



Are addict injecting centres a step too far?

While the health case for medically supervised injecting centres for addicts has the backing of the drugs minister, a senior garda warns it is a legal minefield, writes **Cormac O'Keeffe**



A little publicised report recently revealed that **Dublin Fire Brigade** dealt with 469 opiate overdoses in a 12-month period.

Almost half of them happened on the streets of the city, most of them in the city centre and quite close to drug treatment centres. They were generally men, average age 32, and almost 30% of cases involved drugs other than heroin and methadone, mainly alcohol or benzodiazepines.

In 13 of the cases the overdose was fatal. More than a quarter of cases involved addicts engaged in repeat overdoses and around 60% of cases occurred in the daytime.

The research, entitled *Urban Overdose Hotspots*, conducted by the UCD School of Medicine, highlighted an issue that was the focus of discussion by drug projects, business people, gardai and politicians at a conference in **Dublin** last week.

The Better City for All conference heard of efforts that have been made to try and improve the situation, including the Housing First initiative, run by Focus Ireland and the Peter McVerry Trust, and the Assertive Case Management Team operated jointly by the Ana Liffey Drug Project and local gardai.

This latter project is a novel initiative, where staff from Ana Liffey work literally side-by-side with gardai to try and reach out to drug addicts who, for a complex range of reasons, are "stuck" on the street, injecting drugs in public and engaged in low-level criminality.

The project is labour intensive but has got 34 people on board and is trying to address their range of needs. But as Dawn Russell of Ana Liffey pointed out, there were two missing pieces. The first was the lack of somewhere safe to inject and secondly, the absence of a low-threshold crisis stabilisation centre.

As if in partial answer to her prayer, next up to speak at the conference was the new drugs minister Aodhán Ó Riordáin. He said that "instinctively" he didn't see why medically supervised injecting centres "should be an issue" and added: "If there is a legal problem with that, let's fix it."

Speaking to the media after, he said: "I think, having people injecting in side-alleys, in unsupervised fashion, is not good for the addict, it's not good for the

city, it's not good for anybody. So, I don't think it is too much of an ask to find legislative ways of changing that.

"If we truly believe this is a medical problem, a medical need, why don't we afford the individual the dignity they deserve to deal with their medical issue in a medically supervised fashion. How we manage it, how we supervise it, how we implement it, that's a lot of questions we still need to work around."

And there lies the rub: how to put a square peg of legalisation in the round hole of drug prohibition. How do you change the law to make the possession of heroin legal in medically supervised injecting centres, but only there, and, secondly, how do you make it crystal clear for gardai and the courts to implement.

Mr Ó Riordáin said he would like to introduce the measure as part of the new Misuse of Drugs Bill, to amend the existing act.

He hopes to publish it by the end of the year, subject to "convincing" his Government partners and securing the co-operation of opposition parties in the relevant committees.

Setting aside the big question as to whether Leo Varadkar and Francis Fitzgerald will agree with their junior minister — let alone the rest of the Cabinet — the first stumbling block is determining if such a centre can be given a legal foundation.

Tony Duffin, director of Ana Liffey, said it can be done: "It requires permissive legislation. The possession of drugs is the criminal act, not taking it, so we can change the law so that it can be allowed under certain circumstances, but the Misuse of Drugs Act doesn't allow us."

Mr Duffin said the Bar Council is currently finalising draft legislation for them, which aims to provide the legal underpinning to the injecting centre.

But one experienced garda source, who, while generally supportive of the measure, has stressed that the move would open up a legal minefield — one which gardai would have to navigate.

"It will create huge difficulties for gardai. Say you search someone within 200 metres of the injecting centre and he's in possession and you prosecute. Then the judge says 'this man says he was on his way to the injecting centre

where it's legal to possess the drug'. How far from the centre is the line between it being legal to possess and illegal?"

He suggested defence lawyers could well argue that a person travelling to a centre to inject could be protected against arrest en route.

He added: "It is not the simple solution that people suggest it is. I think it will be a complete minefield, a quagmire, one which defence lawyers and judges will be have a field day with."

He said an additional headache for gardai would be its attraction for dealers: "If you create a market and draw people to an area, which you would do with a centre, dealers are going to go there."

This will create problems for local communities, who will turn to local gardai for help and action. Mr Ó Riordáin has suggested a mobile clinic could address some of these issues.

The garda said draft legislation will be "purely legalistic", but won't address the policing practicalities.

"This will need far more discussion and a lot more work needs to be done on it," he said.

Interestingly, despite these legitimate concerns, the garda believes that a different approach is needed.

"We have a problem for decades and it's not getting better. Addicts are putting themselves at risk, people working with them or cleaning up their needles after them are at risk, refuse collectors are at risk, tourists and children are at risk.

"And it's not just the alleyways of **Dublin**, Cork and Limerick where it's a problem, it's flat complexes, housing estates, parks.

"Some control needs to be taken of this issue. We all acknowledge there is a problem, so we can either bury our heads or decide it needs to be addressed."

It will be a matter of a lesser of two evils, he suggests: "We have to look at the current situation and weigh up our options. We either accept things the way they are and have bodies in lane-ways or we go down the road of controlling the situation.

"But if we go down that road, we have to recognise that there will be implications, there will be unintended

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consequences.”

Although figures are a few years old, there are over 90 injecting centres, or drug consumption rooms, operating across the world, including in Switzerland, the Netherlands, Germany, Canada and Australia.



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