the pathway involved in the programme is primarily diversionary, as an alternative to prosecution, it can also be used as a treatment plan that accompanies prosecution for more serious offences.

LEAR is primarily aimed at individuals who have committed multiple offences and is only open to those over the age of 18. The Gardaí makes the referral directly to the local caseworker and both work together through the process. Funding for the programme is primarily provided by the Department of Health, through the HSE, but the Department of Justice is also contributing by funding two staff members.

The Dublin site employs 10 staff members and case-manages 260 people a year, as well as offering brief interventions and signposting to another 120 people. The Limerick site employs 2.5 people and case-managed 60 people in its first 9 months of operation. The support offer involves screening individuals for their needs (related to physical and mental health, addiction, housing etc.), and signposting them to relevant services, as well as focusing directly on offending behaviour and harm reduction. Interventions last for an average of 3.5 years and the client, caseworker and referring Garda meet every 6 months to review progress

in, crime reduction, harm reduction as well as personal goals.

Engagement with the programme is voluntary. If a client drops out of contact, caseworkers can actively try to re-engage clients, and Gardaí are able to re-refer down the line. Closing meetings are often emotional and testament to the possibilities opened through collaboration between the Gardaí and programme caseworkers.

From the evaluation report of the pilot programme, nearly 40% of clients accessed more stable accommodation through its support, 26% accessed drug/ alcohol treatment, 37% reduced anti-social behaviour, and 90% of those who signed up remained engaged.⁴⁰

Drug Court

Dublin Drug Treatment Court⁴¹

Established as a pilot in 2001, the Dublin Drug Treatment Court (DDTC), was placed on a permanent footing in 2006. It is open to residents of the North Inner-City area of Dublin who have committed minor crimes as a consequence of illicit drug use and operates with the aim of reducing crime through treatment and rehabilitation.

The court retains the option of reverting to punitive measures if warranted. Individuals, with help from solicitors, can ask a judge in district court to remand them to the DDTC if they plead guilty to an offence or if they are convicted for a nonviolent crime. The court is composed of a multi-agency team comprising a court coordinator, probation officer, Garda officer, clinical health nurse and education officer, and monitored regularly by a judge. The court has no overall budget and there is not one source of funding, instead each of the partner agencies provide resource in the form of their staff's time allocated to the court.

The court provides supervised treatment, education, and rehabilitation with the goal of reducing and overcoming drug use. Over the years it has developed a comprehensive offer for individuals which includes accredited courses in Maths and English as well as vocational courses such as tai chi and animal welfare, which are completed alongside support for their drug use. The court can use incentives and sanctions to aid engagement which are monitored via a points system. Pending successful participation in the programme, charges in the district court are dropped, with conditions around reoffending upon completion of the programme. A graduation ceremony is held to celebrate successful completion.

Over the years the court has suffered from low referral rates due to a lack of knowledge amongst solicitors and other judges. This may be in part due to the drug court not being linked up with other courts so, it can sometimes operate in isolation. Staff have taken steps to improve this by raising awareness amongst these key individuals which has shown some improvement.

Drug Treatment Court, County Louth

Following the establishment of the Dublin Drug Treatment Court, Judge John Coughlan sought to replicate this concept in the North East Region of County Louth through the development of a local initiative. In 2018 this programme was established in Louth on a pilot basis until 2021, covering those residing in the county as well as in areas of east Meath. From this point onwards, the court gained funding from the Department of Justice for a Drug Court Liaison caseworker and has been running on a permanent basis. It is important to note that this programme was developed by this particular judge under a local accord, and is not an officially sanctioned Drug Court, and thus its resources and operating model are much more limited than the DDTC.

The programme is led by the Courts Services of Ireland, and agencies involved in delivering it

include An Garda Síochána, Probation Service and Drug Treatment Providers. The District Court Judge, Probation services and An Garda Síochána are all able to identify and screen individuals to refer them on to the drug court. The court is open to those over the age of 18 whose offending has been considered primarily motivated by drug dependency. The goal of the programme is abstinence and rehabilitation for participants to graduate and have their charge dropped.

Treatment includes case management, individual care plans, harm reduction, and signposting to rehabilitation and training/education/employment as needed. Since 2022, 13 out of the 33 who had been referred into the programme from that point onwards have now graduated successfully with no charges.⁴² The programme admitted 25 individuals in 2023.

