COMPLIMENTARY CYCLES OF FAILURE AND STIGMA: THE IATROGENIC NATURE OF DRUG PROHIBITION AND MARKET NEOLIBERALISM.

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"That humanity at large will ever be able to dispense with artificial paradises seems very unlikely. Most men and women lead lives at the worst so painful, at the best so monotonous, poor and limited that the urge to escape, the longing to transcend themselves if only for a few moments, is and always has been one of the principal appetites of the soul."

-Aldous Huxley 2009

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LIST OF ABBREVIATIONS

ADHD: Attention Deficit Hyperactivity Disorder

ATS Amphetamine-type stimulants

BOJ: Bureau of Justice

CSO: Central Statistics Office

CBD: Cannabidiol

CICAD: Inter-American Drug Abuse Control Commission (Organization of American States)

DOT: Department of Taoiseach

DOE: Department of Education

DOJ: Department of Justice

DARE: Drug Abuse Resistance Education

DEA: Drug Enforcement Administration

EMCDDA: European Monitoring Centre for Drugs and Drug Addiction

ECCP: European Chamber of Commerce for the Philippines

GRI: Garda Research Institute

GDP: Gross domestic product

IFSC: Irish Financial Services Sector

IBEC: Irish Business and Employers Confederation

INCB International Narcotics Control Board

INCSR International Narcotics Control Strategy Report, of the United States

LSD lysergic acid diethylamide

MDMA 3,4-methylenedioxymethamphetamine

MDA 3,4-methylenedioxyamphetamine

NDRDI: National Drug Related Death Index

OST: Opiod Substitution Therapy

OECD: Organisation for Economic Co-operation and Development

PWID: People Who Inject Drugs

PSAS: Perceived Stigma Substance Abuse Scale

SSRI: Selective Serotonin Reuptake Inhibitor

SAMHSA Substance Abuse and Mental Health Service Administration (United States)

TDPF: Transform Drug Policy Foundation

UNODC: United National Office of Drugs and Crime

WHO: World Health Organisations

WOD: War on Drugs

DECLARATION OF AUTHENTICITY

I declare that this thesis, which I submit to UCC for examination in consideration of the award of a Master degree in Criminology is my own personal effort. Where any of the content presented is the result of input or data from a related collaborative research programme this is duly acknowledged in the text such that it is possible to ascertain how much of the work is my own. Furthermore, I took reasonable care to ensure that the work is original, and, to the best of my knowledge, does not breach copyright law, and has not been taken from other sources except where such work has been cited and acknowledged within the text.

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Apologies to the trees used in the articulation and formation of this paper.

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Love to my parents who helped me do it.

ABSTRACT

The aim of this paper is to reframe the policy of drug prohibition, not as a policy deriving solely from a paternal state, but influenced, and perpetuated as part of the overall impact of neoliberal policy and social control. It will do this by identifying certain similarities and trends of Irish society and their similarities with those in other more entrenched neoliberal jurisdictions. Aiding in the structure and content of this paper will be various theoretical models that inevitably overlap, namely Merton's strain theory and its contemporaries, (Messner and Rosenfield) Cohens sub-culture theory, Garland's culture of control and Louis Wacquant's account of punitive neoliberalism. Within these modes of thought, the aspiration is to express the policy of drug prohibition, in light of its protracted failure, as not some unified conspiracy, but a natural evolution of an Irish state, preserving control of a population rendered superfluous by and within an increasingly neoliberal and globalized system. These arenas increase the obstacles of the drug afflicted by perpetuating stigma and exclusion from the economic engines of society e.g. employment, education, healthcare.

Chapter one illuminates how prohibition can no longer be justified, nor effective, due to the numerous ways in which it aggravates and perpetuates drug crime throughout the world. Chapter two will present the methodology, limitations and findings of research conducted by the author and the implications of the results with regard to this thesis. Chapter three will then attempt to explain these results by placing prohibition within the wider context of the impact of free market neoliberalism. This chapter aims to highlight the direct and indirect relationships between free market neoliberalism, state institutions, social insecurity and drug policy. In doing so the crucial landscape of Irish institutions will be examined with other jurisdictions to identify neoliberal progress and inclinations.

CHAPTER 1: PROHIBITION: A POLICY OF IATROGENESIS

"A long habit of not thinking a thing wrong, gives it a superficial appearance of being right"

-Thomas Paine

1.1: Prohibition: A Brief History

Prohibitionist sentiments go back centuries, perhaps as far back as Adam and Eve being forbidden to eat from the tree of the knowledge of good and evil. Stories such as these have been the catalyst for church asceticism, purist ideologies and systems of social control, with the origins of drug prohibitionism traced back to 18th and 19th century views on alcohol and opium. Alcohol consumption was initially widespread in Britain for much of the 18th century and was believed to be held in "*high esteem*" (Heather and Robertson, 1985). While intoxication was punishable it was not perceived as a moral problem. However, as the Industrial revolution began to take shape in the 19th century the social convention became a social problem and a threat to the impetus gained by the new manufacture-based order.

This was partly based on the evidence of the Gin-Craze. Due to several years of good harvests the London urban poor gained access to discretionary income which they spent on the potent liquor cultivated from excess grain. Alcohol induced inebriation and a loosening of inhibitions threatened to devolve into "*social chaos*"(p.284..Nutt, D) [1] .The graduation transformation of a social activity, previously viewed indifferently or positively, to a disease viewed negatively, occurred due to the negative comments from the growing medical imperial authority (Heather and Robertson, 1985). This process of power attribution would overlap in many ways in the coming decades of prohibition with the labelling of deviance and immorality.

[1] The Temperance Movement of 19th and early 20th centuries promulgated the concept of addiction. Initially the works of Benjamin Rush in the US and Thomas Trotter in the UK had laid the foundation for such a concept insofar as it introduced the gradual loss of control by "*forces outside of the individual's control*". However the blemish of nineteenth century positivism was evident insofar as Rush only attributed addiction to 'ardent spirits' and not beer or wine (Heather and Robertson, 1985).

On the other hand commercial morality was the guiding light of opium policy in conjunction with the diversification of medical imperialism. This diversification involved the professionalization of pharmacology and chemistry. This same authority would then impose the same set of principles to opium use, which, in 19th century England and America, were akin to the use of paracetamol in contemporary society. In 19th century Britain the emerging system of commerce was the primary concern, not health. The British Pharmacy Act of 1868 implemented controls designed to feed the industry rather than restrict supply. However, instead of this, the supply was limited to Chemist in order to create a monopoly. Controls on opium were negligible as opium only had to labelled before being sold. As such without legal apparatus it would be impossible to legitimately restrict supply and controls on capital generation (Stimson and Oppenheimer quoted in O'Mahony, P. 1996). This monopoly led to a synonymous relationship between the usage of drugs and the medical profession.

As a result, problematic drug use led to the disease model of addiction, with the concept seen in a twofold conflict between the medical and the moral. The tolerance of addiction, similar to the alcohol tolerance of the 18th century was replaced by a harsher "*medical condemnation*". Similarities and overlaps can be seen today in the approach of the two different paradigms. The medical profession mostly emphasised that addiction was an affliction of the body, organic in nature rather than something that could be controlled internally. Whereas the moral-legal approach, who advocated penal reform in order to punish addicts who lacked the willpower to contain and curb their habits. Total abstinence was advocated, through penal sanctions if necessary, in contrast to the medical professions preference of "*gradual withdrawal*" (Berridge p77 quoted in O'Mahony, P. 1996). The validity of contrasting approaches is remarkable in its durability as it is still subject to continuing debate today. What cannot be ignored is the fact that both concepts benefitted enormously from advocating their paradigms as solutions independently as opposed to harmoniously, which may have implicitly contributed to the singular evolution of these concepts.

1.2: Contemporary Western Prohibition

The policy of Prohibition is defined by the Transform Drug Policy Foundation as: "*Prohibition is a globalised legal system that mandates criminal sanctions in an attempt to eliminate the production, supply and use of certain drugs from society*" (Transform Drug Policy Foundation cited in O'Mahoney, P, 2008). It follows then that lawmakers believe that if they forbid a certain activity (drug selling/consumption) then they will reduce overall harm. Further, if drugs are still being produced, supplied and consumed at a rate which renders attempts to eliminate their production as inconsequential, then it is only rational to call the policy of drug prohibition a complete failure by its own criteria.[2] But if you expand the parameters of assessment beyond and through the looking glass of prohibition, you begin to see the negative byproducts prohibition has caused. Such byproducts include the demonization of illicit drugs for the purposes of political opportunism, the denigration of the drug and non-drug afflicted, the systematic eviction of the drug addict from civil to criminal society, the servicing of bloody civil war in exporting countries and the inverse relationship between prohibition's attempt to curb drug supply and the resulting danger of said drugs.

The overly punitive moral legal model characterized much of the American drug policy of the 20th and the beginnings of the 21st century (Appendices 1). It would gradually spread to the UK and Ireland with the adoption of fines, imprisonment, abstinence-based policies and punitive sentences[3]. This model condemns the use of all illicit drugs as morally incorrect, with the coercive arm of the criminal justice system along with the medical spectre (to deal with components of addiction)

[2] Substances, such as drugs, can be broadly defined as "*chemicals which causes changes in the way the human body functions, either mentally, physically or emotionally*"(Corrigan, D. cited in Murphy, T. 1996). In terms of medicinal use the UNODC defines a drug as "*any substance with the potential to prevent or cure disease or enhance physical or mental welfare*" (UNODC, 2016). By this standard alcohol, sugar and tobacco are drugs and are much more deadly than many illicit drugs, According to Psychiatrist and doctor David Health says that all drugs are poisons designed to effect change differentiated by dosage and disease (Dunphy, L 2015). The word Pharmacology is derived from the Greek word 'Pharmakon', meaning cure and poison. (Fig 1).

[3] The Misuse of Drugs Act 1984 in Ireland and the 2nd Brain report in England 1965 reflected the approach of a moral-legal model with the CJS granted increased powers with regard to drug violations. Criminologist David Downes commented on this process; "*The least successful model of narcotics control is proving the most influential*" (P.17 1996, O'Mahony, P).

composing this paradigm.[4] Common to both paradigms is the cemented standard that every effort should be taken to make these addictive substances inaccessible to its citizenry. Irish drug policy initially bore the hallmarks of the UK system but was converted by the US structure, as they led the world in social policy at the time. The Misuse of Drugs Act in 1984 created a hybrid system of sorts by separating drug offenders from other criminals (Murphy, T. 1996).[5] Prohibitions stated aim of achieving a drug free world in 1998 highlights the quixotic nature behind this policy. Both components of this paradigm have been subjected to rigorous literature debate with the disease model doubted by many leading medical and authoritative organisations. The following sub-chapters will show how prohibition's attempts to curb both supply and demand have exacerbated suffering both domestically and internationally

1.3: Supply Side Interdiction

There are many ways in which governments and agencies can intervene on the drug trade though their efficacy as such is highly suspect. Interdicts can range from halting the production of raw materials in the source countries to restrict supply and drive up the price of drugs. Economic theory guides this approach as it was theorized that once price goes up demand goes down and consumption decreases. However, just as with alcohol, drugs tend to be price inelastic, meaning that even if price goes up demand will not significantly drop due to the addictive properties of the product. While price elasticity differs across drugs based on their relative addictiveness, it is surprising to read a meta-data analysis of 42 studies detailing 462 price estimates suggesting that demand for soft drugs, such as marijuana, are less sensitive to price changes, than hard drugs such as heroin and cocaine[6]. This is yet another way that

[4] These actions are significant in the trend of Western neoliberalism reflected by, among others, the gradual accession of civil liberties, the socio-economic exclusion of minority groups and the extension of state and institutional control to deal with the outcomes. These trends and their implications will be further developed in chapter two.

[5] The Misuse of Drugs Act 1984 made the prerequisite that the majority of drug offenders were to remain in custody pending a probationary assessment and a medical report a discretionary and subsequently assessment. However the act does bare the spirit of the moral-legal model as harsher sentences and fines were enacted hence thereafter (Murphy, T. 1996).

[6] There are several possible reasons for this inversion. Firstly, marijuana may be more addictive than its perception as a soft drug suggests. Secondly, if soft drug users graduate to hard drug users then this

prohibitionist regimes have been proven inefficient by their own criteria. This analysis throws into question the economic theory guiding the prohibitionist regime: namely that reducing supply increases price leading to reduced consumption. (Gallet, G. 2014).

However, the scale of the drug market today means that the level of seizures do not significantly impact upon the global drug trade's profit margins.[7] The Strategy Unit responsible for the Downing street report in 2003 calculated that for drug seizures to be significant there would have to be a seizure of up to two-thirds of a drug organisation's produce. And even if such seizures impacted significantly on costs of production, these costs would have little impact on the street price with producers cutting profits rather than passing on, the difference to 'the rank and file' dealers and wholesalers. Even if the cost incurred was passed on these distributors can keep the price stable while diluting the product with baking powder or other (potentially harmful) substances whilst creating more product and profit. Rising prices may elicit less consumption per dose but conversely engender more harm per dose as the reduction in price can lead to an increased risk in exposure to harmful chemicals in drugs. Exacerbating this is the unknown knowledge of the purity of subsequent drugs in the supply chain. A drug user may use more of a drug quantity on the presupposition that the drug is of a lesser quality even though it may not be, a particular issue with regard to heroin overdoses[8] (Nutt, D. 2012).

International efforts at reducing supply typically follow a three step process. You can destroy the crops and compensate the farmers[9], destroy the crops and not

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experience will engender the individual with more knowledge of the drug market. As a result the individual may attain insight into alternative drug substitutes which increase their elasticity (responsiveness) to price changes. Finally, as heroin and cocaine users are often polydrug users it is plausible that they "*perceive greater substitutability among hard drugs"* leading them to be more price responsive (Gallet, G. 2014).

[7] There has been a consistent climb in global drug use with the UN projecting a 25% increase in global drug use by 2050 due in part to the increasing rate of urbanisation contributing to the increasing rates of consumption. In 2015 the UNODC estimated that, globally, 246 million people between the ages of 15-64 used illicit drugs with a comparatively smaller amount of 27 million people using drugs *"in a manner that exposes them to very severe health problems"* (UNODC, 2015).

[8] Higher EU average rates of 40 deaths per million were reported in 2014 with the highest rates in Estonia, Sweden and Ireland (Fig 2).

[9] Though why you would compensate a producer of illicit goods is another ethical dilemma.

compensate the farmer[10] or advocate the encouragement of viable alternatives. The latter option is generally thought to be the most successful but is problematised by the institutionalized entrenchment of the drug trade in certain states (narco-states). A Downing street report in 2003 concluded that most supply side intervention on farmers fail to efficiently harm drug cartels as they are fluid organisations meaning they can move to remote areas in different countries when interventions arrive. Supplementing this option is the seizure of drug consignments on their way to target markets. The prohibition of MDMA is a classic example of a prohibitionist intervention creating greater problems than it solves. One of the active ingredients in MDMA (3,4-methylenedioxymethamphetamine) is safrole, a substance the UN banned in their attempts to ramp up the prohibitionist machine. In 2007 there was a massive seizure of over 50 tonnes of safrole in Thailand, which caused a significant dent in the production of safrole infused MDMA (INCB, 2008). This led to a substitution of safrole with the precursor aniseed oil leading to a product called PMMA. While Aniseed oil is chemically very similar to safrole it is also "*significantly more toxic*" according to Professor David Nutt (Nutt, D. 2015).

Furthermore, prohibition drives more efficient and subsequently more dangerous methods of drug use and production. Dealers who had primarily dealt marijuana are switching to harder more dangerous drugs due to the relative ease at which interdiction efforts can target the large physical nature of marijuana bales. Heroin and cocaine is easier to smuggle due to its potent and compact form (Murphy, Waldorf, and Reinarman, 1991 cited in Levine et al, 2004). Interdiction efforts also impart a sense of impaired value, meaning the user will use the most effective method of ingestion in order to gain the best value he took such a risk to acquire. Accordingly, interdiction efforts have indirectly contributed to an increase in intravenous drug consumption. Instances such as this can be seen in opiate rich exporting countries where such drugs are common and inexpensive.[11] Intravenous

[10] This expensive process also lends itself to radicalisation of foreign citizens due to the destruction of, in many cases, people's only livelihood. It can also encourage farmers to continue growing the crop, as the compensation can be profitable on top of the possible produce they can move (Nutt, D. 2012).

[11] In Hong Kong heroin was traditionally cheap and available despite its illicit status. As a result it was ingested via inhalation rather than injection. However the supply of the drug has decreased due to prohibitionist clampdowns with a conversely climbing rate of injection corresponding to the increase in price (Duke and Gross, 2014).

use of drugs also leads to an increased risk of addiction, disease and death by overdose. It is also a demanding ritualistic practice leading to cultural transmission of values and learned behaviors further distancing themselves from society and aid. These actions are complicit in embedding a sense of 'othering' and stigmatization of drug users as is evident in Ireland today.[12] Stigma is a powerful obstacle to substance recovery as well as reintegration into society due to the dehumanizing and self-fulfilling effect it has. Stigma has a long political history as it has been cultivated, throughout the history of prohibition, with ulterterior racial and economic motives. Ervine Goffman defines stigma as "*an attribute that links a person to an undesireable stereotype, leading other people to reduce the bearer from a whole and usual person to a tainted, discounted one*" (p.11, Goffman, E. 1963).

And as such, addiction as a disease or affliction of will, is a malleable and useful concept for social control, as illuminated by the diveristy of diseases e.g. exercise, gambling, food, shopping, sex, social media. While the method of medicinal control is far more humane and progressive than its enforcement counterpart, the underlying power relations remain a source of dominion for dependent users, irrespective of character. In any country where the health sector is closely aligned with enforcement agencies, (social services, child protection agencies) drug users are unlikely to engage with the very services they so desperately need for fear of the consequences e.g. child custody, job loss, (Elovich & Drucker, 2008; Orekhovsky et al., 2002; Wolfe, Carrieri, & Shepard, 2010 cited in Grund, J-P et al. 2013). People who inject drugs (PWID) regularly encounter discrimination as documented in the USA (Bourgois & Schonberg, 2009) as well as meta-data analysis highlighting the correlation between mental illness, drug abuse and stigma (Corrigan, Kerr et al., 2005; Corrigan, Watson et al., 2005)[13]. This not only ostracizes an already sidelined population but it also creates an atmosphere of distrust where drug users will rely on the "*trust, secrecy and privacy*" their drug use cultivates, rather than an unknown system that criminalizes personal rituals. [14] In this cultivation the structure of social

[12] Tony Duffin is the director of the Ana Liffey Drug Project. He maintains that Ireland has an average of a one drug overdose death per day with over 3000 injecting drug users in Dublin city alone (Holland, K. 2016).

[13] See (Crawford, A. et al 1996 Arthur, H. et al. 2000, Leshner, L, A. 1997, Livingston and Boyd)

[14] Furthermore the recent Misuse of Drugs bill amendment bill has advocated the importance of treatment-based policies but accordingly the state has only 38 detox beds with a corresponding

capital and social networks explicitly affects the patterns of information and knowledge pertinent to their continued drug use (O'Donnell, K. 2014). Just as the inner workings of a drug addict's social circles operate relative to the structures that contain it, the efforts to interdict drug cartel operations relative to the International cooperation that enable their effectiveness.

However drug cartels operate on different terms to International regimes. They have a ready workforce of poor farmers in poor countries ready to supply the rich demand from rich countries. This leads to a perpetual supply of illicit drugs which is increasingly hard to reduce and interdict. They are not bound by treaties, borders or pre-conceptions of morality such as duty of care. Furthermore, maritime drug trafficking is the least frequented mode of drug transportation now with more advanced methods of trafficking occurring such as narco-submarines (UNODC, 2015). Trains and truck transportation is now the most common mode of drug trafficking, with drug transit areas constantly in flux. This exposes other regions to those drugs en route to Western countries such as East and Southern Africa (Fig 3, 4 and 5).[15] Intervening on this mode of trafficking is very "*resource intensive*" due to the information and manpower needed (Nutt, D. 2012). And the vast amounts of drugs that slip through these nets onto the streets are then subjected to the deterrent of high visible policing. The increased visibility is not only for the actual deterrent of drug dealing but to appease public, media and political demands for increased action despite the efficacy of such actions. It has been well documented that any interdiction at this end of the drug supply chain is lamentable due to the enduring demand for the product and the profit derived from providing it. And even if supply side interdictions were effective, there would still exist a demand to be satisfied which criminalisation and treatment through prohibition cannot impact. In fact the

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estimated 20,000 drug addicts (Traynor, C. 2013). According to Fianna Fail TD Jonathan O'Brien the state has only provided 18 residential beds for rehab and 4 beds for detoxification in 2016.

15 African seizures have been growing over the last decade suggesting that it has become a popular transit country for the smuggling of cocaine via the Atlantic into Europe. Western Africa is also becoming a popular destination for the methamphetamine market. The diversification of drug transit areas is also leading to the diversification of the drug cartel portfolio. Many cartels traditionally trading in one drug are now expanding into other drug market. Some heroin cartels are now trafficking methamphetamine and cannabis resin leading to an increased market share and increased power over the drug trade. The highest levels of global opium cultivation since 1930 reflect this change (UNODC, 2015).

risk of criminalisation has led to the creation of a secondary market in which new legal synthetic compounds of illicit drugs are being created.

1.4: Synthetic Drugs: Prohibitions Invention

In 2014 there was over 101 new synthetic drugs introduced into the EU market with a rate of two new drugs per week detected (EMCDDA, 2015). A total of 450 substances are now being monitored with the parameters of legality seemingly cast in doubt due to the chemical structures of these drugs; "One small tweak, a single molecular change, and an illegal synthetic drug can suddenly become illegal again". The whole concept behind the genesis of synthetic drugs is that these drugs will mimic the effects of illegal drugs whilst remaining legal, inferring the illusion of safety (CCC, 2015). This development highlights the ability of clandestine chemists, working on behalf of drug cartels, to circumvent and navigate the terrain of illegality whilst concurrently reaping the profit at the possible expense of the consumers health. Any substance that is not listed as a controlled substance is potentially a utilisable compound in these drugs casting a larger shadow on the quality and quantity of synthetic drugs. Prohibition is now being used as a catalyst for increased consumption with the legal tag meaning users are more likely to believe a substance is safe with Les Iversen, Chair of the UK's Advisory Council on the Misuse of Drugs quoted as saying: "*People think that because they're legal, they must be safe….which adds to their appeal*". Ironically prohibition can also be the reason for increased consumption of these compounds (Arnold, C. 2013).

Many use these drugs because they are cheaper or they wanted to be safe with regard to workplace drug testing. The scare campaign surrounding illicit drugs may also lead users to synthetic compounds. The extent of demand for these products, despite any health and legal concerns, is highlighted by the fact that a number of such products display on their packaging a warning that they are "not for human consumption. Australian experts now warn that drug users would be safer taking traditional illicit drugs than synthetic as doctors frequently have no idea what is in

synthetic compounds and thus how to treat patients.[16] This is a clear picture illustrating how the illicit drug market is evolving to circumnavigate the restrictions prohibition mandates, with the cost of the aftermath passed on to the clinical and public sphere (Davey, M. 2016). The ability of drug organisations to fix the quality and quantity (costs of production) to the purchasing power of the consumer further illustrates the failure of prohibition to affect the supply of drugs and the apparatus available to drug organisations. Where government capacities are subject to external forces, such as the performance of the global economy, drug organizations are subject to the demand for a name entrusted upon a substance drug users already desire. This substance can contain as much or as little of the desired substance as they wish and as much or as little of foreign substances as they wish. Many examples include "Paco"(cocaine derivative) in Argentina, Krokodil (morphine derivative) in Russia, "Jeff" (ephedrine-methcathinone) and "purple drank" (codeine and promethazine) in the USA. Unique to all these drugs is the effects of prohibitionist supply side interdictions generating secondary drug markets for illicit drugs (Grund et al, 2013).[17]

Many of those who engage in drug dealing are doing so because the drug trade is the only employer in that area[18]. In the context of relative deprivation, drug dealing is a rational act with an irrational penalty as the imprisonment of those dealers overall has "*no effect on the volume of drug trafficking in a metropolitan area*". Arrested dealers are elastic meaning they are quickly replaced by others who are "*willing to take the risks in order to win the reward*" (Tonry, M. 1994). This replacement effect

[16] In the Global Drug Survey 4,931 Australians answered questions about their own drug use with less Australian's reporting buying less synthetic of novel psychoactive substances but the hospitalization rate of those who consumed them remaining constant (See fig 6, 7).

[17] A perfect example is available in Greece, a country crippled by mandated economic austerity. "Sisa" is a form of methamphetamine known colloquially as the "cocaine of the poor". Its content is disputed with stories ranging from the spiking of battery acid and shampoo to general impure crystal meth (Nikolaou, P. et al, 2014). At rates of 23 euro a pill it is designed for a population with little disposable income. It poses an increased risk of HIV due to its apparent provocation of "intense sexual stimulation" coupled with a loosening of inhibitions. Clandestine chemists are easily hidden and constructed with a decreased risk of detection but an increased risk to the surrounding environment with an estimated 30% of clandestine labs found as a result of an explosion or fire

[18] Richard Dore commented on the Irish experience; "*We have loads of people who come in here who owe maybe thousands right. Families and people go to the credit unions to pay off debts for them to these drug dealers. If they don't they will be burnt out of it or whatever. That's the threat they live under. It is horrific for families as well. Some would say these are extreme cases and some would say it is a regular occurrence. We don't hear they half of it. But it's going on"* (Dore, R 2016).

also helps perpetuate the drug trade as the detainment of drug dealers by law enforcement facilitates rival dealers to fill the vacant drug market thereby increasing overall drugs in circulation, driving down prices and increasing demand (Caulkins, J et al. 2006).

1.5: Demand Side Interdiction

International drug controls, inter-agency collaborative efforts, street level enforcement and border interdiction are all procedures explicitly designed to decrease drug use by cutting off supply and increasing price. However these procedures, as has been previously illustrated, are expensive, futile, and remarkably ineffective. They are ineffective because drug demand is being met at cheaper prices than ever before, expensive because drug enforcement drives drug related suffering and violence, and futile because even if prohibition reduces the amount of drugs in circulation it cannot meaningfully affect demand and the subsequent primary and secondary markets that emerge to meet it (Appendices 2).[19]

From 1998 to 2008 the demand for opium, cocaine and cannabis increased by 34%, 27% and 8% respectively, with the UN asserting that similar rates exist for amphetamines and synthetic drugs. Prohibition efforts to interdict demand has not only failed, but like supply it has exacerbated the issue by disproportionately targeting users and not dealers, victims rather than perpetrators. Analysing the Irish and American prison statistics indicates the respective figures of those who came into contact with their respective CJS for simple drug possession in comparison with those who did so for possessing drugs with intent to supply (Fig 8, 9, 10 and 11). Garda arrest statistics are high for drug users because they represent an easier target with an annual detection rate of 98% to 99% due to many being homeless or using drugs in the open (see fig 12).

[19] The US has spent over a trillion dollars since the 1970's with an annual expenditure of 51 billion dollars (Drug Policy Alliance, 2016). Global spending on drug enforcement is well above 100 billion dollars annually, less than a third of the 330 billion dollars the illicit drug trade annually accrues (Rolles, S et al. 2016).

The rationale for punitive prohibition is to dissuade people through the use of force, from using and selling drugs, in order to prevent harm to themselves and society. However, the cruel irony is that the harm caused by prohibition causes, in its attempts to affect demand, often does more harm than consumption of those drugs. The punishment of prison must be understood as a harm or else it could not really be conceived of as a punishment. It must be conceded, however, that prison adds a multi-layered effect of punitive damage to the drug violator far exceeding the crime committed. Furthermore prison may not be the best place for drug users to recover.[20] Data unpublished by the Irish prison service in 2010 shows that, excluding methadone, between one-tenth and two-fifths of all prisoners screened tested positive for at least one drug.[21] Furthermore a study conducted by the Irish National Drug Related Death Index (NDRDI) documented 2,442 drug related deaths between 1998 and 2005 with 130 imprisoned and 105 dying within one year of release from prison (Fig 14). Of those 105 people

- 65.7% were aged between 20 and 29
- 83.8% were unemployed
- 29.5% were homeless or lived in unstable accommodation
- 28.1% died within a week of release.
- 42.2% died within the first month of release.
- All these numbers are likely "underestimated" due to infrequent recording imprisonment statistics.

A study conducted in Australia showed that there was no correlation between the use of cannabis and the penalties of the CJS (Single, E. et al 1999 cited in Nutt, D. 2007). Drug education programmes are more of a compromise on the side of prohibition offering a more liberal gesture under the paradigm of harm reduction. As such they are distinct from the paradigm discussed here but not independent as this paradigm seeks to reduce demand and as such is implicit in the prohibition cycle.

[20] Only one-fifth of the 50,000 problem drug users sent to UK jails every year are given treatment. Supply is high in prisons also with 4,500 drug seizures occurring in Welsh and English prisons in 2013/14. Add to this the fact that needle and syringe led treatments are not available in UK prisons (UK Focal Point on Drugs, 2015).

[21] It is not documented whether consumption of this drug took place outside the prison but one can infer a degree to which new prisoners, who may have taken a drug outside of prison, were tested and those prisoners who tested positive for drugs consumed in prisons (Fig 13).

Many, relatively liberal, concepts have been created incorporating a wide spectrum of sentiments such as the Intermediate Punishment Movement and the Rehabilitation Era. Ubiquitous to these movements is the vehemence with which they seek to present themselves as totally distinct from prohibition. One such drug education programme is the DARE, (Drug Abuse Resistance Education) operational in the USA and the UK. In some instances this programme was found to have contributed to increasing drug use, despite its status as the largest anti-drug program with no long term evidence showing a difference in participants and non-participants. It was later categorized by the US surgeon general as "Does not work" (Clayton, R. 1996).Yet the efficacy of these noble paradigms is limited due to the catalysts for drug harm recycled, not solely originating, from the neo-liberal policies of the state (Roe, G. 2005). [22]

Poor Black people are more likely to get arrested for a drug crime in America and the UK while Travellers, Gypsy or Romany groups represent a disproportionate amount of the prison population in both the UK and Ireland. Drug use is on the rise within the travelling community with the common use of cocaine and ecstasy. It was also perceived as only a matter of time before heroin use emerged (National Advisory Committee on Drugs, 2006). According to professor Alex Stevens, of the School of Social Policy, Sociology and Social Research at the University of Kent, the "*criminalization of illicit drugs reinforces social and ethnic inequalities*" (Townsend, M. 2010). For example, Irish travellers represent 0.6% of the population but represent 22% and 15% of the male and female prison population (St.Stephen's Green Trust, 2014). The policy of criminalising drug users strengthens social exclusion, distrust and stigmatisation. Drug users represent a far easier target for law enforcement than high end drug suppliers which is reflected in the figures of arrests, supply and demand met consumption. However by the same token the mere fact that drug use persists in society is not indicative of failure. Homicide, theft and child abuse persist despite its illegitimacy and no rational person would be in favour of relaxing those laws. However, the prevalence of outlawed activities is indicative of

[22] There has been a trend of neo-liberal policies throughout the world with social, political and economic apparatus used to engender a justifiable impression. The extension of market principles corrodes state autonomy over its economy and increases inequality as will be shown in the next chapter. (Kilcommings, S. 2004).

prohibition's shortcomings and a growing subculture that normalises this prohibited act.

In an era of severe economic restraint, developing high end drug enforcement requires police technique, time and investment. LEAP, (Law Enforcement Against Prohibition) is a collection of criminal justice professionals (police, judges, prosecutors) has alluded to this; "By continuing to fight the so-called "War on Drugs," the US government has worsened these problems of society instead of alleviating them" (LEAP, 2016). UK police chief Mike Barton and Irish commissioner Noirin O'Sullivan have both welcomed the debate on decriminalization of drugs, with the UK chief actively endorsing it. Research shows that cooperation with enforcement is more likely when the public share a form of "self-regulation" compatible with the aims of law enforcement. This self-regulation is tied to the norms and values of communities and behavior is thus linked to intrinsic motivations more than penal sanctioning (Tyler, T. 2006). The perception of a law's legitimacy is what engenders cooperation with law enforcement. [23]

1.6: Global Prohibition: The Collateral Damage

Prohibition policies have also indirectly contributed to hampering scientific and therapeutic advancement. In its prioritization of International anti-diversion methods of drug control, the widespread suffering of people in need of controlled substances for medicinal and therapeutic purposes continues. Substances such as morphine and MDMA[24] have been deprived of availability for both use and research through criminalization and prohibition. Approximately 92% of the world's supply of morphine is consumed by just 17% of the total population with the highest concentration of consumers stemming from the "global North". Furthermore, psychedelic substances such as LSD and MDMA, one of the most powerful

[23] DEA analyst, Sean Dunagan, claims the rate at which murders are solved has decreased due to the destruction of police-community relations fuelled in part by prohibition and the war on drugs. While the Irish murder rate in not comparable with the states, the citizenry-state police relationship certainly has devolved for numerous reasons e.g. police brutality at the shell corrib protests, phone tapping

[24] MDMA is the name for the chemical compound 3,4-methylenedioxymethylamphetamine and is an empathogen meaning it stimulates the areas of the brain associated with feelings of love, empathy, understanding and connection (Mithoefer, M et al 2010).

anxiolytics[25] known to man, are unavailable for usage in treating a host of illnesses such as PTSD, depression, autism, couples therapy, as well as substance abuse itself.[26] PTSD is surprisingly prevalent across Europe with 7.7 million sufferers many of whom are war veterans, behind bars.[27]

Other substances commonly used in opioid substitution therapies, (OST) such as methadone and buprenorphine are in short supply to many who are in desperate need. OST is a common practice used to treat opioid addiction and is prominent in reducing rates of injection among drug users thereby reducing rates of HIV and hepatitis C infection (GCDP, 2015). As an instrument of cost benefit analysis OST's are very cost effective with an estimated saving of 3-4 USD for every dollar spent. However, OST is only available in around 50% of countries with injecting drug use due to its primary availability in detox or rehab centres, typical of the supply being inequitably favored towards the Northern hemisphere. In fact the availability of OST is lowest in the countries that actually produce the compound. Afghanistan, Vietnam and Myanmar (Burma) are growers of the poppy seed and have below average coverage rates of OST at less than 20 percent (Fuller, T. 2015).

Compounding the problem of access is the prevailing environment of stigma created by drug treaty regimes. In the Preamble to the Single Convention on Narcotic Drugs 1961, addiction serves as a rationale for international drug control even though in practice these policies have had the opposite effect. The prerequisite to "*prevent and combat*" the "*serious evil*" of addiction created a fear and resultant stigmatization of addiction even in areas where there is sufficient access to OST. Figure 15 shows that the prevalence of problematic drug use is decreasing while overall consumption of illicit drugs is increasing. This tells us that addiction is not necessarily caused by direct consumption of the drug but by a myriad of socio-economic and psychobiological factors. A sizeable gap in funding is exacerbating the

[25] An anxiolytic is any substance that decreases anxiety.

[26] The FDA has approved MDMA research trials in America with Rick Doblin (executive director of the Multidisciplinary Association for Psychedelic Studies) believing it could be approved for widespread use by 2021 (http://www.maps.org/).

[27] The UK estimates that 8,500 veterans are in prison with a further 11,500 on probation or parole (Hattenstone and Alison, 2014). The US estimates that 8% of its state, federal and jail population are veterans (BJS, 2015).

gap in OST access with only 7 percent (160m USD) of the necessary investment in medically oriented harm reduction programs occurring globally.[28] Contrast this with the enormous annual expenditure of 100 billion USD on punitively oriented policies combating an illicit drug trade estimated to be worth an annual 330-435 billion USD, and the futility of this policy becomes apparent (UNODC, 2014).

Conclusion

Many argue that the usage of drugs differs from other legal substances due to the implied condonement of self-harm and harm to others. This argument is without legitimacy due to accepted practice of self-harm and harm to others, implicitly condoned through the harms associated with the consumption and of alcohol, sugar and prescription drugs (O'Mahony, P. 2008). This selectivity obscures the bigger picture of the vast majority who derive utility without cost or those whose cost derives from such prohibitive policies. As a result the only rational policy should be to attribute resources towards controlling and reducing risk factors such as psychological, physiological and sociological causes. Efforts should be made to remove the externalising and "objectifying" nature of criminalisation and interventionist paradigms (risk factor analysis) in order to engender an increase in the understanding and motivations behind one's drug consumption.[29] Implicit in the prohibition of something is the ascription of a powerful ethereal status to that object. The truism is that drugs are inanimate, so often contrary to their portrayal, and as such are as dangerous or as useful as the factors that go into their production, supply and use. This argument not belittle or advocate the addictive properties or usage of substances themselves but does place those addictive properties within a context of an iatrogenic policy. By criminalizing this process we remove these factors from any level of social control yielding this jurisdiction to organised drug cartels increasing

[28] The amount invested into OST interventions alone is likely less due to this figure representing expenditure on "*additional elements of harm reduction package interventions*"(GCDP, 2015)

[29] Studies such as Novacek et al 1991 and the longitudinal studies of Shedler and Block (1990) and the Adverse Childhood Experiences (ACE) study confirm that there is a highly diverse spectrum of motivations behind drug use that are not fully explained by risk factor paradigms. The ACE confirmed the strong relationship between trauma and drug use with Shedler and Block reaffirming this position of drug use as a symptom of social and personal maladjustment and not causal.

primary and secondary systems of violence and compulsive crime (acquisitive crime to pay for drugs) .[30]

Domestic and International enforcement has not yielded the necessary results its investment demands and as such cannot be an avenue to validate its continuation. To the contrary, it has perpetuated a system of disproportionate damage to other countries whilst disenfranchising an already ostracised segment of the domestic community through the stigmatized nature of what largely is an inherently personal and individual problem. Efforts to address this have not been aligned with any clear method of "*changing the conditions confronting buyers and sellers of illicit drugs*" (pp 340, Gaines and Kremling. 2013). The doctrine of Legitimate Expectation concerns the "*effect on a person of a change in policy by a public body*" (https://www.oxbridgenotes, 2015). This doctrine outlines the expectation of a policy, which the law must protect and the hopes, which the law does not protect. Any implementation of policy should have a reasonable expectation that the outcome produced is legitimate and thus justifiable. And by inference any implementation of a policy that consistently produces results opposite to expectations, then can that policy be interpreted as legitimate?

It is the contention of chapter two that prohibition, notwithstanding its consistent failures, can be seen as a symptom of neoliberalism, engendering increased state and cultural control over an increasingly insecure middle and post-industrial working class. Concurrently policies are implemented that widen the structural and inequality gap, implicitly creating demand for drug abuse and prohibition.[31] The iatrogenic effects of neoliberal economics exacerbate the structural conditions of the

[30] A person who engages in hard drug usage (meth, cocaine, heroin) is subject to levels of prevailing stigma. This removes any incentive to remain within the standards of a society they, perhaps justly, perceive as condescending and elitist. Contrary the attribution of a criminal label with overly punitive laws weakens the incentive to remain within the law.

[31] This is despite the fact that, similar to America, drug related incarceration has risen while drug related crimes are down e.g. instances of homicide, theft and burglary has been relatively static (CSO, 2015) Sociologist Doctor Peter Share has commented on this; "*parts of the media give the impression that drug use is rapidly rising across Ireland although the rate has actually declined since 2007*" (Independent Reporters, 2011).

dispossessed drug user which can be located in the rubric of the urban geography divided by socio-economic divisions of rich, middle and poor (See Appendix 3).[32]

[32] Merchants Quay is one of Ireland's largest drug treatment centres and maintain the effect inequality has on drug abuse; "The important point is that vulnerable or disadvantaged people who use drugs experimentally or recreationally are more likely to become problematic drug users" (Merchants Quay Ireland 2004 cited in Punch, M 2005).

CHAPTER 2: RESEARCH METHODOLOGY.

Data was collected through an online questionnaire accessed via the academically popular surveygizmo.com. This survey was randomized, containing 17 questions with the aim of deciphering perceptions of stigma by drug legality to elicit information based on two objectives. Firstly was the effect of legality upon perception and trust. Secondly was assessing the perceptions of drug prohibition as well as attitudes towards decriminalisation of drugs.

2.1: Aims and Structure

Data was garnered by tweaking the Perceived Stigma of Substance Abuse Scale (PSAS) to incorporate perceptions of dependent users of illicit, prescription and legal drugs. The PSAS is an 8 item questionnaire designed to measure the prevalence of stigma towards substance dependent users, as well as the use of substances. Many studies such as Luomo et al 2010 suggest that there is a high degree of face validity, construct validity (composing both discriminant and convergent validity) and "*adequate internal consistency*" with this model (Luoma, et al 2012).

2.2: Questions

Questions were precoded based upon a Likert Scale. Strongly disagree and disagree was coded with a value of 1 and 2. Agree and strongly agree were coded to a value of 3 and 4. Neutral/I don't know was coded as 0, to keep distinct from the collection of data. Furthermore the neutral option was not included in every question in order to impel data with the safety of anonymity. While using means in a likert scale designed for measuring attitudes (finding an average of agree with disagree is troublesome) is impractical it is included in some cases to highlight the differentiation. Both sides were balanced on each side of the neutral option created a decreased chance of bias. The wording was also kept quite simple in order to keep it as comprehension accessible as possible. In the preliminary testing there was a high

degree of stigma present through the wording of addict so the seemingly politically correct term of dependent user was used instead. It was hypothesized by the researcher based on research of equivalent studies that the term addict stimulated the worst case scenario of a stereotypical substance user rather than vice versa.

To avoid priming the questionnaire order was completely randomized. There was 208 participants that took part in the questionnaire. 48.8% of these were aged between 0-24 while 50.2% were aged between 25-64. 1% was aged between 65-77. Of these participants there was an almost even split in gender with 46.1% of respondents Male and 52.9% of respondents Female. 90.8% of all respondents had completed secondary school with 51.7% attaining a college degree and 24.4% attaining a Masters degree. 2.9% had not finished secondary school whilst 1.5% had no schooling completed at all. The data was collected over two weeks with nobody allowed to complete the questionnaire more than once through the blocking of repeat I.P addresses via the survey software. Respondents could only choose one answer with no question allowed to be retaken.

2.3: Limitations of Study

Stereotypes and perceptions can be variably weighted by addiction i.e. Heroin v gambling addiction. And as such questions deciphering the perceptions between illicit, prescription and legal drugs can trigger cognition of the worst experiences, perceptions or personal experience of a substance. The survey was transmitted via online survey with the underlying assumption of proficient internet access opening up the survey to false or incomplete surveys. However there was only 12 incomplete surveys which were discounted from the overall analysis, leaving 212 respondents. Many questions were phrased into scenario statements to elicit information about perceptions of substance abuse based on substance type and legality. Furthermore the basis for results interpretivism can be incorrect due to the idea of stigma as a positive force inflicting and coercing positive change in the life of the substance dependent[33].

[33] (For a visual breakdown of the results see Appendix B).

2.4: Results

Out of 212 respondents:

1. 148 (68.8%) of participants disagreed (35.3%) or strongly disagreed (33.5%) with the statement that prohibition had been successful in its aim of reducing drug use, availability and related dangers. 24 participants agreed (10.2%) or strongly agreed (0.9%) with this statement. 43 (20.0%) participants elected for a neutral/don't know response.

2. 96 participants agreed or strongly agreed (65, 31.3%) with treating drug addicts as medical patients as opposed to criminals. 20 participants disagreed (8.2% 17) or strongly disagreed (3 respondents at 1.4%). 31 participants (14.4%) elected for a neutral/don't know response.

3. 78.1% (163) participants disagreed (110@ 52.9%) or strongly disagreed (53@ 25.5%) with the statement pertaining to the perceived acceptance, from "most people", of a former drug addict teaching children in a public school. Only 7.2% of respondents agreed (6.7.%@ 15) or strongly agreed (0.5%@ 1) with 1 4.4% neutral/don't know (31).

4. 48.6% and 9.1% of respondents disagreed (101) or strongly disagreed (19) with t he statement pertaining to the acceptance, from "most people", of a former alcoholic teaching children in a public school. 37.0% and 5.3% agreed (81) or strongly agreed (12).

5. 144 participants disagreed (56.7%, 118) or strongly disagreed (12.5%, 26) with t he statement pertaining to the perception that "most people" would hire a former drug addict if they were suitably qualified. 64 participants agreed (61, 29.3%) or strongly agreed (1.4%, 3) with this statement.

6. 140 participants agreed (125, 60.1%) or strongly agreed (15, 7.2%) with the statement pertaining to the perception that "most people" would hire a former alcoholic if they were suitably qualified. 68 participants disagreed (61, 29.3%) or strongly disagreed (7, 3.4%) with this statement.

7. 44.8% (93) of participants disagreed (80) or strongly disagreed (13) with the statement measuring their consideration at the prospect of moving out of their homes/apartments were a drug addict to move next door. 115 (55.3%) participants agreed (92) or strongly agreed (23) with this statement.

8. 159 (76.4%) participants disagreed (118) or strongly disagreed (41) with the statement measuring their consideration at the prospect of moving out of their homes/apartments were an alcoholic to move next door. 49 (23.5%) participants agreed (45) or strongly agreed (4) with this statement.

9. 131 (62.9%) participants disagreed (81) or strongly disagreed (50) with the statement that criminalising drugs helps drug addicts. 44 (21.1%) participants agreed (35) or strongly agreed (9). While 15.9% (33) were neutral or did not know.

10. 179 (86.1%) participants disagreed (158) or strongly disagreed (21) the perception that former dependent users of illegal drugs were trustworthy. Only 29 (14.0%) participants agreed (27) or strongly agreed (2) with this statement.

11. 121 participants (58.1%) disagreed (113)or strongly disagreed (8) the perception that former dependent users of prescription drugs were trustworthy. 87 (41.8%) participants agreed (82) or strongly agreed (5) with this statement.

12. 90 participants (43.3%) disagreed (84) or strongly disagreed (6) the perception that former dependent users of legal drugs (alcohol) were trustworthy. 118 (56.1%) participants agreed (98) or strongly agreed (20) with this statement.