Cork Court referral programme⁴³

The Cork Court referral programme is an initiative that was pioneered by Judge Kelleher and that has been in operation since 2019. Similarly to the Louth initiative, this programme also differs from an officially sanctioned drug court and was developed under local accord, through the initiative of this single judge (and now his successor). It works as a partnership between the HSE South, probation and a drug treatment service, Coolmine, and has focused on diverting young cocaine users away from criminal prosecution and into health intervention programmes. The funding for this is provided by a fine of Euro (€)750, which the judge imposes onto individuals who are diverted into the programme, though inability to pay this does not preclude anyone from it.

By September 2023, 189 young cocaine users had been referred into the programme. Although no extensive information is available about outcomes of the programme, there has been a 93% attendance rate at screening point for the intervention, and a further 11% referred onwards to a drug and alcohol services.

Those involved in delivering the programme stated that they would be open to referrals coming directly from Gardaí rather than through the court system but cited that a barrier may be in transferring the electronic referral system from the former to the latter.

Drug treatment

MCDAR (Meath Community Drug and Alcohol Response)

Meath Community Drug and Alcohol Response is a drug treatment programme that supports people referred by the Probation service as well as allowing people in the community to self-refer. It has been in operation since 2001 and funded by the North East Region Drug and Alcohol Task Force since 2006. The programme sees an average of 150–200 people a year, and is open to individuals over 18 with a dependency on any type of drug or alcohol.

While the Court and Gardaí are not able to refer directly into the programme, self-referrals into the programme are taken into consideration during proceedings and sentencing outcomes. The stabilisation programme is specifically designed for those coming in from a justice pathway, either through self-referral from court or referrals from probation for any drug related offence. Treatment includes Cognitive Behavioural Therapy (CBT) as well as signposting onwards for help with addiction, housing, mental health, or other needs. As the programme has never been evaluated, there is no information currently available on outcomes for individuals.

Prime for Life

Launched in 2020, Prime for Life operates in the west region of Ireland, encompassing Roscommon, Galway and Mayo, and more recently having extended to Longford and Sligo. It is funded by the Western Region Drug and Alcohol Task Force, and it works with people referred from probation as well as to self-referrals from the community. The scheme would be receptive

to referrals from An Garda Síochána and from courts pre-sentence, but police policy currently pre-vents this. It is currently open to individuals who have been arrested for offences related to substance misuse, such as simple possession or public order offences. Referrals are not limited by age group and are open to children as well as adults.

In terms of the treatment provided, the programme is based on the Lifestyle Risk Reduction model and utilizes Motivational Interviewing concepts and skills, which is part of its 10-hour multimedia course and includes building skills for life and uses the cycle of change model. It also provides onward signposting for specific needs. On average the programme serves 80 people every year. No information is available about the outcomes for individuals on this programme.

START project

The START project opened in 2009 in Donegal, led by Letterkenny Community Development Project and funded by the Northwest Regional Drug and Alcohol Task Force. It started as a community-based programme to help people with addiction, and now also takes referrals from Probation for individuals at pre- and post-conviction stages and after release from prison. It is open to individuals over the age of 18, for any type of offence where drug dependency has been a factor and also for any classification of drug and alcohol. The scheme is also very open to pre-arrest or pre-court referrals, but police policy currently prevents this.

Treatment offered through the programme includes CBT, DBT, and multi-disciplinary onward signposting for addiction, housing, and mental health support. The programme can be carried out in person or via Zoom and offers flexibility to individuals to adapt to what they require. Over the past year 140 people have accessed the support of the programme, either through one-to-one sessions or in attending the group sessions. No information is available about the outcomes for individuals on this programme.

Initiative working across different pathways

The Alternative Project⁴⁴

The Athy Alternative Project operates in Kildare, Laois and Carlow and is funded by the Probation Service and the Kildare Wicklow Education and Training Board. It works primarily with individuals on the Community Return Scheme and Community Support Scheme who are released early from prison on the condition of engaging with the programme. It also works with individuals at a pre-sentence stage, facing charges at court, and can also be used as an alternative to carrying out a sentence.

The programme offers a range of support, from anger management, social and life skills, to offending behaviour and Drug and Alcohol awareness more specifically. It carries out group work for drug/alcohol and offending behaviour programmes and is delivered both in person and remotely.

Reflections

Our interview findings have drawn out a number of themes around the existing initiatives and appetite for alternatives to coercive sanctions in relation to low level drug offences in Ireland.