2.5: Analysis of Results

The differentiation between perceptions of trust and acceptance varied depending on the nature of the substance a person was previously dependent upon. 78.1% of respondents disagreed or strongly disagreed with the statement that most people would accept a person who was treated for drug addiction as a teacher of children in a public school. However only 57.7% disagreed or strongly disagreed when the same question was asked about alcoholism, with 42.3% agreeing that most people would agree with this statement. The cultural significance of alcohol related addiction in Ireland cannot be understated as alcoholism has become normalised within Irish culture for well over half a century now supporting the media bias around this substance despite the far more prevalent nature in society. The obstacles of stigma and unemployment related to reintegration in society are less powerful as such due to the cultural normalization that surrounds instances of alcohol addiction.

This discrepancy in substance related stigma (SRS) is evident again when you compare the data. 69.2% of respondents disagreed or strongly disagreed with the statement that most people would hire a former drug addict if they were suitably qualified. Only 30.7% agreed or strongly agreed with this statement. In contrast 67.3% of respondents agreed with the statement that most people would hire a former alcoholic were they suitable qualified. Only 32.7% disagreed or strongly disagreed with this statement. The discrepancy in addiction is evident again by the SRS.

2.6: Stigma by Substance

In assessing discrepancies in levels of trustworthiness of former substance dependent users, questions were posed to respondents in assessing their levels of agreement with a statement differentiated by substance type. 43.3% (90) of respondents disagreed/strongly disagreed with the statement that "most people think former dependent users of alcohol/tobacco are trustworthy", while 56.1% (118) agreed/strongly agreed. 58.1% 58.2% (121) of respondents disagreed/strongly disagreed with the statement that most people think former dependent users of prescription drugs are trustworthy while. 41.8% (87) of agreed/strongly agreed with this statement. Predictably the highest levels of distrust were associated with former dependent users of illicit drugs. 86.1% (179) of respondents disagreed/strongly disagreed with the statement that most people think former dependent users of illegal drugs are trustworthy, while. 14% (29) of agreed/strongly agreed with this statement.

There are many reasons for this. One such reason for stigma associated with illicit drugs is that it conflicts with the dominant morality of society. According to research conducted at the University of Oxford, a person's morals, which are not self-evidently factual, can be subject to change dependent upon internal biochemistry. They also found that trustworthiness is correlated highly to moral sticklers rather than openness (See appendices 3). Situation, fear, distrust and social distance vary considerably by substance. 55.3% of respondents said they "would consider moving out if a drug addict lived next door" to them while 44.7% disagreed or strongly disagreed with this statement. 76.4% disagreed with the statement that they would consider moving out if an alcoholic were to live next door to them while 23.5% agreed or strongly agreed they would consider moving out. There are a myriad of factors contributing to this discrepancy. Most notable is the factor that drug use is illegal and as such can beget elements of violence as presented so often in the media supporting the exacerbating effects of prohibition. Conversely the relative normalization of alcoholism is evident once again even though statistical evidence showing a alcohol was the worst and largest cause of harm high correlation between alcohol abuse and violent crime (Murdock and Ross 2009, Zue et al 2009,). In fact according to the Lancet Medical journal which measured the social harms associated

with each drug, alcohol is only 0.1% percent behind cocaine and 0.5% behind heroin in mean social harm e.g. violence (Nutt and King, 2007).

2.7: Demographics and Perceptions

92 females and 81 males disagree or strongly disagreed that most people would hire a former drug addict even if they were suitably qualified. The majority of the answers, irrespective of education, disagreed with the statement with only 107 agreeing with it in comparison to 188. On the other hand 86 males and 84 agreed or strongly agreed with the same statement regarding alcoholics. 114 disagreed with the statement across all educational factors with 181 agreeing or strongly agreeing.

6 of 11 respondents with no schooling chose neutral with regard to the statement of whether prohibition has been a success while 4 chose neutral/I don't know with regard to their support for decriminalization suggesting that those without education are unaware of the political climate with regard to decriminalization. 1 respondent supported decriminalization, 2 opposed it while none agreed prohibition worked. 7 out of 13 respondents who had not finished secondary school supported decriminalization while 9 of 16 respondents disagreed prohibition had worked. The higher the degree of education the higher the support for decriminalization was with 55.7% of those with a college degree in support of decriminalization. The same can be said with regard to the level of education and the disagreement on the success of prohibition with over 70% of those with a college degree disagreeing that prohibition has been successful.

134 of those with a Leaving Cert or above were in agreement with the statement that a person has the right to consume whatever they want, while 108 were in disagreement. 7 of 10 respondents who had no schooling completed agreed with this statement while there was an even split between those who did not finish secondary school. Interestingly, the highest levels of support for prohibition also support elements of this project's thesis, with regard to the effect of age seen in social issues e.g. the generational and cultural entrenched idea of drug use as immoral. 51.1% of

those between the ages of 65-74 advocating that prohibition has been successful. 41.7% disagreed while the remaining 8.3% were neutral. 56% of those aged 75 or above disagreed or strongly disagreed that prohibition had been a success, while 20% and 24% were neutral or believed it had been successful. While these results were statistically insignificant, based on these numbers, a larger survey could reveal the entrenchment of the idea of drug use as immoral.

Conclusions:

The level of stigma is highly influenced by the nature of the substance despite much evidence contributing to the argument that, overall, more harm and addiction is caused to society by legal and prescription drugs. This highlights the normalization of certain substance use despite the harm and chemical nature of some substances bearing close relation to illicit substances synonymous with stigma e.g. heroin and prescription drugs like vicodin, codeine, oxycontin and other barbiturates. Noteworthy results in the question of the acceptance of a former alcoholic, as opposed to former drug addict, as a public school teacher summarize both these components. While this survey only assessed attitudes, which are general predispositions towards certain groups, organizations or institutions, it does not account for opinions related to these attitudes. These factors point to the structural and cultural formulation of stigma based on the premise that the harm of some drugs is not the only factor in the attribution of stigma. The degree of exclusion from employment, as well as discrepancies in levels of trust, relative to the SRS also highlights the entrenched nature of structural stigma. Conversely most respondents acknowledged the fact that prohibition does not work with 70% of respondents disagreeing with the statement that prohibition has been successful in reducing drug use, availability and danger. There was also large support for decriminalization with 57.3% saying they would support this policy in Ireland while 4,3% advocated policies like this. This reflected the 79.1% of respondents who agreed that addicts should be treated as patients rather than criminals.

Garfinkel's ethnomethodology is useful here in delineating the cultural prejudices ingrained in society against drugs themselves as well as users of those drugs. These perceptions and methods help construct order and understanding (Fig 16)[34]. This is evidenced by the common obstacle of stigma with regard to drugs historically demonized by social institutions despite its close chemical relationship to less stigmatized drugs. These factors reinforce the meaning given to a person and a drug in what can be a self-fulfilling prophecy e.g. Morphine in hospitals and no addiction is common due to the meaning inferred or the stigma of an addict as a criminal demeaning him/her. The results of this survey highlight some fundamental questions. What explains the presence of disproportionate stigma associated with prescription drugs rather than illicit drugs due to the close connection these drugs bear? What accounts for the relative acceptance of 'drugs' like alcohol and tobacco given their social health cost to society?

These are some of the questions that the next chapter seeks to answer as much of the discourse and stigma behind drug policy and drug use and public perceptions are anchored to the social, political and economic institutions that cultivate our society over time and space. As such any policies that implement discrepancies of inequity will be present in the development of the political, social and economic climate of a democratic society. As will be shown the differences in assessing the morality of a drug can be seen by the articulation of a number of factors varying across decades of social development represented by cultural, social, economic, technological, political and International climates. By this nature it is the contention of the next chapter that drug prohibition can be seen in parallel to the development of neoliberal free merket policies in Ireland. The effects of these policies, pre and post economic crash, has wedded the economic structure to the political arena, in a system of globalized free market capitalism that necessitates social and economic control, of those least able to interact with this system, through policies such as drug prohibition.

[34] Doctor Bruce Alexander's famous rat park experiment alludes to the significance of environment. In this experiemnt a rat park was set up where rats could basically do what they wanted with many options such as leisure entertainment. The rats were then presented with the option of different drug drips and water. This experiment was in response to the a previous study that limited the envrionmental options of rats and only offered the drips. The rate of consumption of the rats with no environmental alternatives was twenty times the rats with alternatives alluding to the significant role the environment has in shaping predispositions to drug abuse (Stratford, T 2013).

CHAPTER 3: PROHIBITION: A JANUS-FACED CONSTRUCT IN A NEOLIBERAL MARKET.

"Trust is good, control is better"- Vladimir Lenin

Introduction

In many ways the persistence of drug prohibition, as a policy of the state, can be seen in terms of the wider Western trend toward free market neoliberalism (in tandem with globalization). As Ireland operates within the Anglo-American zone of influence, due to historically entrenched colonial, linguistic, cultural and economic reasons, it is only reasonable to possess a degree of worry at the present social, economic and cultural state in America e.g. political diatribes against minorities, inequality, incarceration etc. The moral-legal concept of prohibition dominant in the States has, as a global policy, across borders and decades, constructed perceptions of drug related activity in a manner mandating the popularisation of the drug prohibition. However, the International accreditation of prohibition, as a solution to a set of behaviors that supposedly threaten the normative social body, has transmitted the illusion of moral integrity at the expense of any substantive change, perpetuating the drug problem. An example of such can be seen in the UN 1988 Treaty on Narcotics and Psychotropic Substances.[35]

The same can be said of the neoliberal economic policies that penetrate all arenas of society as cyclically generating exclusion, inequality and subsequent drug use. [36] Neoliberal policies emphasize a Laissez Faire state over the democratic provision of public good, individual interest over mutual interest. These very policies contributed

[35] America's domestic 1986 Omnibus-Anti-Drug Abuse Act categorized Countries as cooperating, not cooperating and not cooperating but certified for US interests. Due to the economic power of the US any country, which did not meet this criteria, could be subject to financial sanctioning. This certification was essentially a scorecard that dictated International US aid and development. This certification was linked by law to the yearly report of the State Department International Narcotics and Control Strategy Report effectively placing global drug policy in US hands. Confusion exists over whether this treaty prohibited drug possession for personal use with the referral to the 1961 convention and the individual constitution of countries subject to interpretation.

[36] Neoliberalism is a theoretical and ideological concept for restructuring a capitalist and social system through emphasizing market freedom and government restrictions. It has become diluted and metamorphosed by private interests who justify its teachings as stemming from the revered Adam Smith and other neoclassical economists (Appendices 4).

to the economic turmoil and subsequent Austerity policies seen globally since 2008. Ironically these very same effects entrench neoliberal policies with the rationale of debt used as a validation for private sector input.[37] The motive relayed to the public is neoliberal code; "cost cutting" (job cuts), and "efficiency" (minimum wage and employment equaling stretched supply meeting increased demand). The influence of these policies on the Irish landscape has been profound. In the space of twenty years, beginning around 1996, Ireland has displayed the polarizing effects of neoliberalism.[38] The top 1% own 14.8% of Irish net wealth equivalent to the bottom 50% of the population with similar rates seen throughout the OECD (davidmcwilliams, 2016). The claim is thus made that the increase in the Irish drug problem can be seen parallel to the increased influence and control of private business over public sectors. This control unequally influences the resources available to Irish society shaping the "*neo-material matrix of contemporary life*" and the drug problem e.g. education, health, housing (Layte, R 2011). The neoliberal assimilation can be seen in the shift from public to private, from the social to the individual.

The institutions designed to deliver public relief to those in need have experienced a neoliberal shift from quality to quantity, from patient to customer, prisoner to client, social utility to taxpayer responsibility e.g. performance targets, audits, service provision numbers. This understanding is crucial to explaining the persistence of prohibition. as the institutions generating a precariat society, inclined to substances seeking, become recycled and disconnected from the state and its citizenry (Notes 4). In a study conducted by the EU Sociological Review, in which the association between income inequality and mental health was tested in 30 different countries with over 35, 000 individuals, it was found that income inequality affects health in predominantly two ways; reduced social capital and increased status anxiety. Increased income inequality leads to increased social distrust with institutions, generating apathy, reduced civic engagement and social support. Increased income inequality also generates increased status insecurity with higher levels of status competition cultivating perceptions of inferiority and uselessness. The study

[37] Naomi Klein remarks on this as private interests "*never waste a good crisis for a renewed push to privatize*" (Klein, N 2008 cited in O'Grady, P. 2012).

[38] For a brief chronology of Neoliberal developments in Ireland see Appendices 5.

concluded that increased levels of inequality could explain rises in "anti-social behavior, physical violence and homicide" of which drug related behavior is prevalent (Layte, R. 2011). It is from this structural reproduction of inequality that the policy of prohibition becomes legitimized through cycles of moral and social panic strengthening the apparatus of prohibition e.g. legislation, Gardaí powers of arrest.

With regard to these developments, four factors will be analyzed: the alignment of morality with neoliberal principles through an increasingly hyperbolic media, the political opportunism inherent in social panic it cultivates and the neoliberal co-opting of state institutions profiting from it. Furthermore the legitimacy of continuing with a policy that penalizes its iatrogenic effects must be an area of scholarly interest.

3.1: Cultivating Perceptions: The Media, Misinformation and Morality.

The distortion of public opinion relative to the actual prevalence of crime can be explained by the hyperbolic reporting of the media. This occurs in cycles that generate political action, eroding liberties that enable elevated crime controls. Criminologist Ciaran McCullagh argues that the level of concern about crime in Ireland "are as comparable for major American cities" (McCullagh, 1996:11 cited in O'Connell, M 1999). O'Mahony also points to the similarities of journalistic practices in America and UK in the incremental absence of reticience with regard to the reporting of events possibly interpreted as disturbing or upsetting. This has a socially cognitive effect with fear and insecurity precipitating political demand for retribution, even to the accession of civil liberties.[39] The fact that Ireland is relatively small but possess a disproportionate amount of media outlets means that there is a real possibility of an over-reporting and possibly hyperbolic cumulative effect of a

[39] According to Kerrigan and Shaw, the Irish media consistently reproduce "*a diet of continuous horror stories unrelated to the actual dimensions of the problem*". The state then seizes this crisis. O'Mahony regards this as part of the wider agenda of social control with public approval. This is then reinforced by colloquial accounts and 'expert' analysis to create an intangible normalized status quo. This conventional wisdom, translates as secondary stigma, can then filter into the minds of those charged with aiding those suffering. In any country where the health sector is closely aligned with enforcement agencies (social services, child protection agencies) drug users are unlikely to engage with the very services they so desperately need See Elovich & Drucker, 2008; Orekhovsky et al., 2002; Wolfe, Carrieri, & Shepard, 2010 cited in Grund, J-P et al. 2013).

criminal presence. This feeds into Durkheim's argument that punishment has a salutary effect providing validation of the collective consciousness (Burkhardt and O'Conner, 2016). O'Mahony points to the iatrogenic nature of this policy; "this self-affirming synergy generates a reactionary public and political discourse of fear and crisis which forms a fertile bed for repressive policy"[40] (p.10, Marie, D. 2004).

The link between culture and morality biased the lens through which social conventions, which drug usage once was, were viewed. Even as far back as 1875 prohibitionist social policies tended to be used as a political means to a financial end. In California Opium became regulated in 1907 due to fears that white women were being lured to Chinese opium dens. More recently the deaths of famed celebrities and young white children have resonated in public minds with a disproportionate media response illuminating the distorted nature of the drug issue. The deaths of Leah Betts and Amy Winehouse are two famous examples of media bias and the harms of abstinence-based policies. Leah Betts died not from consuming two ecstasy tablets (estimated 80 mg which is a clinical dosage used in experiments) but from consuming too much water in response to her increased heart rate and body temperature. Leah Betts consumed 7 liters of water leading to hyponatremia (water was absorbed by the brain leading to swelling and death).

Amy Winehouse did not die from consuming drugs but alcohol. Specifically she died from having been clean for a previous amount of time leading to a decline in her physical tolerance of alcohol. Had she not been abstinent, or had proper knowledge as to the effects of her abstinence, it is likely she may have survived. This is a common failing of abstinence-based policies as were a recovering drug addict to relapse they may take a dosage with which they cannot tolerate and overdose. Yet many media reports left this crucial aspect out (UCL Neuroscience Society, 2015). The death of Leah Betts led to the construction of billboards nationwide in the UK vilifying MDMA/ecstasy but not alcohol, which killed is a far larger killer. Stories such as these and the arrival onto the social scene of the rave subculture led to a "*systematic over-reporting of ecstasy-related problems compared with other drugs,*

[40] These repressive policies concur with the neoliberal principles of private markets and individual maximisation as will be shown later.

giving the impression that ecstasy is more harmful than it actually is" (Nutt, D. 2014).[41]

Media distortion of drug related deaths are also proving to be skewed by the legality of the drug. In a review of 6 celebrity deaths comparing the use of illegal (River Phoenix, Chris Farley and Brad Renfro) and prescription overdoses (Anna Nicole Smith, Brittany Murphy and Heath Ledger) it was found that illicit drug deaths were framed far more negatively than prescription drug deaths. The media were also found to be socially irresponsible in their reticence of objective frames in the course of the reporting reinforcing pervasive stigma[42]. The same can be seen in Ireland with the emphasis placed on illicit substances irrespective of context. The death of Irish socialite Katy French in 2007 was widely attributed to cocaine abuse but the coroner findings found only a "*small amount of cocaine*" (McGreevy, R 2013). The use of a diet suppressant was a contributory factor in her death and was comparatively underreported, as was the contributing factor of her previous period of abstinence[43].

Lemert's work on deviant behavior and censure highlights the hypocrisy of neoliberalism in criminalizing an act that is consumer driven. The construction of popular morality by media and state coupled with culturally entrenched ascetic ideals developed a fearful social cognition of drug activities, concealing the true nature, extent and solutions of a capitalist driven problem.[44] The transference of

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[41] These cycles are prevalent with similar reactions seen in the 'crack cocaine epidemic' in 1980's and 90's America along with the meth and synthetic epidemic of recent years.

[42] People who inject drugs (PWID) regularly encounter discrimination as documented in the USA (Bourgois & Schonberg, 2009) as well as the meta-data analysis of Crawford, A. et al 1996 Arthur, H. et al. 2000, Leshner, L, A. 1997, Livingston and Boyd highlighting the correlation between mental illness, drug abuse and stigma (Corrigan, Kerr et al., 2005; Corrigan, Watson et al., 2005). [42]

[43] The International Drug Policy Journal published a study of the Scottish media, which compared reports of drug related deaths and coroner reports from 1990 to 1999. Media interest was fixed directly to the drug involved with only one of the 265 paracetamol related deaths reported. In contrast a third (13 of 36) of amphetamine related deaths were reported and 26 of 28 deaths were reported with repetitive reporting and totaling of deaths leading to an inflationary effect of the numbers (Fig 17). Incorporated into these totaling lists were non-fatal cases influencing the total number of drug related issues reported in 1996.

[44] "The designation of crime as a psychopathic symptom obscures rather than clarifies how criminal activity becomes integrated into forms of social organization which are participated in by persons with a wide variety of personal motives and psychological orientation. Criminals may operate illegal gambling establishments but their patrons include the respectable citizens of the community. Bankers

terminology from "prohibition" of alcohol to drugs hints at the institutional input to perpetuate and propel prohibition into other drug arenas. Howard Becker highlights this process of 'othering' by reframing the agents within a broader context; "*social groups create deviance by making the rules whose infraction constitutes deviance and by applying those rules to particular people*" (Becker, H. 1964). What was initially an insightful empiricism by the symbolic interactionists into the "behavioral diversity" of human nature elucidates the usefulness behind drug policy as a justifiable method for social control through the demonization of an act and the willful engagement in that act attributing the stigmatizing label of 'deviant' and addict.[45]

This distortion creates an atmosphere of fear and stigma associated with drug use that is numerically disproportionate to alcohol and licit drug related problems. The wedding of a policy (prohibition), morally layered in historically entrenched consciousness, with a status quo of exaggerated danger, enables sensationalism and opportunism in the public and private arenas that opens up the social context to, what would otherwise be seen as, radical enforcement. It is a priori then to acknowledge that media and politicians have become increasingly insecure and interconnected institutions in the prohibition dynamic of sensationalist journalism and political careerism. As such it is reasonable to suggest that prohibition is a powerful political utility for garnering public support and engendering social control of the "*postindustrial proletariat through the joint agency of the assistantial and penitential sectors of the state*" (p. xviii Wacquant, L cited in Garett, M 2016).

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operate banks for non-criminal use, but many such bankers in the past have knowingly accepted deposits of money gained by criminals. Even presidents of the United States have appointed members of criminally corrupt political machines to high offices. pp. 188. Lemert, E. cited in Sumner, C. 1994).

45 The linguistic origins of 'deviancy' and 'subculture' reveal the true nature and meaning of such terms. Lemert points out that there is no justification in separating compliance from deviance in the behaviour of an actor, as the "censorious attribution of deviance" was the defining characteristic. And these roots are developed through entrenched rights tied to power. The attribution of deviance as such was dependent on the reciprocal quality of a given context. From this context the consistent demand for a substance to consume personally is attributed the deviant label, not the act itself. Subsequently this person may come to realize him or herself as perpetually delinquent. However nobody is a criminal or a delinquent every minute of every day. (p.190, Sumner, C).

3.2: Prohibition: Political Opportunism and Social Control

The moral panic created by the 1996 murders of Veronica Guerin and Det Garda Jerry McCabe were the catalysts for a series of repressive policies that elicited an accession of civil liberties with a concurrent increase in state power.[46] Parallels with Western societies can be drawn as once again in the build up to this moral panic as overall crime was down though murders were on the climb.[47] O'Donnell and O'Sullivan submit that prior to these murders there was a trend of "*increasingly aggressive reporting of crime issues by the media, leading to the belief that Gardaí were unable to deal with a small number of individuals who were thought to control organized crime and the drug trade in Dublin*" and that these murders were the "*catalyst for a hardening of political attitudes*".(p13, Marie, D. 2004). Penal populism normalizes the radical policies administered in the name of paternalism with other countries displaying a far more inhumane approach under the banner of prohibition (Appendices 6). As has been shown the timing of such policies is opportunistic in the numerous editions of pre-electoral rhetoric e.g. the drive for political gain through moral exceptionalism is evident throughout Nixon, Reagan and Clinton's, Bertie Ahern's FF and Mary Harney's (Progressive Democrats) campaigns in 1997, 2002 and 2007 (Department of Taoiseach, 1998). It can be argued that the seizure of panic as an "*opportunity to inflame passions*" is incredibly poor leadership and represents a failure of opportunity to cultivate bipartisanship and pragmatic policy (IBID).

Instead, with an election in 1997, the state aggressor became empowered through various means. Provisions in a bill introduced the previous year, which were described by the MOJ as "*glaringly unconstitutional*" and "*fundamentally unsound*",

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[46] Cohen defines moral panic as; "*a condition, episode, person/group of persons emerges to become defined as a threat to societal values and interests; its nature is presented in a stylized and stereotypical fashion by the mass media; the moral barricades are manned by editors, bishops, politicians and other right-thinking people sometimes the panic passes over and is forgotten or at other times it has more serious and long-lasting repercussions and might produce such changes as those in legal and social policy or even in the way society conceives itself*" (pp. 1 Cohen, S. 1980).

[47] When Reagan decided to increase funding and amplify America's drug war there was an overall decline in drug use. However the death of basketball player Len Bias from a cocaine overdose was the catalyst that led to this amplification. Furthermore only two per cent of Americans saw drugs as a priority (Jarecki, E. 2007)

were passed and accepted (IBID). Furthermore the lack of depth with regard to the scale and scope of the drug problem is exemplified by the Minister for justice comments in 1999. He suggested that the granting of powers to refuse bail would help eliminate the illegal drug trade.[48] Similarities could be made with the accession of Ireland's economic sovereignty in the aftermath of the economic crash as unconstitutional based on Article 45 section 4.1.[49] Parallel trends can be seen in the presence of the exact neoliberal rhetoric, used in American election, in the 1997 Irish elections. Examples such as *"zero tolerance", "get tough on crime", "career criminals" and "prison works*" exemplify the level of political opportunism as well as the level of public fear over drug related crime[50] (Warner, M. 2009).

This rhetoric fails to distinguish between drug dealer, drug user, drug dependent and drug structure (cartels). History has repeated itself in the current wave of drug gangland crime sweeping the capital with measures brought in targeting low-level drug offenders rather than the structure that facilitates and employs them. Thresholds for crime related seizures will now be lowered from €6,500 to €1,000. These are levels that only dealers/users could be realistically be expected to make. The terminology of political opportunism is evident once again as Tánaiste Frances Fitzgerald said in May 2016 "there would be a zero tolerance to drug dealing on the streets" (RTE, 2016). The wedded nature of policy production to the political insecurity of a politician's life continues a status quo that achieves visual short-term

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48 The neoliberal European trend of calls for bail refusal amid "*soft on bail*" rhetoric created the atmosphere for the 1996 Irish referendum on the alteration of the constitution to refuse bail. This was previously deemed to have impinged upon the enshrined doctrine of "*innocent until proven guilty*" by the Supreme Court in AG v O'Callaghan and DPP v Ryan. The presence of mandatory drug offenses terms (albeit with sufficient safeguards) shows a trend away from discretionary justice. Pursuant to this is the separation of powers with the Deputy Chief Whip writing to the High Court President in 2006 about the number of drug dealers escaping the 10-year mandatory sentence. A harsher contemporary of the much maligned California three strikes law was proposed whereby it would only take two strikes to trigger a mandatory sentence. But the constitutionally enshrined principle of proportionality negated these efforts (Riegel, R cited in Campbell, L. 2008).

49 "*The state shall, in particular, direct its policy toward securing:- I). That the citizen may through their occupation find the means of making reasonable provision for their domestic need. II). That the ownership and control of material resources may be distributed amongst private individuals and the various classes as best to serve the common good III). That, especially, the operation of a free competition shall not be allowed so to develop as to result in the concentration of the ownership and or control of essential commodities in a few individuals to the detriment of the common good. IV) That in what pertains to the control of credit the constant and predominant aim shall be the welfare of the people as a whole"* (Department of Taoiseach, 2016).

50 The 1997 Minister for Justice, Nora Owen, pledged 800 new prison spaces, which amounted to an increase of one-third in the Irish prison population.

gains at the expense of long-term results e.g. economy and drug policy (Fig 18). This can be seen with the prioritization of corporate investment over small businesses, human rights accessions over structural change and the visual over the effective e.g. the policing of low-end street dealers rather than high-end enforcement on the drug organisations.

Based on the distortion between actual drug crime and the response of the political and media sectors, one can deduce two factors. Firstly is a premise that harm to society is not the sole significant factor in formulating drug policy, due to the fact that even if drugs were not causing harm, politicians would still be an anti-drugs due to their unwavering moral stance[51]. So eradicating use rather than minimizing harm is the politically practical approach. This method is dictated by three factors. One is the possibility that if a political party manage to reduce drug use then they would reduce drug harm as well. Two is the fact that overall drug use is a far greater soundbite than a net reduction in overall harm due to the moral standpoint primarily focusing on use rather than harm. Furthermore any abstinence-based policies would mostly affect change in casual to semi-casual users rather than the heavy addicted users, as seen in celebrity deaths (Nutt, D. 2012). A policy to reduce the harm of those users who stay within or near the recommended daily limits whilst comparatively having little effect on those hazardous users is misguided to say the least and does little to alter the conditions they navigate e.g. criminalization, violence, homelessness, stigma. Third is the fact that a change in drug prohibition, such as decriminalization or legalization, could and likely would, conflict with corporate interests upon which the Irish economy is heavily reliant. Decriminalization or legalization threatens their products with competition, regulation and a potentially new economic outlet of health and recreational consumerism e.g. such interests include alcohol industry, pharmaceutical industry.

[51] This can be seen in the sporadic cycles of prohibition rhetoric as well as the relative indifference to the elevating harm done by 'legal' substances e.g. alcohol, tobacco, and prescription drugs. This can be seen in the sporadic cycles of prohibition rhetoric as well as the relative indifference to the elevating harm done by 'legal' substances e.g. alcohol, tobacco, and prescription drugs. Richard Dore relayed the severity of the Irish problem when interviewed; "*"Oh yes there is a huge stigma. We deal with morphine addicts here too absolutely yes. For example we have one person who comes here, a female, she was addicted to Nurofen plus. 50/60 a day…Imagine you taking a couple of paracetamol a day but this is 60 a day….. If you had a person on paracetamol and on amphetamine or speed or whatever the case maybe. Paracetamol is deemed acceptable but speed is not"* (Dore, R 2016).

These issues stimulate movements for increasing corporate social control through state acquisition.

3.3: Private Positioning: Movements Toward Neoliberalism.

The cultivation of Ireland as an open economy has mediated the power of the state and the worker due to the economic dependence on these MNC's as they constitute the bulk of Irish economic activity, employment and exports e.g. pharmaceuticals, Tech. Companies could get tax incentives to create jobs while also gaining the high ground on wage rates due to declining manual labour work, union density, and government backing as seen in the government strong-armed Croke park agreement of 2010 (Roche, B. 2013).[52]As such private interests exert a strong influence in aligning socio-economic policy with their modus operandi of profit. These influences can inhibit social public utility and exacerbate social issues such as drug abuse. Neoliberal economics code engenders the appearance of rational economics, and it has delivered in many respects with the modernization of the Irish economy. However this obscures the picture of a society with increasing inequality, increasing the risk of drug use. Meanwhile it must be argued that any alteration of drug policy explicitly threatens corporate interests.

The institutions charged with the delivery and maintenance of public services are experiencing neoliberal shift from quality to quantity, patient to consumer, public to taxpayer and social utility to cost effectiveness (Garrett, P 2016). This understanding is crucial to explaining the persistence of prohibition as the institutions generating a precariat society, inclined to substances seeking, become recycled and disconnected from the state and its citizenry due to the neoliberal indoctrination of state institutions. While private interests are incredibly useful and crucial to a successful economy, the reciprocal relationship between state and private corporations is unhealthy for creating an equal democratic state. The tunnel-vision emphasis on

[52] Many industries associated with a working class, such as Irish steel, Irish sugar and Telecom Eireann have had their organised labour unions excluded from the negotiation process even amid fears of job losses (Chari and Cavatorta, 2002 cited in Chari and MacMahon, 2003).

individual gain in tandem with distorted perceptions of crime is reflected in the institutional orientations of Irish education, healthcare, transport and prison in Ireland, with such institutions displaying symptoms seen in other countries strong in neoliberal policies. [53]

3.4: Prison: Public or Private?

Increases in drug panics cause increases in drug arrests leading to prison overcrowding and increased state spending. However in states with neoliberal policies there has been a policy of the state to privatize this public institution. This fusion of private business interests with political sectors is also present in Irish society with trends precipitating private influence quietly occurring. In many countries where there is a private corporate influence in public institutions such as prison service there is a period of sponsorship, defunding of sectors leading to calls of efficient market principles[54]. While there has been no official announcements to privatize this state sector, the are visible trends precipitating inevitable private influence.

Many companies of the private prison sector in America have positioned themselves powerfully in Irish society as the prison industry is a profitable sector from the food services, phone and internet services as well as in-house health and education - all, potentially, up for private procurement should the Irish trends continue.[55] For example, private security MNC G4S sponsored a conference attended by both the Minister for Justice and the head of the Irish Prison Service in 2012 (Rogan, M. 2013). G4S PLC acquired America's now infamous, second largest

[53] In America and England there has been a growing usage of the penal system in "*managing social insecurity and managing the social disorders created at the bottom of the class structure*" manifesting in the Black Lives Matter movement in the UK and US, instances of institutional racism against the Traveller community as well as the growing divide between the police and civilians (Wacquant, L. 2001).

[54] Defunding of a state service is often a precursor to privatized takeovers. A defunded service creates the construction of a context, which paints the service as inefficient and in need of market ascetic principles.

[55] A number of MNC companies already have a stake in the IPS with Compass foods accounting for almost a fifth of its Irish business. Other in house contracts were awarded to MNC's instead of Irish public contributors though some awarded are subsidiaries of MNC's (BordBia, 2015).

private prison company Wackenhut Corporation, changing its name from Wackenhut to G4S Secure Solutions in 2010 (Kohl, G 2010). G4S owns a number of security firms in England, Scotland and Ireland such as Securicor, Irish securities Services ltd, Group 4 and DML Fire Systems[56]. This company appointed former Taoiseach Sean Lemass as a non-executive director in 1968 and have a number of partnerships and sponsorships with the government that have gone largely unnoticed by the media in Ireland, leading to concern over the future privatization in state run industries such as water, healthcare, education and now prison. G4S was part of a consortium that designed, constructed and services the new Criminal Courts of Justice in Dublin. By the time the court comes into state ownership in 2035 it will cost 604m with the estimate upon its opening in 2009 initially thought to be 291m (Gartland, F 2014).[57] G4S was also one of three firms that attempted to privatize the social welfare scheme JobPaths program in 2014, despite numerous accusations of human rights abuses elsewhere (Lyones, T 2014).

This is all the more relevant given the fact that the US has now banned private sector involvement due to many inept and immoral practices[58]. Many private security companies, implicated in these practices, have positioned their operations strategically in Ireland to take advantage of recent comments like that by the President of the Irish Prisoners Association, Stephen Delaney. In April of this year Mr. Delaney said that, despite his objections and state assurances, there were developments in motion to outsource and privatize aspects of the Irish Prison Service such as the prisoner service escort corps with ISS, the world's second largest private sector employer, interested (Lynch, P 2010). Its Managing Director Niall Feely has openly expressed G4S desire to run private prisons in Ireland; "*It costs about €70,000 to keep a prisoner in Ireland; we've got contracts in other parts of the world*

[56] According to the Inspector of prisons governors report the private sector already employ staff and cleaners in cells (Reilly, M 2011).

[57] The IPS favouritism toward private procurement was evident in 2009 as the tendering of a contract advertised as worth 2.37m was awarded by "*non-competitive*" means and as such less value for money. This contract would later transpire as worth 97m (Minihan, M 2010).

[58] A number of US states had built in to their agreement state clauses which guaranteed a certain level of prisoner occupancy in order to keep private prison profits up (Kirkham, C 2013). The Bureau of Justice in America said that the Private Prison Industry targets minimum-security prisoners (such as non-violent drug offenders or drug possession charges) due to their cost benefit analysis. These prisoners require less discipline and medical care (pp151 Hallet, M 2006).

where we're probably doing that close to €25,000. There's no question that there are significant cost-savings involved" (Lynch, S. 2011). [59]

While there is no private sector involvement just yet, some of the trends in Irish prisons mirror that of America already, specifically the rate at which defunding (a precursor to privatization) is occurring and the disproportionate amount of minority groups incarcerated. In 2007 the funding for the IPS was almost 400m but in 2015 it was 325m despite annual reports of overcrowded prisons (IPS Annual Reports 2007-2015). Additionally the recording of prisoner phone calls represents a massive violation of human rights on the part of the state and adds fuel to Luis Wacquant's argument on the neoliberal state's usage of the penal apparatus to control the dispossessed in society.[60] The state awarded the phone surveillance technologies to the Israel based NICE Systems despite the numerous allegations of privacy and human rights surveillance abuses.[61]

This is also reinforced by data showing the disproportionate amount of minority groups in prison. Ireland has seen a 400% increase in the prison population from 1970 to 2011. This is not too far removed from other EU trends but similar to America and UK is the revelation that Irish prisoners are 25 times more likely to come from a socio-economically deprived area. This explosion in incarceration has also fallen heavily on certain minorities in Ireland with Irish Traveller men up to eleven times more likely to be imprisoned than other men, while Traveller women are twenty-two times more likely to be imprisoned than the general population. Furthermore the amount of prisoners sent to prison due to non-payment of fines increased by 10.1% on the 2014 figure of 8,979 showing the structural inequality leading to intergenerational predispositions to drug use, stigmatisation and incarceration (IPRT, 2016). As travellers represent 0.6% of the population they are

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[59] There is some cases where private companies openly advertise and court Irish public sector such as ADT electronic security company who have a section for Irish public sectors, such as education, healthcare, central and local government along with Gardaí and prisons, on their website.

[60] "the police, the courts and the prison are not mere technical appendages for the enforcement of lawful order but vehicles for the political production of reality and for the oversight of deprived and defamed social categories and their reserved territories" (Wacquant, L 2008).

[61] The IPS says recording occurred "inadvertently". This may well be the case though it is unclear how a process can be described as inadvertent when instances of recorded calls amount to 2,693 (Lally, C 2014).

substantially overrepresented in the prison population with Kennedy's 2005 study calculating that travellers represented 5.4% of prisoners in Ireland with a mental illness and 4.6% of all prisoners in 2010 (AITHS, 2010) .

The situation faced by Travellers is a prime example of structural predisposition to criminality and prison as they frequently face exclusion from healthcare, education and the legal engines of society[62]. Developments such as these have led to distrust, fear and uncertainty with regard to the remit the state and the Gardai have. Up until the last two decades or so the Irish police force has been been heavily dependent on legislation facilitating "*unaccountable powers*" while concurrently able to dodge criticism due to the Northern troubles (pp18, Garda Research Institute 2013). (For instances of Garda malpractice, see appendices 7). A tribunal inquiry found in 1996 that Sergeant John White, and several other Gardaí, had planted both an explosive device at a protest site in Ardara and a firearm at a traveller-halting site. Both these actions enabled him to abuse Section 30 of the Offences Against the State Act.

This exposed what Justice Morris; "*systemic and institutionalized corruption of power throughout the force, ranging from low ranking officers to senior level"* (IBID).

3.5: Education and Healthcare

The idea of a free market implies the notion of a meritocratic state. This is seen most obviously in education based on the premise that if you work hard enough you can achieve what you want irrespective of your circumstances. However neoliberal private interests have become increasingly evident in Irish education. It has even been funded by the state based on socio-economic affluence contradicting all standards of social solidarity. In Dublin state expenditure was higher in socio-economic affluent areas contradicting standards of equality (O'Dubhlaing, S. 1997). The exclusion of the dispossessed is literally being marginalized to the precipice of

[62] . A questionable instance exemplifying the extent of traveller exclusion is in the jury trial of Nally v Ward. In this case the guilty verdict of Padraig Nally, who had twice shot and killed Mr Ward was released on acquittal. Furthermore, the documentary of this case was broadcast by the state broadcaster RTE. and was subject to criticism of bias leaving an indelible mark on the public consciousness with regard to the traveller community (Leahy, S 2014).

society. This is reflected in the correlation between educational achievement and inequality (Fig 19 and 20). The decline in state control over the National accreditation of teachers is also evident in the erection of the for profit teacher college Hibernia at the start of the 21st century. The class buffer is evident, as most courses demand an annual 9,000-euro fee.

Furthermore the idea of privatizing social welfare services designed to bridge the social class divide, such as the pathway program, is hampered by the expansion of market orientated education[63]. A direct link between state-corporate sponsored structural exclusion can be found here as there are over 55 private fee-paying schools in receipt of 530m euros in state funding (Irish Times, 2013). Per-pupil expenditure in private school far outweighs the per-pupil expenditure in state funded schools. Encapsulating this problem is the proviso that educational funding is ordinarily conducted without regard to contextual circumstances to deliver equal resources irrespective of class resources e.g. financial inequalities, cultural differences. This means that those with "*additional non-state resources will receive a better education*". While this is an inherent flaw of capitalism the fact that the state reinforces the system in favor of those who have over those who have not, is undemocratic and serves to reinforce determinants of drug use. The government's ability to leverage the influence of the private sector, whose modus operandi is profit, with the public sectors egalitarian traditions is also being supplanted by International agreements. The new trade agreements between the EU and US will embed "*increased rights for privatized education*" to the detriment of the public colleges. Lecturers in trade unions say that these deals will marginalize public education the poor depend on and leverage educational funding toward private corporations. Mike Jennings of the Irish Federation of University Teachers said that these policies are driven by government policy and therefore exacerbate class inequality (Humphreys, J 2015). As previously shown with the homelessness study is the importance of education in predicting future drug abuse.

Just as in Education, there is a two tiered system in the Irish healthcare system, public and private. The evidence suggests that the there is an inequity in healthcare

relative to these sectors. This is natural as payment means one would be differentially treated to one who does not pay. This has translated into diminishing rather than freeing up the public sector as was hoped. An analytical study showed that, in the number of public vs private patient admissions in public hospitals, 30% were for private patients despite the fact that only 20% of beds in the public hospital system are designated to the private system.[64] This suggests favouritism with longer waiting times associated with medical card holders than private insurance holders (Wiley, pp81-88 cited in OECD 2004). Just as in the case of the IPS there has been a defunding of the healthcare system over the last half decade with a 4 billion euro reduction in the HSE budget. Staffing levels have declined by 12.9% with hospitals operating, similar to prisons, at almost full capacity (92.6%). Despite this the HSE has imposed a moratorium on further hiring with the trade union, again, left out of the decision making process (Wall, M 2016).

The implications of this are profound with the tipping point (where mortality rates are affected) at 92.5%. The expenditure on mental health amount to just 6% of the HSE budget despite one in four adults experiencing problems with their mental health. A third to a half of those treated for substance abuse have a co-occurring or independent psychiatric illness with few facilities established for treating comorbid substance abuse. Financial loss and accruing amounts of debt are known determinants of drug abuse and these factors discriminate in the access of quick and timely healthcare for many in Irish society. While there are many benefits to a two-tiered healthcare system the existence of a private system whose purchase often constitutes great expense necessitates the question of if it's not good enough for me then who is it good enough for? The Irish Cancer society published a study this year which highlighted the perceived and actual inequality within the healthcare system. Patients in the public healthcare system have to wait up to 20 times as long to access an MRI than those in the private system. Tellingly 88.5% of people perceived one's financial circumstances affected access to healthcare services (O'Shea, M and Collins, C 2016).

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[64] The IMO said in their report that the Irish healthcare system has created a "*multi-tiered system where the richer echelons of society, who can afford PHI, are assessed and treated rapidly while those without wait inordinate lengths of time for both diagnosis and treatment*" (pp11 IMO 2011).

3.6: Regulatory Capture and Drug Prohibition: The Profit in Panic.

The acquiescence of the Irish state to the neoliberal drive for profit is exemplified by the power and success of the MNC's in Ireland e.g. tech industry, alcohol industry and big pharma. Ireland has 14 of the world's top 15 pharmaceutical companies. These companies have undoubtedly advanced the Irish economy, but they have also wielded undue influence in the democratic process. Many have lobbied and financed anti-marijuana experts with no disclosure of this conflict of interest in many cases (Fang, L 2014). For example Johnson and Johnson along with Pfizer, Purdue Pharma LP, PhRMA and many other leading global companies in Ireland have sponsored anti-drug organisations that they benefit from e.g. CADCA (Community Anti Drug Coalition America, Partnership for Drug Free America[65]). By contrast the coverage of the far more prevalent problem of prescription deaths is relatively little despite far more deaths and rates of addiction attributable to prescription drugs.[66] A study by the University of Massachusetts found that more than half of psychologists who were involved in the development of a widely used diagnostic manual for mental disorders had financial ties to drug companies. 95 of 170 experts had monetary ties to a drug company (Appendix 8).

Keeping drugs, with medicinal benefits, such as marijuana, MDMA and LSD a criminal offence allows companies to market their comparatively more addictive and increasingly expensive medical products in a variety of fields e.g. Opiate derived Oxycontin, Vicodin and morphine are commonly prescribed in psychotherapy, post-surgical and addiction treatments (Szalavitz, M 2011). The companies justify the prices by asserting the company's expense in research, testing and creating these drugs. However the BMJ research shows that 84% of global funding for drug research comes from public and government funding with Pharma companies spending 19 times the amount they expend on research (Light, D et al cited in Gray,

[65] This organization is the same organization responsible for the infamous propaganda "*This is your brain on drugs*" analogy of a fried egg representing a drug users brain. Johnson and Johnson helped fund the organization in its infancy and has been funded by big Pharma to this day as well as many right wing groups such as Fox Broadcasting (Annual Report Partnership for Drug Free Kids, 2014).

[66] 75% of all poisonous deaths were from legal drugs such as alcohol and prescription drugs in 2012 (O'Keefe, C cited in AlcoholActionIreland 2012).

D 2013). In Ireland companies can only advertise over the counter medication, eliciting demand, that is potentially addictive e.g. nurofen, cough syrup. The proliferation in newspapers of new ailments and categories of disease and treatments create social cognitive awareness of a 'fix' for social ailments e.g. depression and SSRI's, ADHD and Adderall. These diseases undoubtedly need treatment and care but the over reliance on medicating the problem away is catching up with the Western world. In an interview with Richard Dore of Arbor House addiction centre in Cork, addiction to these legal over the counter and prescription products is increasing; "*we have one person who comes here, a female, she was addicted to Nurofen plus. 50/60 a day. That's a lot. Imagine you taking a couple of paracetamol a day but this is 60 a day. But now her marriage is broken up, husband couldn't stick it anymore. This is a woman who was zombified all the time from Nurofen plus. We get loads of people like that. Nurofen plus, a painkiller which is an opiate. Solpadeine is also a huge one".* The market for pharmaceutical products fluidly extends and interacts with drug prohibition by virtue of the possibility that some illicit drugs are not as dangerous or valueless as once thought.

New research however shows that medical marijuana could actually decrease instances of prescription overdoses leading to fewer industry profits. Transparency International write in their annual report of Ireland that "*the pharmaceutical and alcohol industries appear to have significant influence over aspects of national policy*" (Transparency International, 2014). Likewise institutional arrangements have allowed private interests to be effectively co-opted into public policy-making . This is epitomized by the alarmism and panic created by the bird flu pandemic. While the viral potent effects of bird flu deaths were widely reported, the mitigating factors in these deaths were not. Many of the reported victims had other diseases including terminal disease. In many cases even the common flu can contribute to death with a weakened immune system. In the aftermath, of comparatively very little, many governments had stockpiled the only perceived defense, Tamiflu and Relenza. This came at great expense to the public in a time of economic hardship while pharmaceutical giants Roche and GlaxoSmithKleine banked over 7 billion euros[67].