There are opportunities and enthusiasm to develop pre-arrest and point-of-arrest diversion offers

Firstly, there is a solid foundation of court and post-court diversion into treatment programmes, but less existing initiatives focused on pre-arrest and point of arrest diversion for drug-related offences among adults. There does seem to be an appetite among certain actors within the criminal justice system, including probation services, court workers and some of the judiciary, for diversion at the point of arrest. The drug and alcohol treatment providers were supportive of and ready for pre-arrest and point-of-arrest diversion schemes and saw wide support among their local stakeholders and networks for this.

However, as mentioned, there were reports from frontline stakeholders that An Garda Síochána was more varied in their attitude towards ACS, with some people we spoke to suggesting that they perceived that some officers were wary of point-of-arrest diversion. This was supported by one officer who told us that point-of-arrest diversion was “a step too far”. The fact that point-of-arrest diversion is also not a positive KPI for Gardaí was also a key barrier from their perspective.

Individual projects such as LEAR in particular, have shown instances of positive reception and willingness of Gardaí to implement point of arrest diversion, and collaborate successfully with the treatment programme running it. In running similar projects, we have found that

initial reluctance from officers (of all ranks) is a common feature. However, when police forces are informed of the evidence, are fully included in the design and delivery, and are provided regular feedback on outcomes (including from victims), it has been our experience that they can become advocates for this approach. Some police forces are now at the forefront for arguing for diversion at a national level in England and Wales. The success of the LEAR project supports this model of engagement with police officers and suggest that if effective engagement, partnerships and training can be put in place, the current climate is conducive to expanding the implementation of point-of-arrest diversion in Ireland with An Garda Síochána support. However, given the gaps in awareness and understanding among Gardaí officers suggested here, strategic efforts to secure their buy in will be crucial.

Funding is available from various sources but can lack consistency

In terms of the funding for drug treatment services, and specifically those interacting with the criminal justice system, this seemed stable and available across a wide range of areas. The HSE’s regional Community Health Offices (CHOs) and drug taskforce funding model is enabling treatment programmes such as LEAR to exist. However, some initiatives such as the Dublin Drug Treatment Court rely on resources given by a multitude of agencies rather than on central funding, and Cork Court Referral Programme rely on fining individuals to pay for the court worker. These arrangements appear to work well for individual services, however increased specific management of HSE funding for each ACS activity may be beneficial to better understand the breadth of work nationally and more crucially, its impact.

Gaps around learning and evaluation

Following on from the point made above from the ACSs identified, few of them had been evaluated, and outcomes of the programmes were rarely available. Carrying out evaluations driven by central leadership could allow projects to be guided by more consistent and evidence-based aims and approaches. Positive evaluation findings could also help convince the more skeptical stakeholders of the value of this work.

A lack of awareness around some existing projects

It was reported that organisational memories within the sector have faded significantly since Covid, and knowledge of system wide interventions and ACS has reduced. This has led to fewer numbers of people engaging with Dublin Drug Treatment Court for example. It was felt that the new cohort of key stakeholders lacked training and knowledge about ACS, and that there would be a lot to gain from creating an effective feedback mechanism or community of practice, which includes those with lived experience of interventions to share learning with those who are more hesitant about its effectiveness.

We know that re-offending data and demonstration of cost savings are a key to an argument for system change, however case studies with real life stories can be incredibly impactful to bring on sceptics on board. This should include the experiences of victims as well as those in the system to ensure legitimacy and trust.

The initiatives we came across were for the most part running at a local level rather than following nationally coordinated aims. Local initiatives could sometimes tend to rely on individual discretion in their model rather than being evidence-based. In the Cork Court model, eligibility for diversion was restricted only to those in possession of certain drugs and relied on the initiative of a single judge rather than the court more widely.

With increased structures in place to capture learnings from existing practice, sharing relevant research and evidence, as well as to evaluate and monitor local initiatives, positive practice could be shared, and trust as well as knowledge about ACS among key partners could be increased.

A promising environment for change

Most stakeholders expressed the opinion that drug use should be treated as a health issue, and this perspective has been strengthened by the Citizens' Assembly on Drugs Use, which has played a leading role in creating space for policy and practice change. This environment has provided Ireland with a unique opportunity to expand ACSs and particularly the availability of pre and point-of-arrest diversion. Despite challenges that may arise from cultural hesitancy, and the task of adapting systems to enable data sharing and evaluation for this model, the potential for change in the current framework of opportunities is hugely promising.

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