[67] Gwen Olsen is a former big pharma drug rep that alludes to the problem of vesting the health of a society in a private institution; "*a lot of people have the misconception that the pharmaceutical industry is altruistic philanthropists looking to heal the world. There couldn't be anything further*

The morality of hyping up a product for profit isn't the problem. The morality of hyping up a product that isn't effective is. In the build up to the crisis the prestigious Cochrane review (the Medical Gold Standard of drug reviews) were enlisted by governments to assess the efficacy of Tamiflu. However Roche withheld crucial information about its clinical trials for over half a decade. When Cochrane contacted Roche they said they would transfer "*some information*" on the condition that a secrecy contract was signed between both parties, negating the purpose of a government requested review. In layman's terms, this corporation demanded concealing the results of a study on a product, it developed, to be consumed by potentially millions of people, in the midst of a social panic upon which it stood to make billions. Many governments were influenced by the WHO's antiviral guidelines to stockpile this drug (Goldacre, B 2014). The specifics of these guidelines was written by Professor Fred Hayden who was payed by Roche for lecturing and consultancy work. The previous year he authored a Roche study which claimed Tamiflu reduces flu hospitalisations by 60%. Two other scientists who worked with the WHO in this period also had conflicts of interest with these companies (Ramesh, R 2010).

The incentive for companies to influence political sectors is obvious and enabled by the fact that there exists no pre-term employment restrictions in Ireland meaning lobbying groups could freely enter the public sector and target potential political clients. There is also less restriction on Ministers of states, post-employment, with code of conduct (COD) emphasis put on avoiding "*real or apparent conflict of interest*" (pp43 Transparency International 2015). This COD ceases to pertain to Ministers once they leave office leading to the common occurrence of former Ministers in private employment giving them valuable insight and access to the arena of public policy e.g. Noel Dempsey set up his own public affairs consultancy group, Alan Dukes works with Wilson Hatnell PR who works with Pfizer. The implications of policies such as this can be profound for a localist small country like Ireland with the common colloquialism "where everyone knows everyone". As such the influence of the pharmaceutical industry in Ireland will obviously have a major role in

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from the truth. The pharmaceutical industry's vested interest is in making their stockholders money because it isn't in the business of health and healing it's in the business of disease management and symptoms maintenance" (Bell, C 2015).

dictating public policy and the allocation of resources. A company's responsibility is its investors return and is not necessarily compatible with the public good.[68] This is exemplified by the lobbying of doctors of sales representatives promoting medicinal products. Doctors and healthcare workers were paid 6.8m by pharmaceutical companies last year with legal access to doctors in promotion of pharmaceutical products (Cullen, P 2016). Concentrations of a nation's economic wealth breeds concentrations of political influence through various, and sometimes subversive means e.g. lobbying, post-political employment (Appendix 9).

Conclusion

A confluence of factors contribute to the workings of an economy and society. However the recent exit of Britain from the EU, along with the clampdown on corporate taxes signals a response from the public to the private. This is notable in Ireland with the outrage over water charges as well as the increase in support for Sinn Féin, the Irish UKIP equivalent. Many scholars and economists believe it is only a matter of time before this sentiment too transmits into a change in drug policy with decriminalization gathering support. In various direct and indirect ways the two are inextricably linked in a democratic capitalist state. A shift from a failed policy to an alternative would be a start at levelling the playing field so often weighted in the privileged favor by the mechanical free trade market. Predictably the most economically and educationally deprived areas of Dublin are also some of the largest consumers and criminalised offenders (Fig 21, 22, 23).

Highlighting the convergence of unparallelled levels of economic inequality, the retrenchment of Western civil liberties in conjunction with economically regressive

[68] Many companies in Ireland have been embroiled in controversies abroad ranging from sale of products blamed for deaths in South Korea by Reckitt Benckiser and corruption allegations of GlaxoSmithKline (Sherlock, P 2010). Corporate objectives and its indifference to inequity is highlighted by Bayer Pharmaceuticals (also in Ireland) opposition to the Indian courts granting of a license to create a generic version of their cancer product nexavar. With an annual cost of 66,000 USD the generic version would be available to Indians for 2,076 USD a year. When asked how this would affect the companies profits, CEO Marijn Dekkers said, "*we did not develop this product for the Indian market, let's be honest. We developed it for Western patients who can afford this product*" (Chittum, R 2014).

policies, in the pursuit of justice, is compendious to show how successive Irish states has helped create a segment of a population vulnerable to laws that subtly and disproportionately reinforces the other (or economic system perpetuating inequality and social determinants). And while it is excessive to lay the blame of class inequality to governments whose choices are anchored to extrinsic economic forces, it is unacceptable not to indict those governments who glue a nation's economic structure to monopolistic elements whose interest isn't in any way attached to an equal society. Between AD 69-79 a man told the Roman emperor, Caesar Vespasianus Augustus, that he had created a new method of transporting pillars/columns to the capital Rome. These columns were big, bulky and heavy to transport, necessitating the work of thousands of people at great expense to the government. Instead he refused to use the new innovation declaring, "*how would it be possible to feed the populace*". Such was his fear that the new technologies would destabilize society with the "*economic effects of creative destruction*". This is a template for good long term government that emphasizes social solidarity over the race for prosperity. Both prohibition and neoliberal teachings validate their purpose with a social utility it may not necessarily reflect in practice, as is evident by the majority of non-problem drug users and pervasive rates of economic inequality.[69] A double standard undoubtedly exists in Irish and Western society. The vilified reification of drugs fits nicely within the framework of neoliberal private thought and offers little in the way of structural change.

[69] Psychiatrist Adam Winstock, founder of the Global Drug Survey, emphasizes that most drug users are irregular users with only the weekly drug users (apart from heroin users) likely to experience addiction or acute problems. The gateway drug theory is one such example of drug hyperbole. According to tests conducted by the New England Journal of Medicine, alcohol and nicotine are the most effective and common gateways to further drug use (Kandel, E and Kandel, D 2014).

Thesis Conclusion

The notion that prohibition is justified by paternalist ideals is a infantalising narrative bordering on hypocrisy given the available harms of alcohol, sugar, tobacco and prescription drugs. There is an argument to be made that the availability and harm of these substances are proof that there should be no concessions made to drug policy, but this is negated by the fact that severe damage is being done to society by de-regulating and criminalizing drugs than by regulating. This mode of thought is evident through three factors. First, is the observation that increased knowledge of the effects of these substances induces changes in perceptions and usage, as can be seen in the reduced levels of tobacco consumption.[70] Secondly, consumption of illicit drugs is increasing, while only a relative handful of people develop problems, which creates an element of sequestered stigma and othering. And thirdly, it is likely that many people would be in favour of a moderate increase in addiction in lieu of the criminal and violent present in prohibition. The argument for forbidding the sale of something in demand, while permitting the sale of something needed (through precription), is one that provides a platform for private corporate exploitation.[71] Tellingly, these systems also infer a narrative that those who suffer in these systems are to blame for their own failure because it is the failure of the people and not the system. The crux of these two policies also have principles that are in diametric opposition. Neoliberal economics advocates the consumption of a product that can be produced while drug prohibition forbids this. Neoliberal figurehead Milton Friedman advocated the free market system for drugs on the very grounds of democracy; '*I don't think the state has any more right to tell me what to put in my mouth than it has to tell me what can come out of my mouth'* (Perry, M 2015).

In any Democracy the influence of public opinion is going to have some say on the imposition of liberties (Chomsky, N). The Human Rights Watch argues that these

[70] Ireland has the fastest rate of reduced tobacco use in Europe according to the EU commission Policies such as advertising campaigns and picture packaging's are pragmatic tools of deterrence available to a regulated or even decriminalized market (Cullen, P. 2015).

[71] For instance, you cannot legally buy marijuana for medicinal purposes but you can buy it from a doctor who deems you need it ((Libertarianism.Org, T. Szasz, 2012).

criteria are not satisfied in the criminalization of drugs for personal use. The criminalization of a personal act based on a paternalist desire to protect health has the opposite effect as shown previously, and does not satisfy the demands of proportionality and necessity.[72] Furthermore the imposition of a morality (even if it is the morality of the majority) is incompatible with the human rights of consensual adults to engage in an act irrespective of public indignation e.g. boxing, homosexuality, abortion, BDSM, pain-killers, alcohol, smoking. The 2015 loophole legalizing Class A drugs such as ecstasy and crystal meth for 24 hours in Ireland presented an unprecedented opportunity to gauge the public's reaction to the prospect of decriminalization and legalization of illegal drugs. Even though it was a short space of time the country did not fall apart nor was there a sporadic crime problem. Many news forums and webchats relayed a positive reception with many celebrating the day as "NationalYokes day or yokegate" (Kilberd, R, 2015). While this may not be representative, it does highlight the need for an open and frank discussion of a growing issue. Herodotus's argument of cultural relativism encapsulates this.

"If other people believe in things different to you, there is no objective way to know you are right, nor is there any way to convince them otherwise. It is mistaken to assume your beliefs and morals are natural instead of culturally ingrained",

At some point there has to be an acceptance that this counterculture, counterculture has a right to exist. If it involves, in certain circumstances, equal or lesser harm relative to other legal substances, then where does the moral and ethical grounds lie for its continued prohibition. Prohibition contributes to biased understandings in socially constructed perceptions of drug abuse which are mired in the absent knowledge of the Orwellian factors. Voltaire said that prejudice is "*what fools use for reason*". Given the increasing problem of both drugs and national prosperity, there is most certainly an argument to be made that the policy of prohibition and neoliberalism engenders an appearance of moral superiority and control, rather than immoral control. The classical free market economy was supposedly designed so that if a person had an original thought and business, that

[72] Stigma, arrest, incarceration, psychosocial prison factors, criminal record and decreased social mobility are all factors disproportionate to the individual consumption of a substance without harming others (Human Rights Watch Submission to Oireactas, 2015).

would be utilized by the market and society as a whole. The free movement of capital means that this is not the case. The outcome is predictable: that an emphasis on competition, individualism and superiority would lead to a prosperous minority, a stagnating middle and an impoverished lower class. Prohibition has become the cause of violence rather than the solution to it.

Prohibition treats the symptoms and not the true spectrum of the disease. It is ineffective against the high-end criminality that drives the industry while concurrently inflamming the egregious circumstances that drives drug seeking behavior. Neoliberal policies are contributing to the reproduction of these egregious circumstances by reducing the citizen to a consumer while advocating individualism, consumerism and austerity. Prominent Cambridge economist Ha-Joon Chang, refers to this as a self-defeating strategy, just like prohibition, entrenching the cause of the problems '*balancing the books was not really what was behind this austerity policy, it was an attempt to undermine the Welfare state, rewrite the social contract and re-engineer the British economy in the image of American free market system'* . This is the same for Ireland. When an economy is starving it is illogical to go on a diet, just as it is illogical to outlaw something in the name of public safety by criminalizing those, who carry out what mostly is an individual act, with draconian measures. In a recent speech president Michael D Higgins stated that "*the powerful dominance of the neo-liberal economic model over the last thirty years has had a very negative impact, not just on an economy where speculative investments and deregulated markets have wreaked financial havoc, but also on how we interact with each other. The tendency of recent decades to regard the individual as primarily a consumer, to whom one sells more and more goods and services, rather than a citizen who actively participates in society, has had an impoverishing effect on all our lives*" (Higgins, D., M 2016).

The parallels between the features of neoliberalism and the drug trade are striking. Both systems are averse to change and as such both require radical structural alteration to escape the diffusive effects of crime and inequity they have caused. Both systems advocate individualism, consumerism, market advancement and market principles (Wilson, M. 2013). Both systems generate competition leading

to the domination of the market by few competitors. Both systems, for obvious different reasons, generally prefer to manufacture abroad with less regulation, less cost and higher returns. The topology of these markets typically integrate vertical hierarchies of power with horizontal capitalist exploitation encircling it. Both systems constitute the majority of their workers at the bottom or middle of the organization increasing worker insecurity. Crucially, both systems expose the gaping flaws of a government that, when bolted to an interdependent global market, chooses a policy that professes public enrichment but ultimately produces stigmatisation and public inequity.

Diagrams

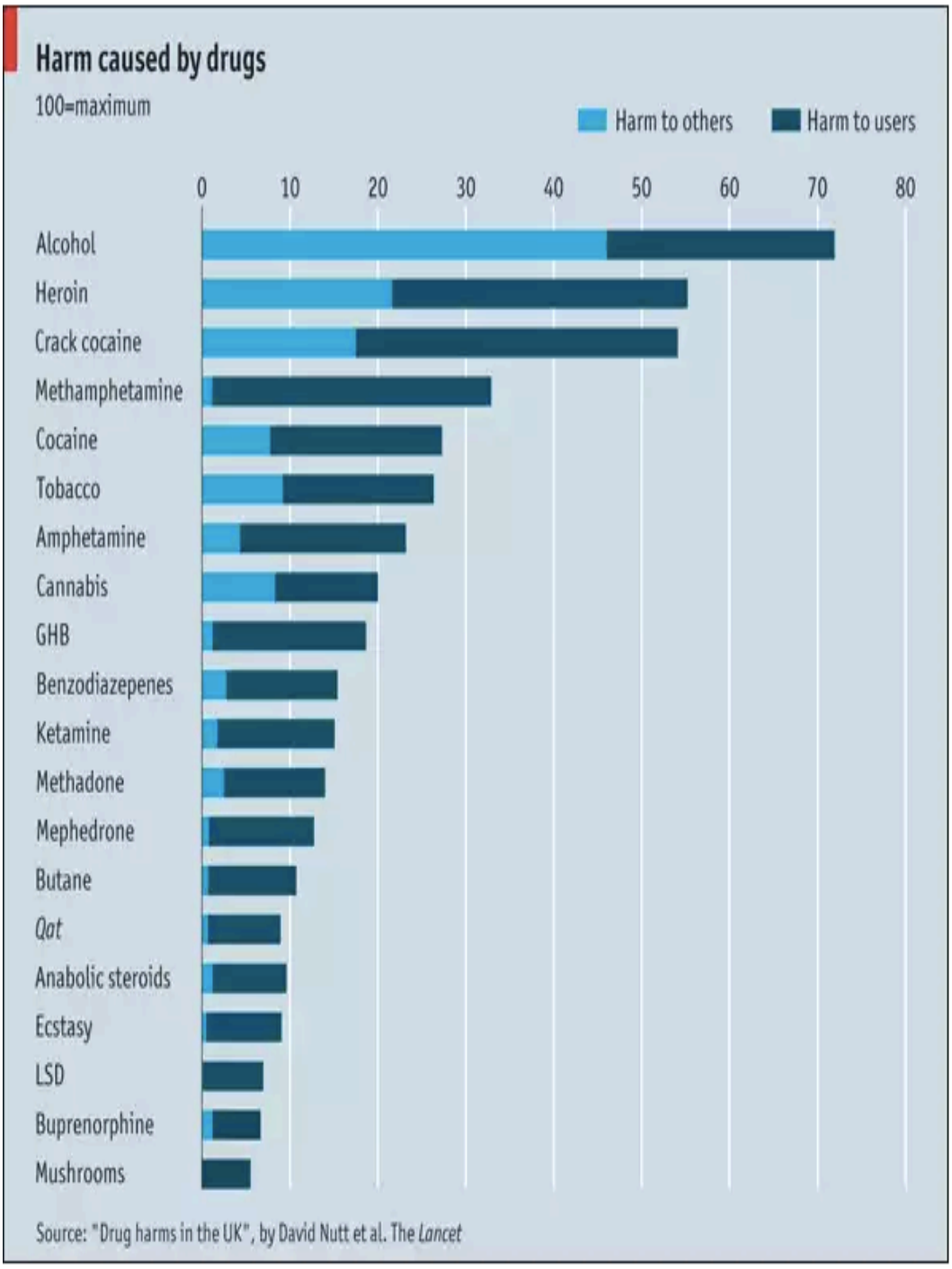


Fig 1: Estimated harm scale to user and others by drug (Nutt, D).

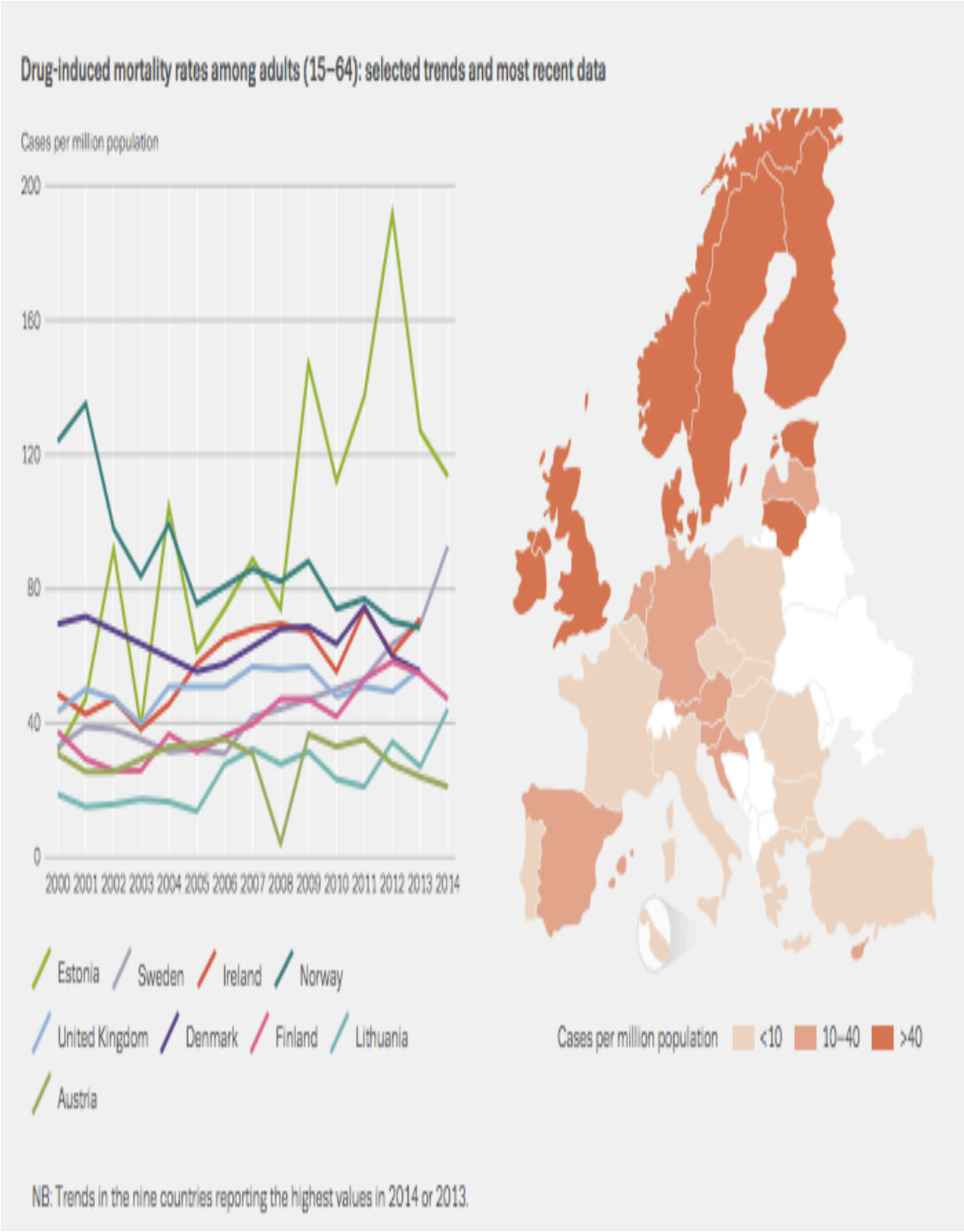


Fig 2: Drug-inducedmortality rates among adults between the ages of 15-64 (p.67 UNODC World Drug Report, 2015).

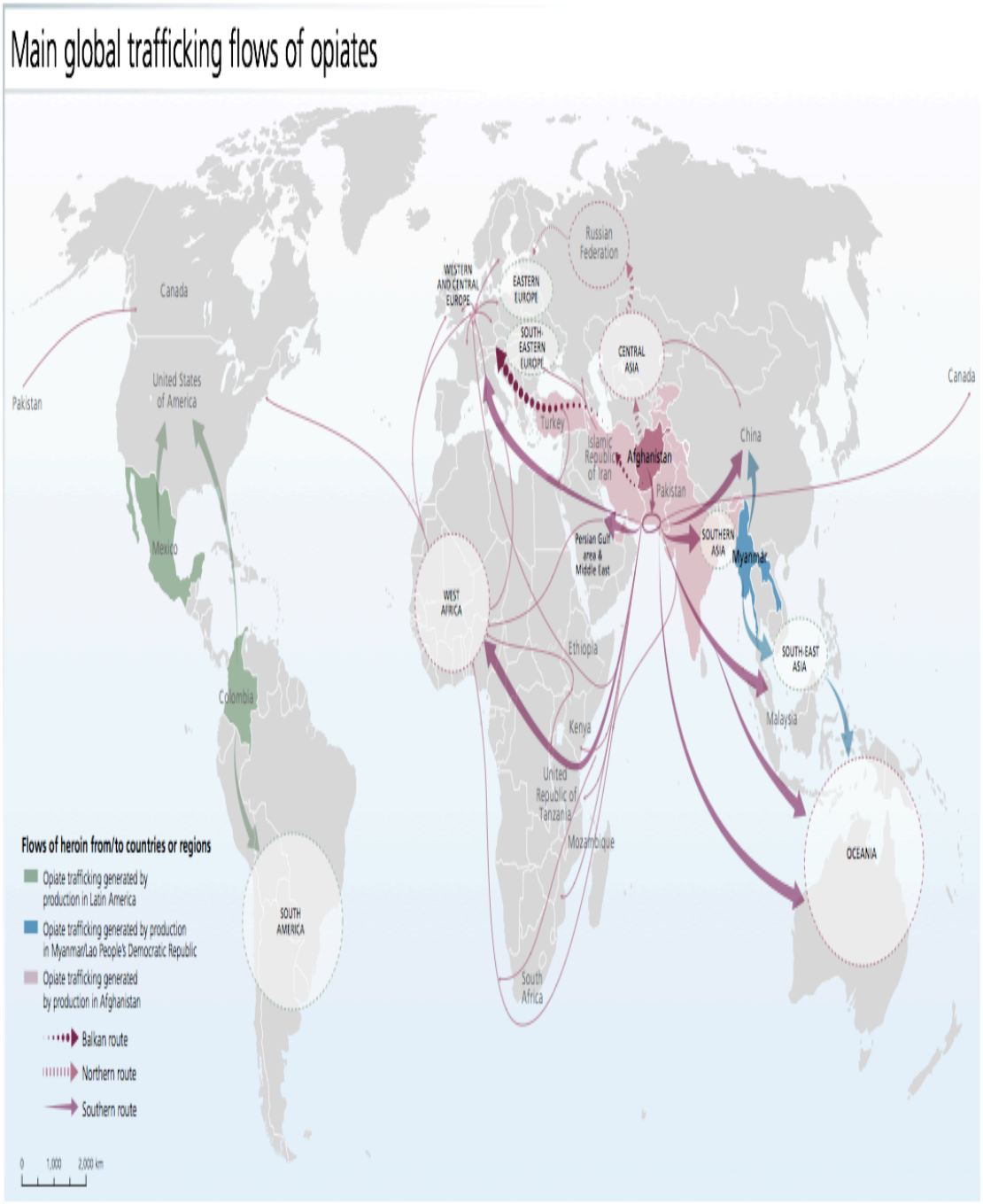


Fig 3: The global drug trafficking routes of the opiat drugs trade compiled by the UNODC World Drug Report 2015.

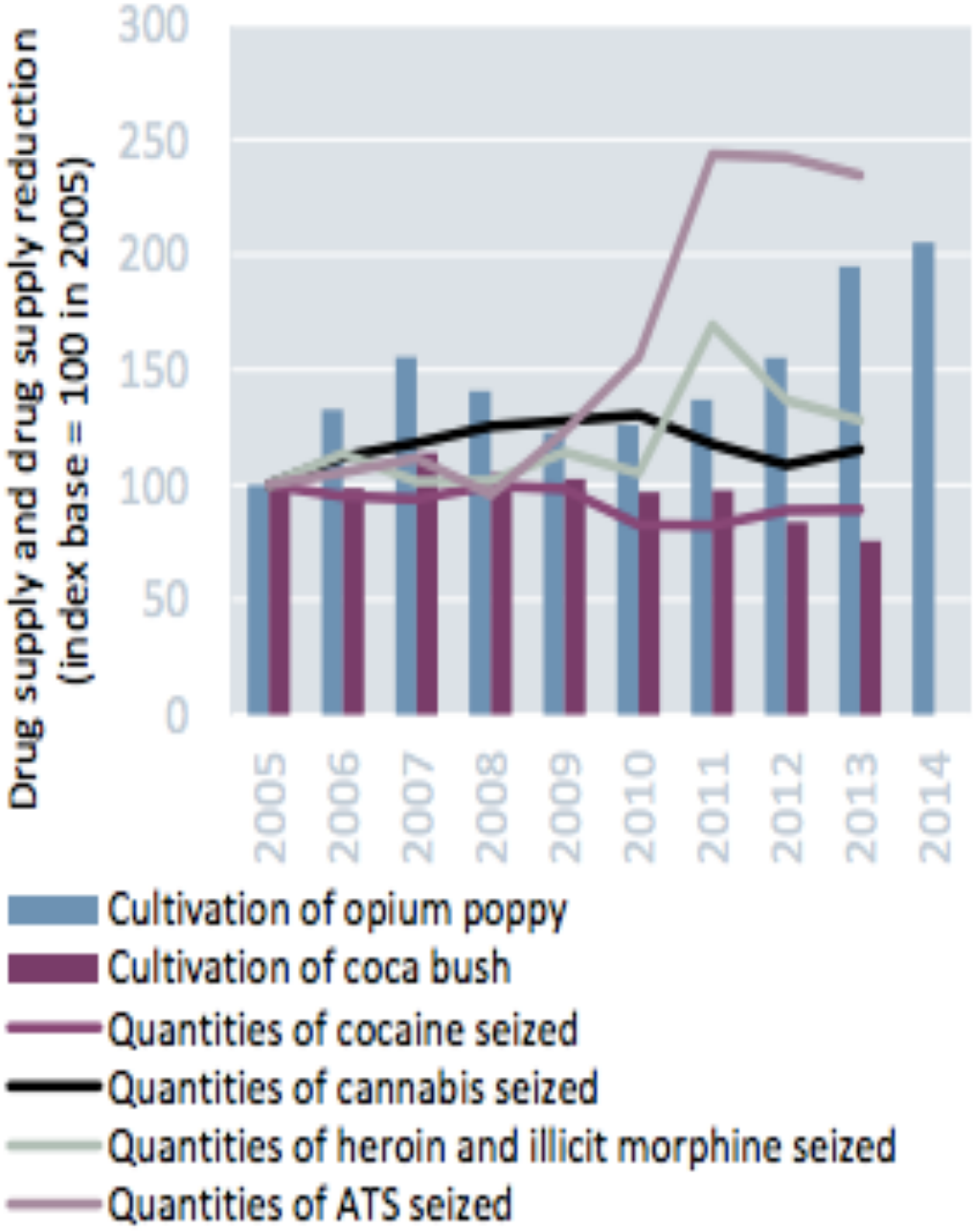


Fig 4: Global trends in main indicators of drug supply and drug supply reductions from 2005-2014 (p.37 UNODC World Drug Report, 2015).

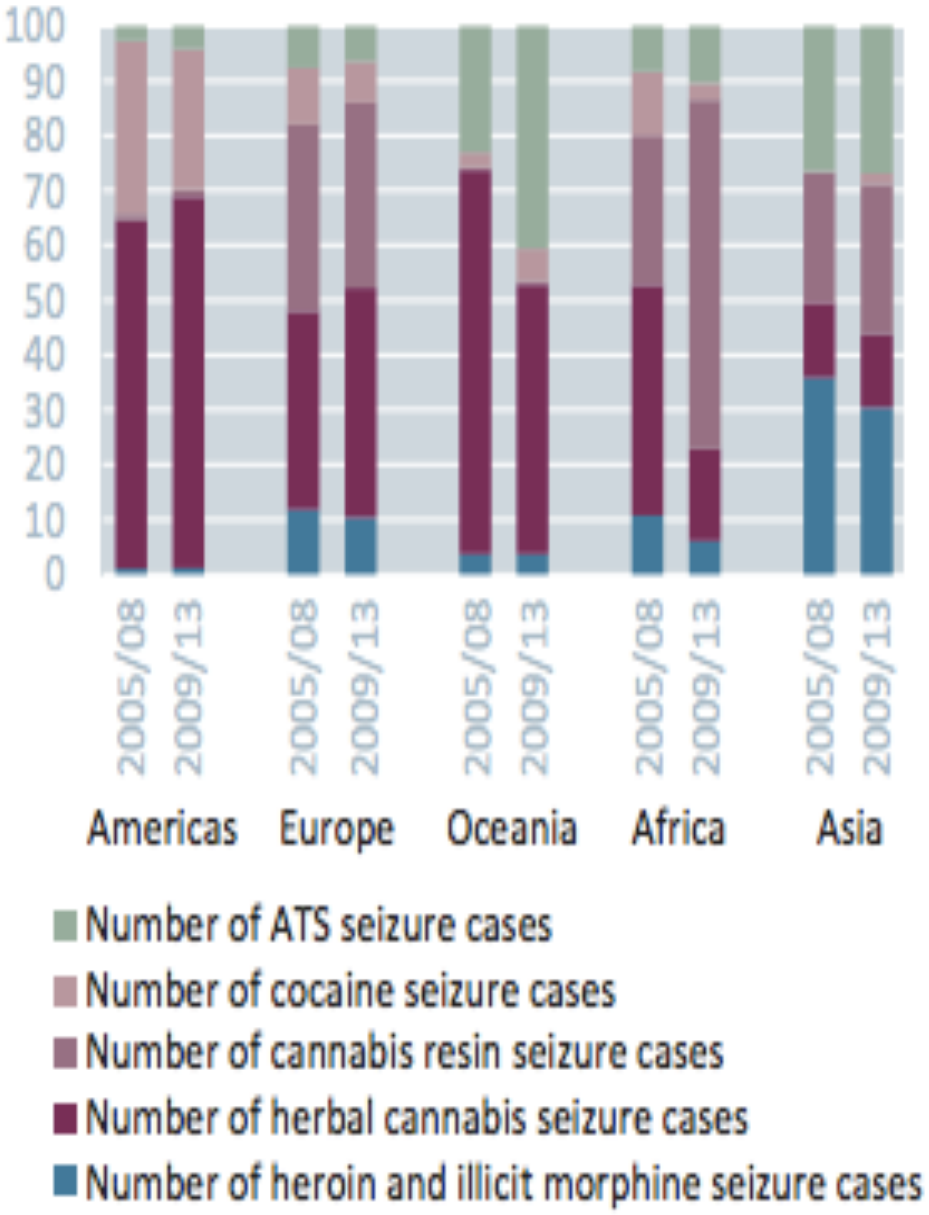


Fig 5: Distribution of global drug seizures by region and drug type from 2005-2008 and 2009-2013 (p.37 UNODC World Drug Report, 2015).

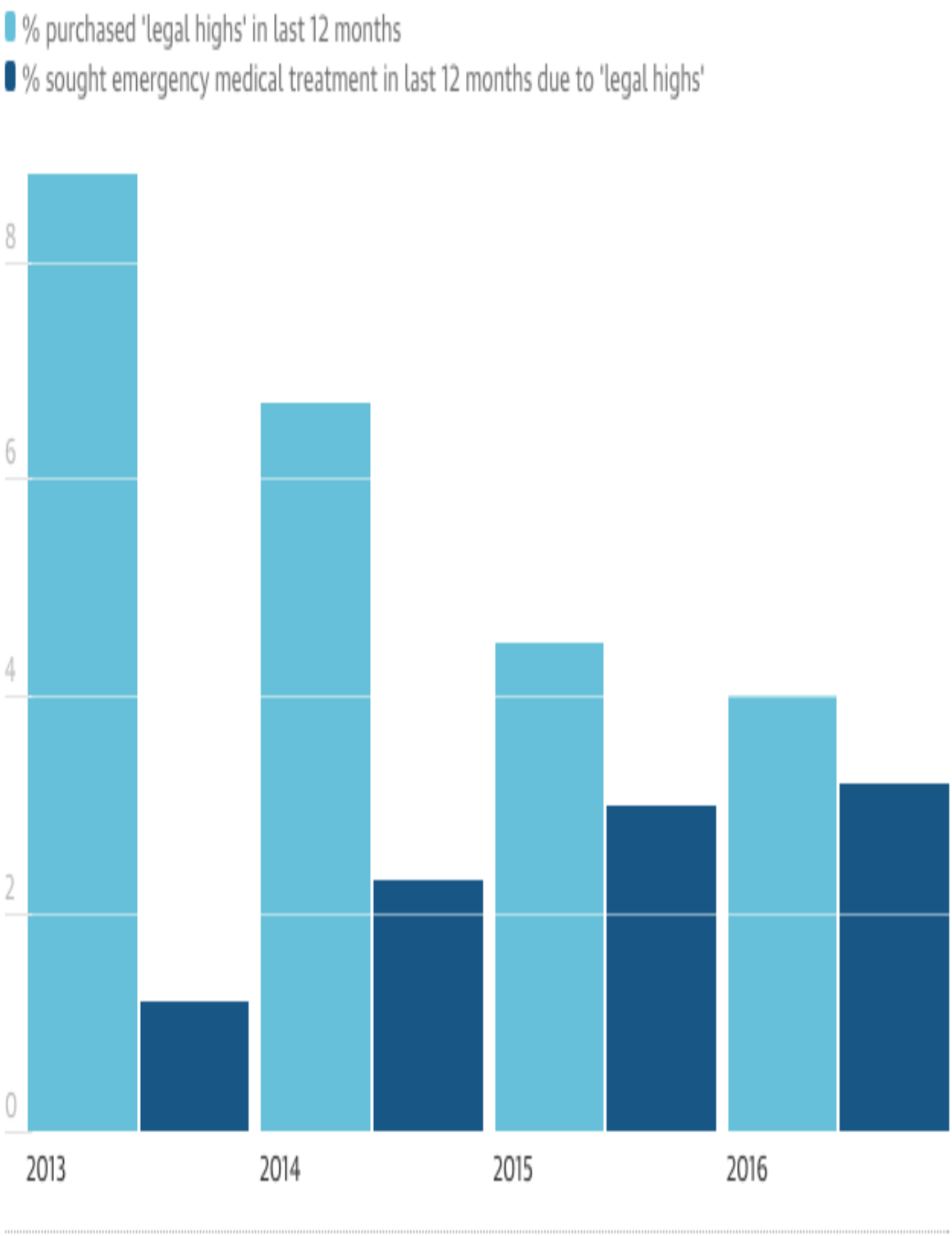


Fig 6: Guardian graphic from the data reproduced in the Global Drug Survey 2016, (Davey, M. 2016) .

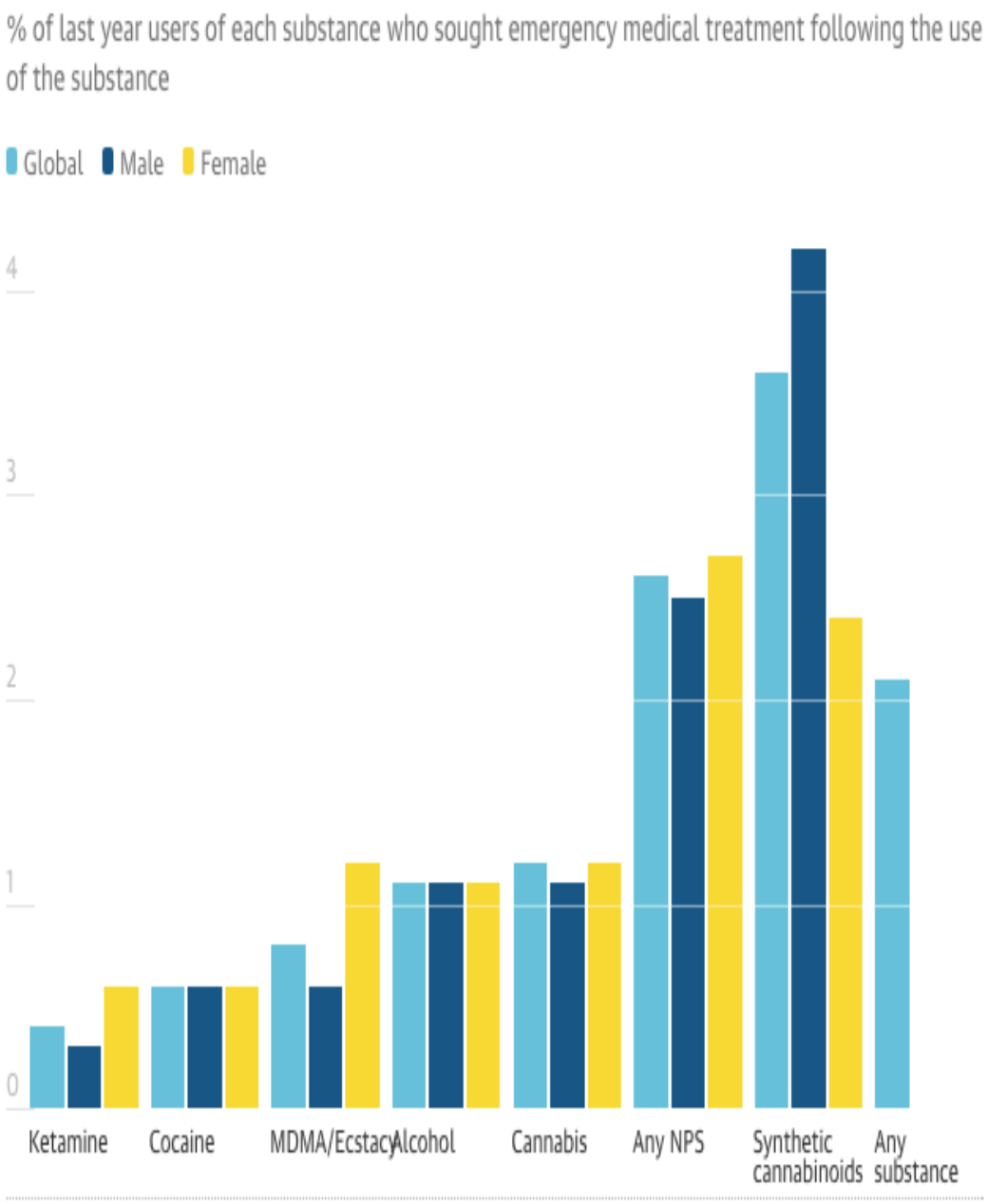


Fig 7: Guardian graphic from the data reproduced in the Global Drug Survey 2016, (Davey, M. 2016) .

Controlled drug offences

Recorded Crime Offences (Number) by Type of Offence and Year

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
10 Controlled drug offences	9863	13316	14220	18553	23404	21982	20004	17695	16450	15372	15915	15119
1011 Importation of drugs	36	36	43	54	67	46	29	41	30	44	29	20
1012 Cultivation or manufacture of drugs	38	50	92	161	218	273	538	580	517	390	346	242
1021 Possession of drugs for sale or supply	2193	2658	3015	3602	4301	4029	4159	3874	3503	3261	3586	3391
1022 Possession of drugs for personal use	7136	10032	10461	14007	18093	16817	14522	12674	11821	11188	11273	10972
103 Other drug offences	460	540	609	729	725	817	756	526	579	489	681	494

Fig 8. Recorded crime offences by type of offence and year in the Irish prison system (CSO, 2016).

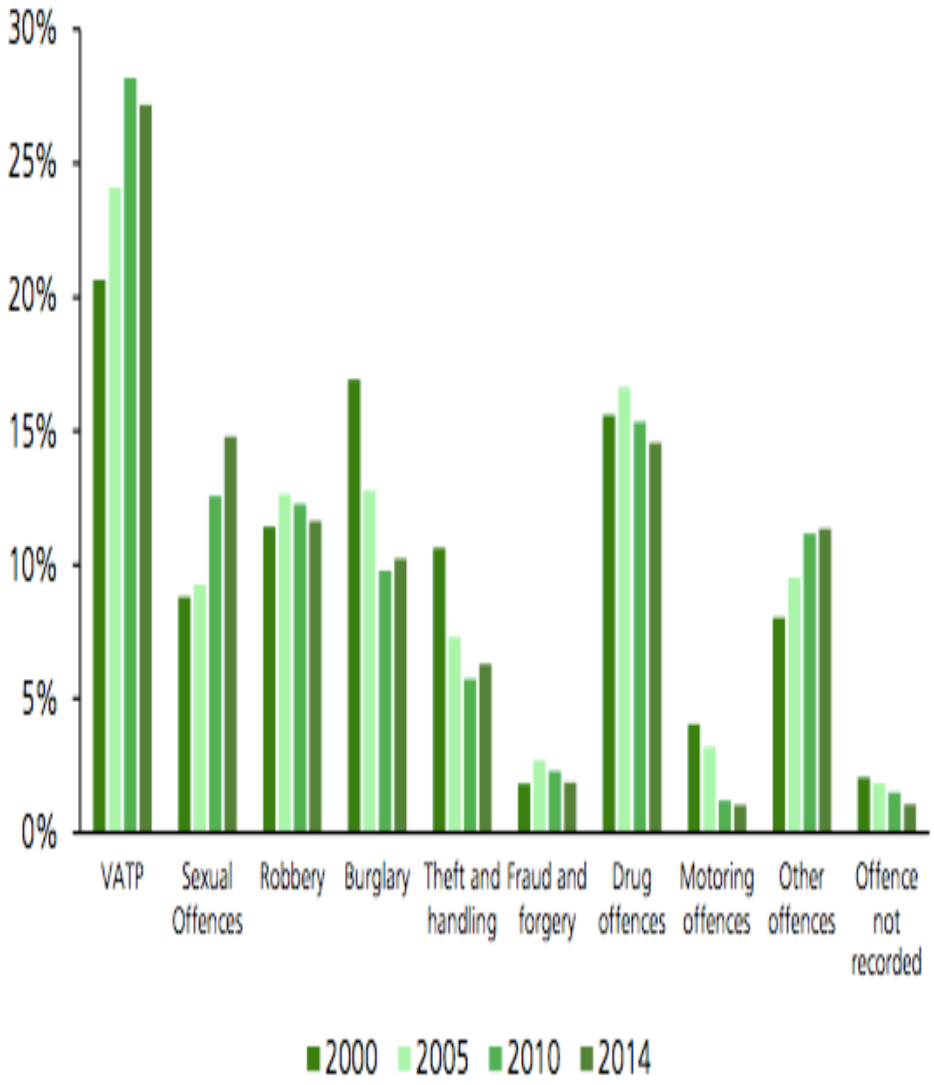


Fig 9. Percentage of prisoners sentenced by type of crime in England and Wales (UK Parliament Briefing Paper, 2016). It is estimated that one in eight arrestees in England and Wales are problem heroin and crack users with an estimated third to half of all new prisoners are problem drug users (UKDPC, 2008).

Type of disposal	Import/ export		Trafficking		Possession		Other		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Immediate custody	618	93%	7740	46%	1247	3%	76	13%	9681	16%
Suspended sentence	29	4%	3376	20%	655	2%	125	21%	4185	7%
Community sentence	6	1%	4156	25%	8136	19%	194	32%	12492	21%
Fine	7	1%	974	6%	21862	52%	108	18%	22951	38%
Other disposal	5	1%	489	3%	10167	24%	105	17%	10766	18%
Total sentenced	665	100%	16735	100%	42067	100%	608	100%	60075	100%

Fig 10: Drug offenders convixted and sentenced at all couts in England and Wales 2011 (Criminal Justice Statistics Quarterly cited in UKDPC, 2012). This figure shows how possession takes up the vast majoirty of the CJS's time in the UK.

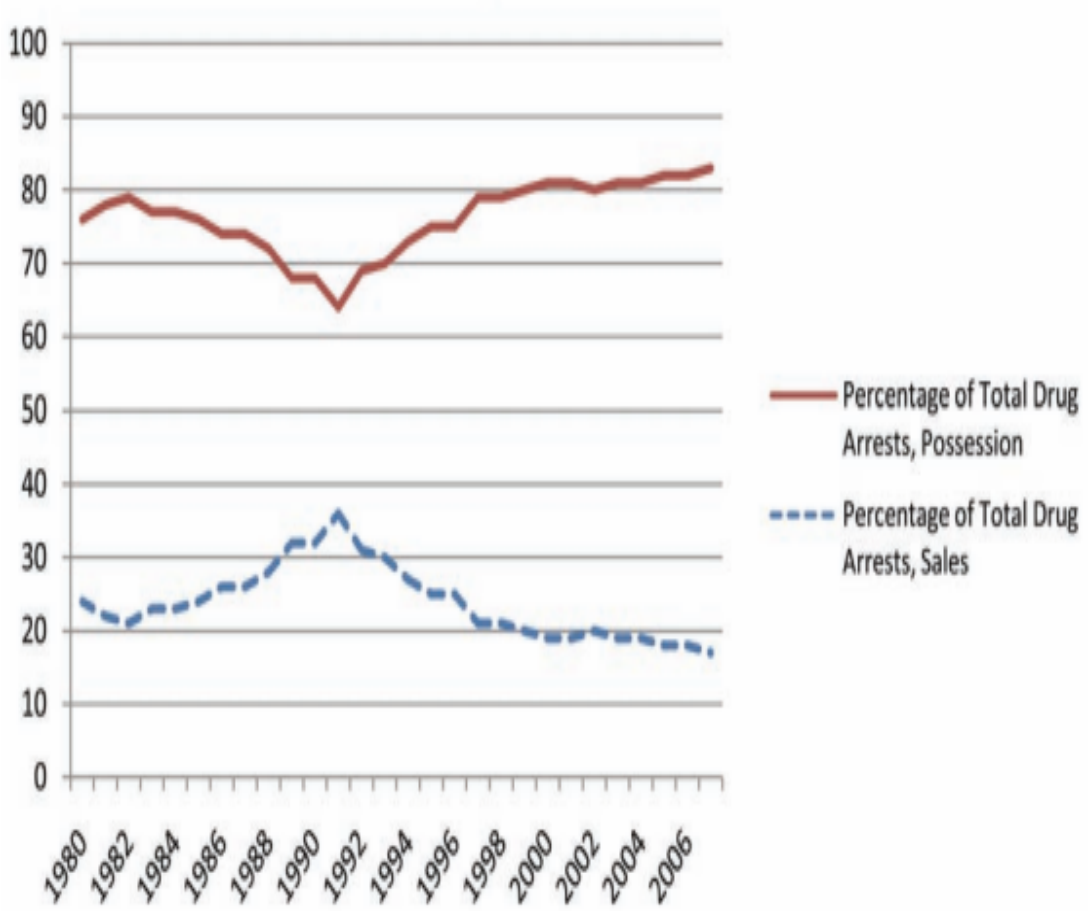


Fig 11. USA arrest rate by differentiation of drug possession and drug manufacturing/selling. More than four-fifths of drug law violations arrests are for drug possession (Human Rights Watch, 2009). This statistic is reinforced by the fact that 45% and 53% of federal and state prisoners satisy the criteria of having a "*drug use disorder*" (FBP, 2011).

ICCS offence group	Detection rate				
	2007	2008	2009	2010	2011
01 Homicide offences	90	86	80	83	86
02 Sexual offences	60	65	62	59	57
03 Attempts/Threats to murder, assaults, harassments and related offences	59	59	60	62	62
04 Dangerous or negligent acts	99	99	100	100	100
05 Kidnapping and related offences	58	62	50	62	68
06 Robbery, extortion and hijacking offences	49	50	52	54	49
07 Burglary and related offences	24	26	24	25	23
08 Theft and related offences	36	38	37	38	36
09 Fraud, deception and related offences	44	53	56	51	45
10 Controlled drug offences	98	99	99	99	99
11 Weapons and explosives offences	87	91	89	90	90
12 Damage to property and to the environment	23	22	22	23	23
13 Public order and other social code offences	91	93	94	94	94
14 Road and traffic offences (NEC)	99	99	99	99	99
15 Offences against Government, justice procedures and organisation of crime	98	98	98	98	98
16 Offences not elsewhere classified	65	68	67	62	51

Fig 12- The detection rate of Gardai by offence. CSO, 2011.

Prison	No. of tests	Cannabis	Benzo-diazepines	Methadone	Opiates	Cocaine	Amphet-amines	Alcohol
		Number (%)						
Mountjoy Male	**6102**	2661 (44)	2717 (45)	5148 (84)	3519 (58)	46 (0.8)	1 (0.02)	28 (0.5)
Mountjoy Medical Unit	**4366**	679 (16)	664 (15)	2018 (46)	667 (15)	7 (0.2)	3 (0.07)	7 (0.2)
Dóchas Centre	**2491**	450 (18)	1214 (49)	2045 (82)	557 (22)	53 (2)	4 (0.2)	21 (0.8)
Training Unit	**2607**	24 (0.9)	15 (0.6)	1 (0.04)	38 (1.5)	0 (0)	1 (0.04)	4 (0.2)
Wheatfield	**4131**	1303 (32)	1229 (30)	3664 (89)	1499 (36)	12 (0.3)	2 (0.04)	16 (0.4)
Cloverhill*	**2328**	290 (12)	414 (18)	1604 (69)	389 (17)	43 (2)	3 (0.1)	36 (2)
St Patrick's Institution	**1312**	105 (8)	66 (5)	158 (12)	16 (1)	1 (0.1)	0 (0)	6 (0.5)
Castlerea	**126**	33 (26)	33 (26)	23 (18)	36 (29)	1 (0.8)	1 (0.8)	2 (1.6)
Loughan House	**486**	157 (32)	88 (18)	4 (0.8)	44 (9)	2 (0.4)	5 (1)	5 (1)
Shelton Abbey	**770**	150 (19)	55 (7)	3 (0.4)	15 (1.9)	7 (0.9)	1 (0.1)	10 (1.3)
Limerick	**695**	120 (17)	236 (34)	593 (85)	176 (25)	2 (0.3)	3 (0.4)	4 (0.6)
Cork	**165**	26 (16)	18 (11)	0 (0)	3 (2)	0 (0)	1 (1)	1 (0.6)
Midlands	**2529**	400 (16)	551 (22)	2287 (90)	908 (36)	15 (0.6)	3 (0.1)	27 (1)
Portlaoise	**107**	31 (29)	39 (36)	59 (55)	32 (30)	2 (1.9)	0 (0)	0 (0)
Arbour Hill	**27**	3 (11)	2 (7)	1 (4)	1 (4)	1 (4)	1 (4)	0 (0)

Fig 13: Number of drug tests conducted in Irish prison with number of positive tests by prison and drug type, 2009.

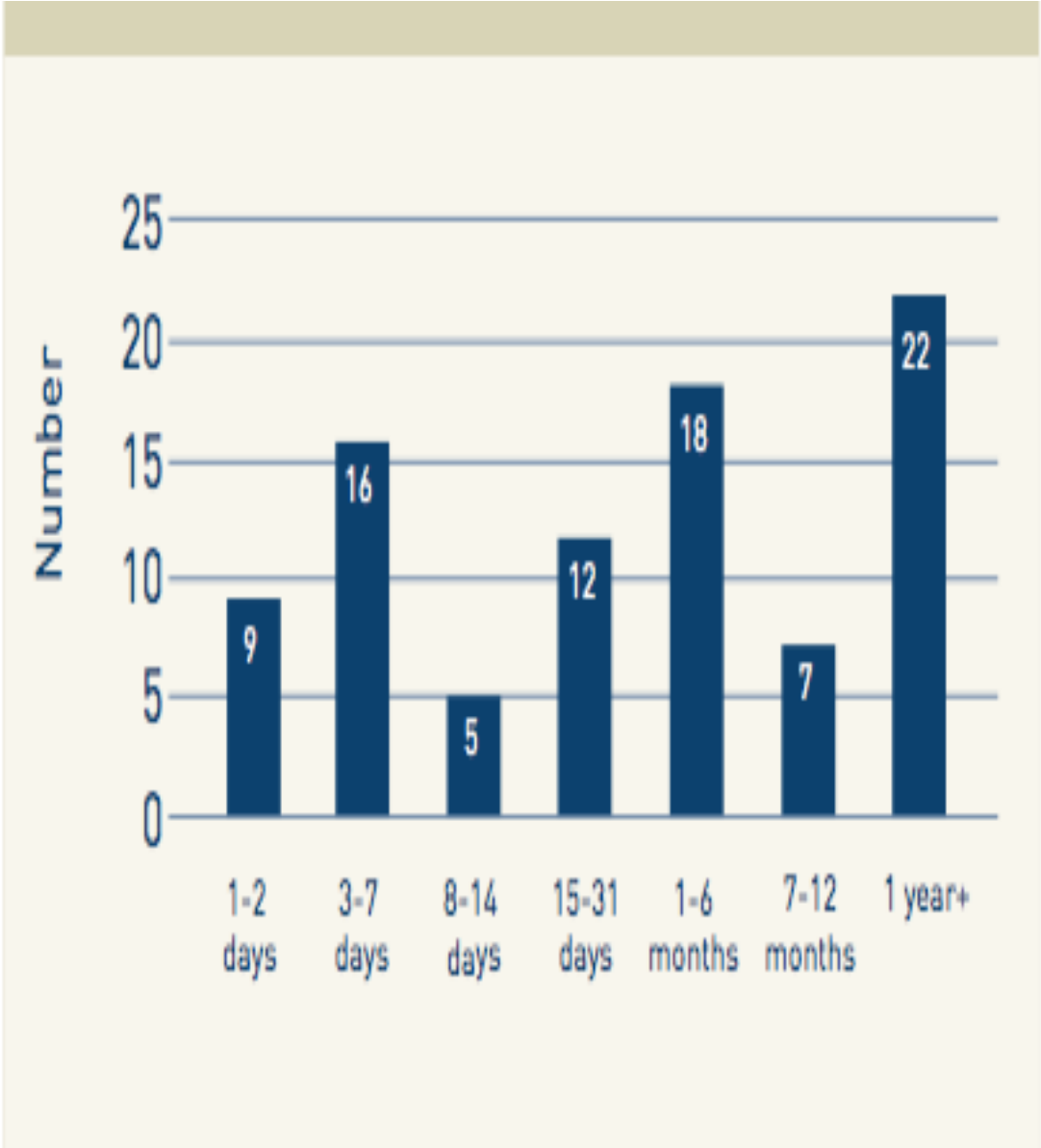


Fig 14: Time elapsed between release from prison and death documented by the National Drug-Related Death Index between 1998-2005 (Binswanger, I. et al, 2007 cited in http://www.drugsandalcohol.ie/13978/1/Drugnet_35_-_Draft_5_-_as_signed_off.pdf).

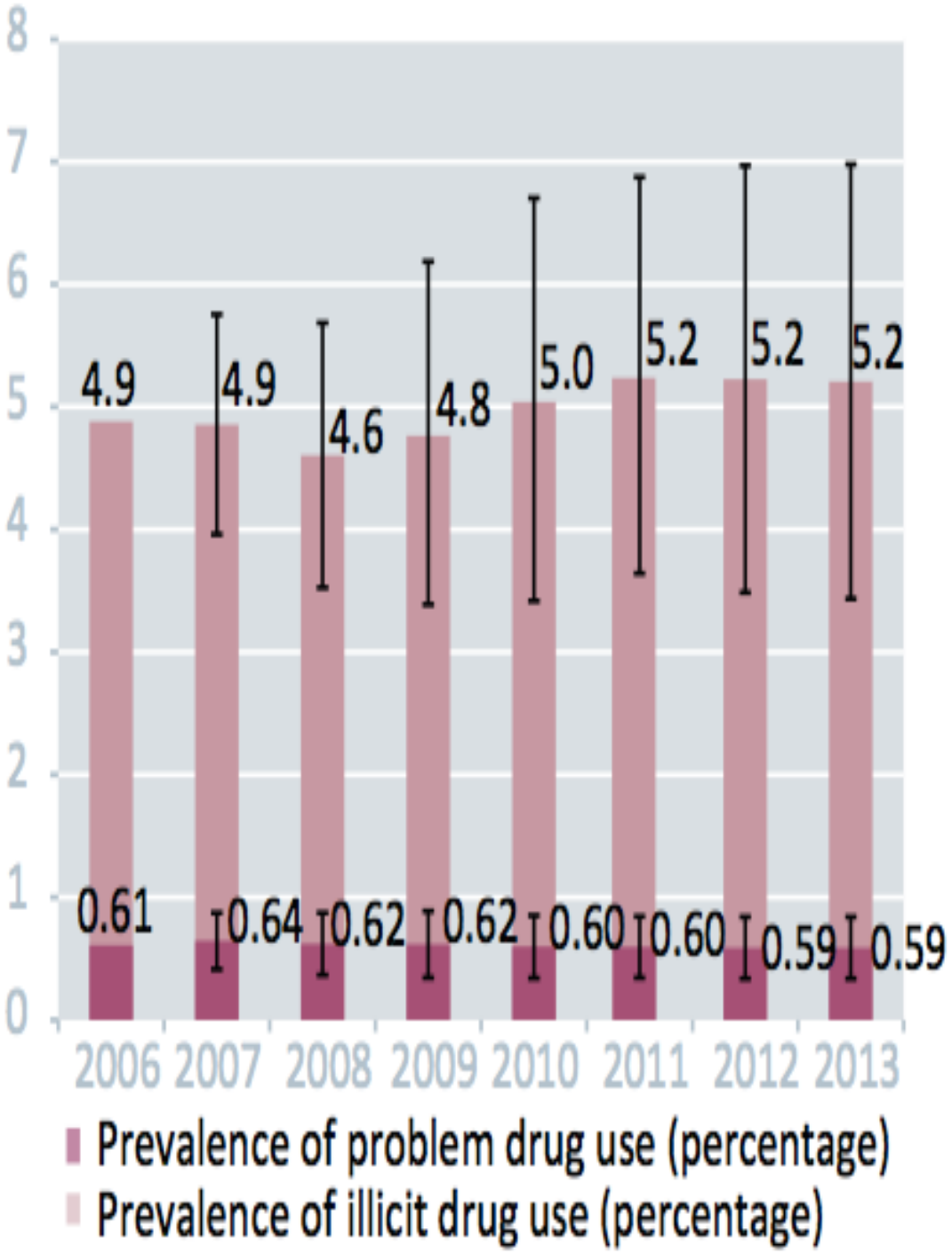


Fig 15: Estimated percentage of adults who have used drugs in the past year. All respondents were between the ages of 15 to 64 (UNODC, 2015).

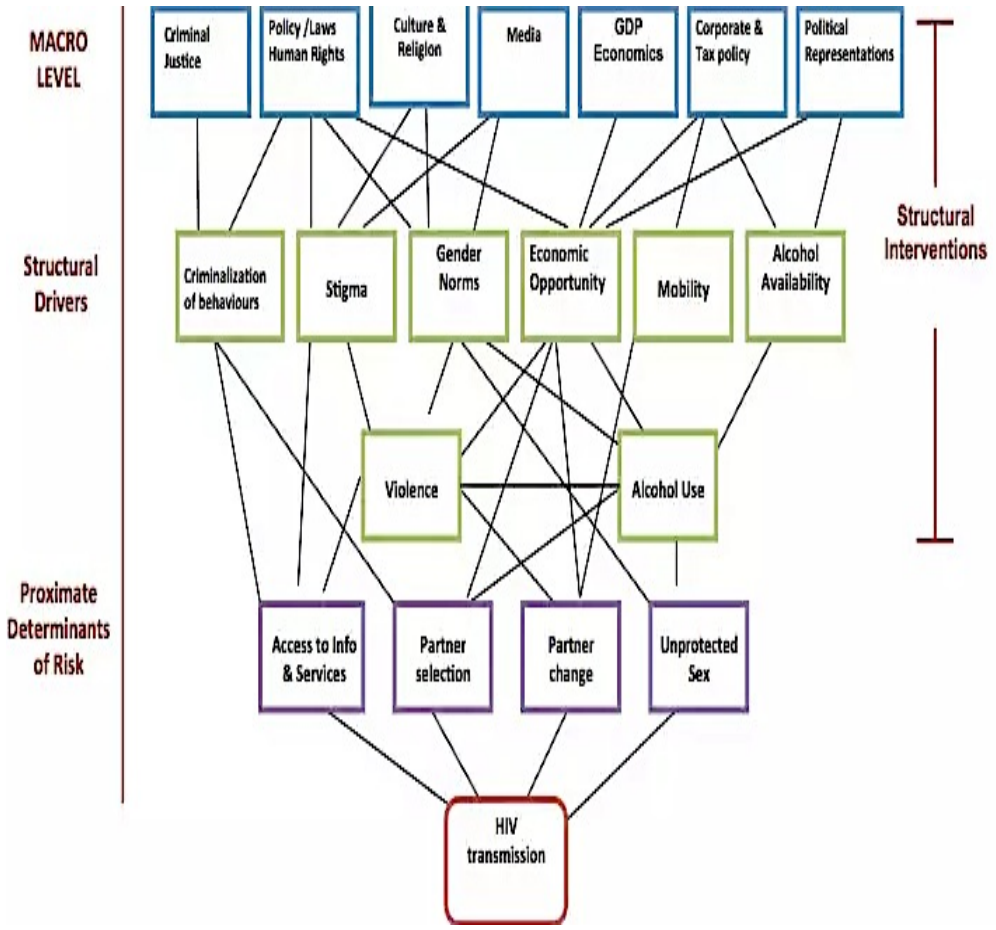


Fig 16: An example of the structural drivers of HIV and drug related stigma within society is provided by the London School of Hygience and Tropical Medicine (STRIVE Drivers 2016).

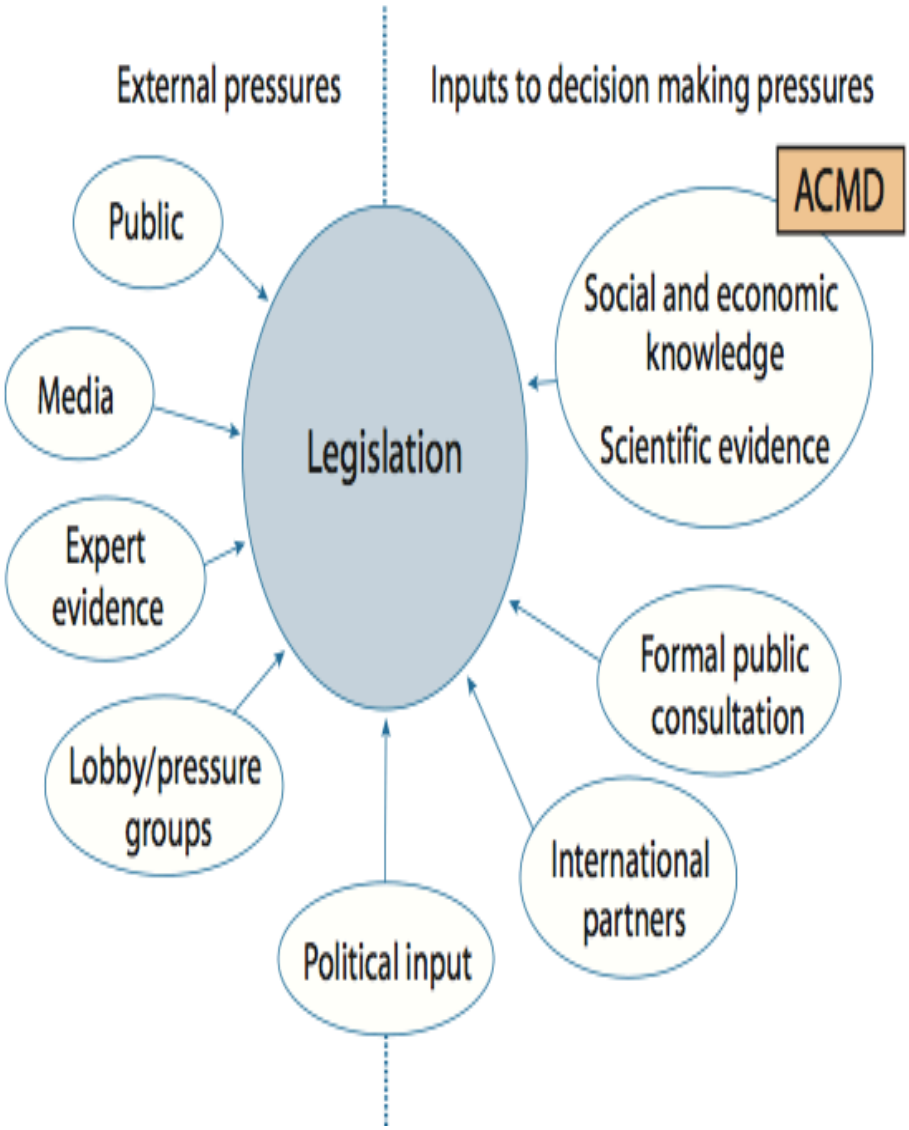


Fig 17: The external pressures involved in the political decision making pregress taken from the Centre for Crime and Justice 2009.

Drug	Toxicological statistics (*n*)	Newspaper reports (*n*)	Toxicology to newspaper ratio
Amphetamines	36	13	3 1
Aspirin/Salicylate	12	0	–
Barbiturates	15	0	–
Buprenorphine	3	2	2 1
Cannabis	34	15	2 1
Cocaine	30	4	8 1
Codeine	54	0	–
Dextropropoxyphene	105	0	–
Dihydrocodeine	161	2	80 1
Diazepam	481	10	48 1
Dipipanone	19	0	–
Ecstasy/MDMA[a]	28	26	1 1
GHB	1	0	–
Heroin/Diamorphine	342	75	5 1
Ketamine	1	0	–
LSD	1	0	–
Methadone	460	29	16 1
Morphine	431	6	72 1
Opium	43	0	–
Paracetamol	265	1	265 1
Temazepam	369	25	15 1
Triazolam	4	0	–
Other Opioid	28	1	28 1
Other Benzodiazepine	106	0	–
Other Hypnotic	35	1	35 1
Other drug	300	14	21 1
Unspecified drug	402	405	N/A
All cases	2255	546	4 1

Fig 18: Detail of drug related reporting showing a disproportionate amount of reporting of ecstacy, amphetamine related deaths relative to legal drugs such as aspirin, paracetamol and prescription codeine (Forsyth, A. 2001).

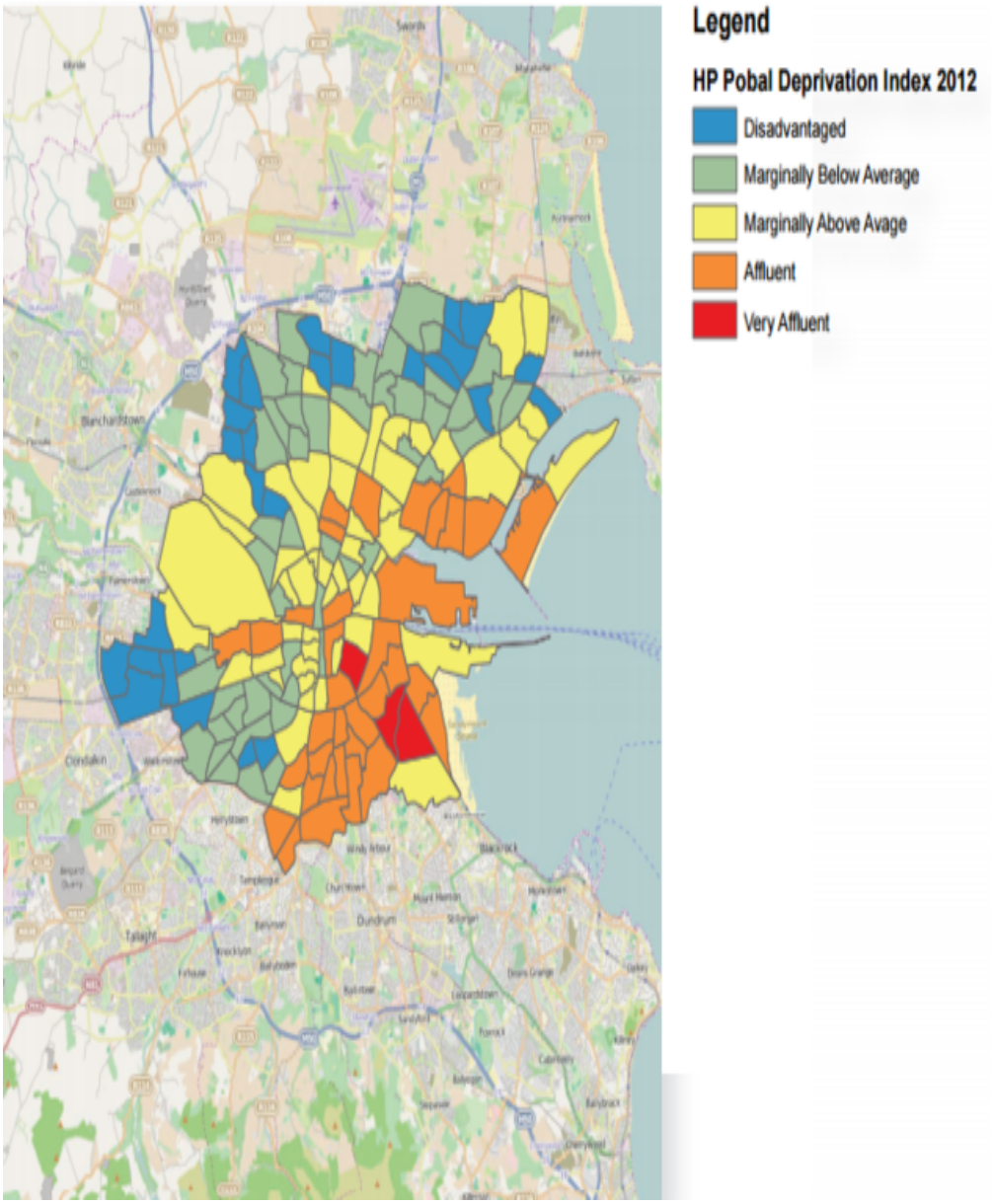


Fig 19- Geography of Dublin delineated by deprivation De Buitleir cited in Freeman, M. 2014).

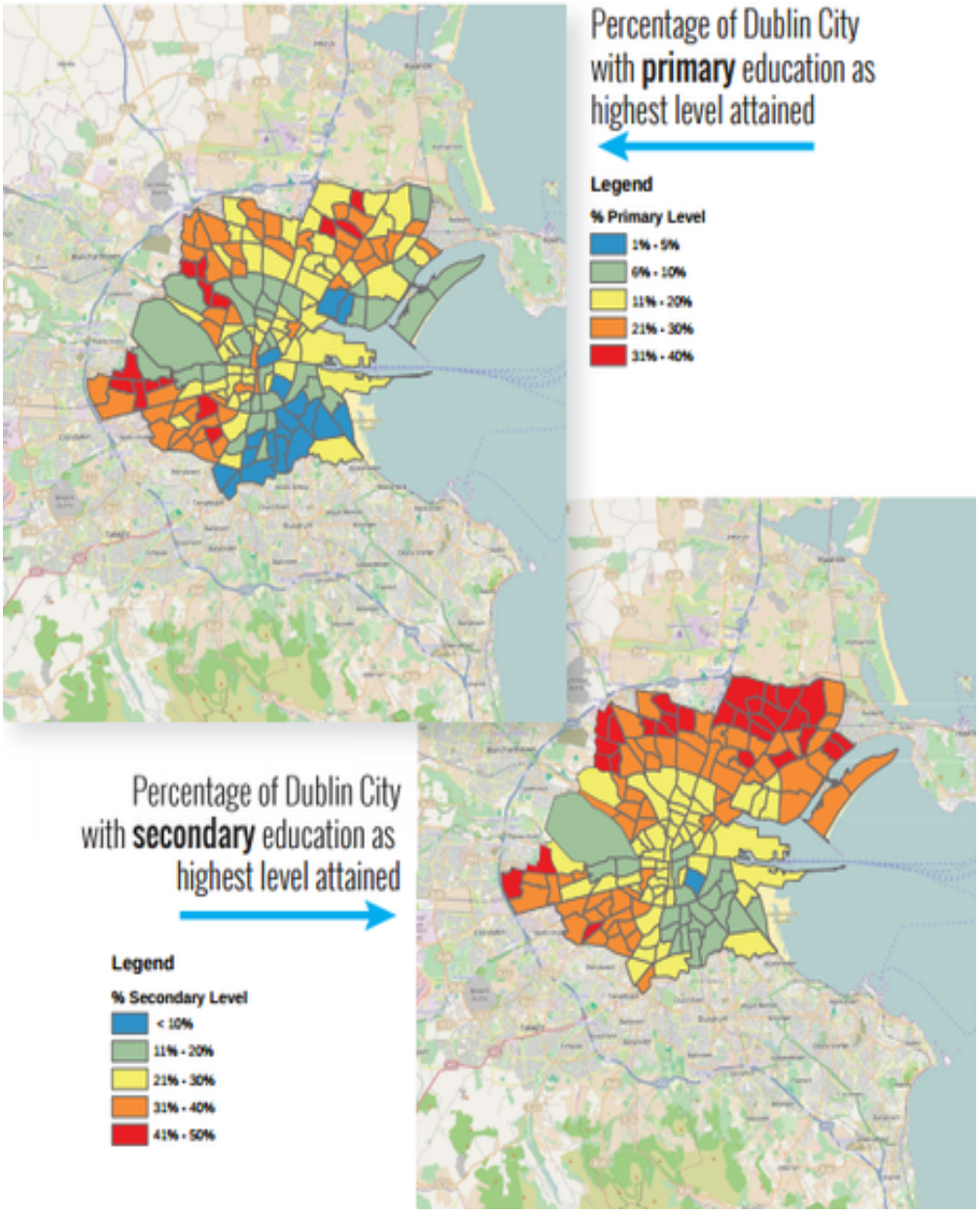


Fig 20- Educational Achievement Delineated by Geography in Dublin (De Buitleir cited in Freeman, M. 2014).

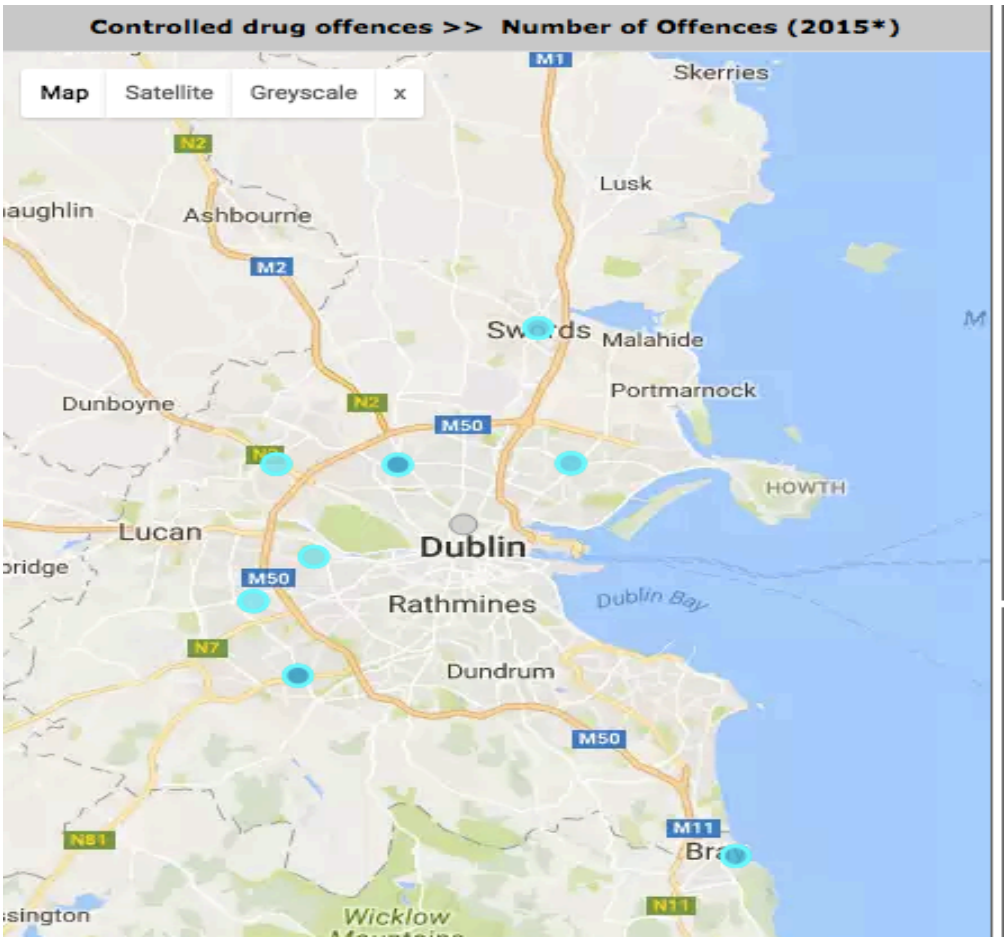


Fig 21: Controlled Drug Offenses by Garda Station and areas where deprivation and education inequity is highest (Maynooth University Dublin Dashboard 2016).

Fig 22: Estate by descending order from top to bottom- Finglas, Tallaght, Bray, Coolock, Swords, Blanchardstown, Clondalkin, Ballyfermot (Maynooth University Dublin Dashboard 2016).

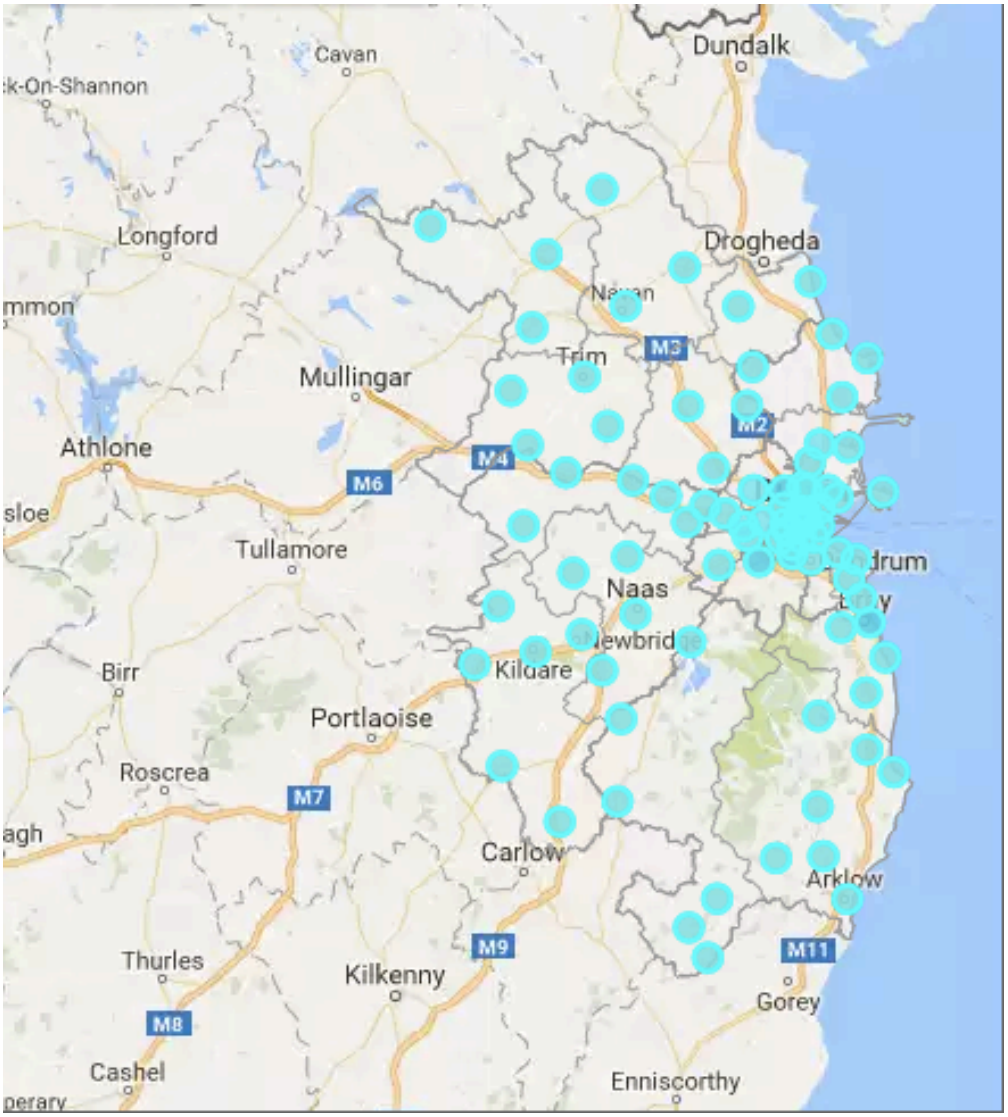


Fig 23: Contolled Drug Offense 2015 divided by all garda station locations (Maynooth University Dublin Dashboard 2016).

Appendices

Appendix A

1. The war on drugs (WOD) began in earnest under Richard Nixon and has only recently began to, comparatively, tailor off under Bush and Obama. American drug policy has been very influential in Ireland due to the historically close ties between the countries as well as America's reputation of being at the forefront of public policy. The prevailing wind was that if America can put a man on the moon then they could surely halt the drug problem. The opposite turned out to be true. While the moon is static and objective, drugs and all issues pertaining to it are dynamic and subjective. Drugs were commonly thought of in Ireland and America as axiomatic and simplistic. Even the metaphor of 'war' implies an internalized distorted picture of the true extent and reality of the problem. War typically denotes ideas of cultural cohesion, strength and gallantry against an evil foe whose aim is to destroy you and your loved ones. Furthermore the very notion of war means an end to the very idea of a "*compromise or peaceful co-existence*" (Butler, S. 1997). Whilst prohibition has many diverging and less restrictive aspects such as harm reduction strategies, they are all compnents under the umbrella of prohibition. In fact the concept of harm reduction philosophy is a useful methaphor to illuminate the futility of prohibition. In one sense harm reduction strategies commonly involve eliminating the usage of drugs while other strategies commonly incorporate the reduction or the replacement of illicit drugs with a derivative e.g. methadone for heroin.

2. Gabor Maté is a distinguished physician who specializes in the study and treatment of addiction. In his evaluation of prohibition and the war on drugs, he ponders not why it has been unsuccessful, which he sees as self-evident truths, but why it has persisted in spite of its absolute failure. He hypothesizes that prohibition persists, at least in America, because of the sheer scale of its economic benefits. Prohibition might be so wedded to the status quo that to change it would mean economic upheaval. Prohibition keeps enforcement (Police, DEA, FBI, ATF (Alcohol, Tobacco and Firearms), BOP (Bureau of Prisons) busy, keeps criminal justice systems busy, private jails full. In an economy demand for pharmaceutical products, technological products then satisfy the desire for consumerism in a self-

perpetuating cycle. And that these consequences are not necessarily the intended effects but the effects upon which an economic structure has become fastened to since 1971. As these effects are that old it is not unreasonable to suggest that these policies have been "*a success on different terms than the publicly stated ones*" (Gabor Mate cited in Jarecki, E. 2012). The pretext upon prohibition is that it is morally justified due to the inherent evil of illicit drugs and the problems it inflicts upon society whilst inherently compatible with an economic and social system increasingly acquiring elements of control over the economically dispossessed (Chomsky, N- requiem for the American dream).

3. The debate surrounding the legitimacy of drugs is like a rorshack test. Everyone has their own interpretation of the picture presented before them and an opinion on what it means. Twenty years ago it would have been inconcieveable to think that Ireland could become the first Western country to legalize same sex marriage or ban smoking in pubs and restaurants. Differences in cultural morals can engender perceptions of fear according to Oxford Nuroscientist Molly Crockett; "*if you and I disagree on a moral issue,not only do I think you are strange, but also a bad person. Maybe even less than human…Values can seem like facts and facts are fixed properties of reality*". In this study 30 volunteers were given a SSRI (increasing serotinin feel good chemical) and asked to make moral judgements based on a utilitarian v deontological scenario whether it was morally acceptable to push a man in front of a train to save 5 other people. On the placebo pill respondents said it was appropriate to harm one to save others in 40% of the cases shown to them. While on the SSRI they were significantly less likely to find this acceptable. The drug had altered what many would think are fixed moral values (Crockett, M et al, 2016). Similar understandings could be useful for assessing the development of perceptions about drug use. The enlightened evolution seen in the moral arenas of female rights, public smoking, smoking prevalence, homosexuality, divorce and marriage are all examples of a supplanted imposition of a culturally embedded morality on a minority without grounds for legitimacy. The realization of such moral change can be partly attributed to the growing cultural proclivities and subsequent inclination of people to explore, investigate and interpret their own individual autonomy over their capacities for pleasure. This protest is evident in the growing figures of drug consumption

throughout the world. The ascription of this drive as morally perverse or self-indulgent is in many cases what creates the stigma so prevalent in mainstream society.

4. Those citizens most at risk for drug use, the young, low income and unemployed, found themselves cut off from government welfare the most. Youth work services were cut by almost 30% between 2010 up to 2015. Community groups of low income class areas experienced a 72% cut in funding. The targeting of youth in the retraction of Welfare unemployment assistance was evident with the jobseekers allowance of those aged 18-24 cut by almost a third. (Dept of Public Expenditure, 2013 cited in Lynch, K 2016). As neoliberalism emphasizes market vocabulary it is only apt to include the fact that in "*market income terms, Ireland is the most unequal country in the OECD*" with deepending post-recession neoliberal austerity increasing these issues. These issues include the declining government investment in state institutions of education, prison, housing and healthcare which law the context of justification for privatisation or PPP's. Trends in the current global economy appear to substantiate Marx's claim that when capital is unchallenged by bourgeoise compacts, such as union negotiations, it leads to societal ailments in the form of a disenfranchised lower class predisposed to criminogenic behavior in what Cain and Hunt eluded to in 1844 Conditions; "*In a comfortless, filthy, house…often neither rain-tight nor warm, a foul atmosphere…overcrowded…The husband works the whole day through, perhaps the wife also and the elder children, all in different places; they meet night and morning only, all under perpetual temptation to drink….the consequence is a perpetual succession of family troubles, domestic quarrels, demoralising for parents and children alike*". The pursuit of capital creates incentive to take business abroad to recue wage costs lead to a loss of manufacturing bases in Ireland as well as America. This created a "*relative surplus population*" due to the increased mechanzation of labour as well as the debilitating power of labour unions to the point where Marx's volume one in Capital appears to be occuring; "*pauperism is now the hospital of the active- labour army*" (Marx, K. 2007).

5. The works of famous economists, Adam Smith and David Ricardo, have been cherry picked to justify the free movement of capital although these economists were

vehemently opposed to such unencumbered freedom. Adam Smith eluded to this as the private interests assume the role of the private merchants; "*the interest of the home consumer has been sacrificed to that of the producer with a more extravagant profusion than in all our other commerical regulations. A great Empire has been established for the sole purposes of raising up a nation of customers who should be obliged to buy from the shops of our different producers all the goods with which these could supply them. For the sake of that little enhancement of price which this monopoly might afford our producers, the home consumers have been burdened with the whole expense of maintaining and defending that empire….It cannot be very difficult to determine who have been the contrivers of this whole mercantile system, not the consumers, we may believe, whose interest has been entirely neglected; but the producers, whose interest has been so carefully attended to*" . Smith would elaborate on the contridiction of allowing private interests control over public provisions as the mo of a company is profit and efficiency; "*All for ourselves and nothing for other people, seems, in every age of the world, to have been the vile maxim of the masters of mankind. As soon, therefore, as they could find a method of consuming the whole value of the rents themselves, they had no disposition to share them with any other persons* ". Neoliberals would chamion Smith as an advocate of the division of labour. While he acknowledged that this division was destined to occur in some respects, he also acknowledged the role government can play in halting the dehumanizing inexpressive effects this exerts on the worker in the mechanical unexpressive nature of work; "*The uniformity of his stationary life naturally corrupts the courage of his mind, and makes him regard with abhorrence the irregular, uncertain, and adventurous life of a soldier. It corrupts even the activity of his body, and renders him incapable of exerting his strength with vigour and perseverance in any other employment than that to which he has been bred…* But in every improved and civilised society this is the state into which the labouring poor, that is, the great body of the people, must necessarily fall, unless government takes some pains to prevent it (pp428-429 Smith, A 1776).

6. The fact that the pre-conditions necessary for the importation of US neoliberal policies and practices existed in Ireland is not only pertinent, but also necessary, in explaining, the persistent failure of drug prohibition. Organized labor unions and a

socialist impulse were not key players in a Nationalist consumed and church dominated state. Although the rising doctrine of neoliberalism, espoused by Thatcher and Reagan, was not actively endorsed in the seventies and eighties, political pragmatism and modernization was the name given to the set of policies to deal with a rising level of Irish debt (Lynch, K. 2012). The Nineties and Noughties era of Irish deregulation and financialisation signaled a shift in control between state and business in tandem with an increased insecurity of laborers through the offshoring of production as seen in the 23% decline in manufacture based employment from 2002-2011. An estimated 450 International financial institutions now operate in Dublin with half of the top 50 banks and insurance companies (ESRI, 2012). This state sanctioned opening of the Irish economy to FDI heralded a shift from an industrial-agricultural based society to a service based industry (tertiary). The neoliberal assumption that increased foreign investment that demands increased educational upgrading will contribute and 'trickle down' to a more egalitarian and equal society. This is known as "*technological determinism*". This assumes a causal relationship between increasing rates of technological change and educational upgrading to keep pace with the demand for skilled labor and the subsequent decline for unskilled manual labor. Goos et al 2009 found that, in a study of 16 Western EU countries, there were similar declines in laborer intensive manufacturing industries. In the midst of hubristic economic growth of the 90's and noughties there was the absence of the insightful detail that Ireland had never actually achieved the old Lisbon target of 70% employement leaving a "*glaring deficit, which has not been remedied in this crisis*" (p4, Wickham, J. 2015). Additionally inequality had increased due to the incomes of the bottom 30% remaining relatively static (Nolan, B 2003). The increasing polarization of labor is being exacerbated today by an overlay of "*disproportionately highly skilled jobs*" further augmenting the relationship between social class, education and job security.

7. The creation of the Special Criminal Court (SCC) was the result of the murder of Veronica Guerin. Section 35 of the Offenses against the State Act justified the parallel extension of the states punitive reach with the retrenchment of human rights on the basis that the ordinary appendages of the CJS were unable to carry out the delivery of justice and maintain public order. The remit of this court has become

increasingly extended in the aftermath of its creation. Any "*scheduled offense*" such as gangland crime potentially under the SCC jurisdiction eroding the democratic right of due process and trial by jury (Coonan and Fennely, 2009). From the outset of the politicisation of the drug war there was a concerted effort aimed at the demonisation of illicit drugs for political gain. While there is no doubt that drugs can be harmful, the extent to which drugs were scapegoated for the problems of society was aken to propoganda. Propoganda campaigns became the norm in America and filtered throughout the Western world accordingly to England and Ireland, albeit at an inferior extent (O'Mahoney, P. 2002). In the history of prohibition minority targeting is prevalent. Prohibition became the popular mechanism whereby a segment of the population could be vilified by targeting a habit unique to them through media hyperbole (Cheryl, C. 2008). Mexicans were targeted due to the economic viability of Hemp threatening fabric and textile interests. Propoganda began to circulate that Mexicans gained "super*human strength*" from their marijuana usage and that Blacks could repel bullets from their cocaine and later crack consumption. The Chinese represented a hard working, low cost, labour force garnering acclaim as a symbol of the American and were targeted for their, previously accepted, opium use. In 1886 a district court admitted as such; "*Smoking opium is not our vice, and therefore it may be that legislation proceeds more from a desire to vex and annoy the "Heathen Chinese" in this respect than to protect the people from the evil habit*" (p.12, Yung, J. quoted in O'Mahony P. 1996). It is not surprising then to learn that, when the highest office is rife with a level of entrenched racism, it will lead to an increase in the efforts to control these groups.In some countries this policy has been used as justification for systematic murder as is most recently evident in the Phillipines. In less than a month more than 1000 people have reportedly been murdered or disappeared. Rodrigo Duterte campaigned and was elected on the back of promising to eradicate addicts and drug dealers. He is openly endorsing murder of these sections even painting it as a perverted kindness ; "*If you know of any addicts, go ahead and kill them yourself as getting their parents to do it would be too painful*" (Etehad, M 2016). All this occurred despite the data pointing to no relative drug or crime problem. In 2014 there were 232,685 cases of crime against persons with a population of 98 million. Compare this to the 375,000 cases in the UK population of 64million. Illicit opiod and cocaine use is just 0.05 and 0.03 (percentage of persons aged 15-64) compared to the US rate of 5.41, 2.10 (Iyengar, R

2016). Henry J Schumacher of the European Chamber of Commerce said "*I believe infrastructure is going to grow very fast and it will have a double or triple effect. Money will be available. An iron fist is going to be behind it*" (Lema, K 2016). This chamber has on its board of directors numerous MNC representatives e.g. Nestle, HSBC, Diageo.

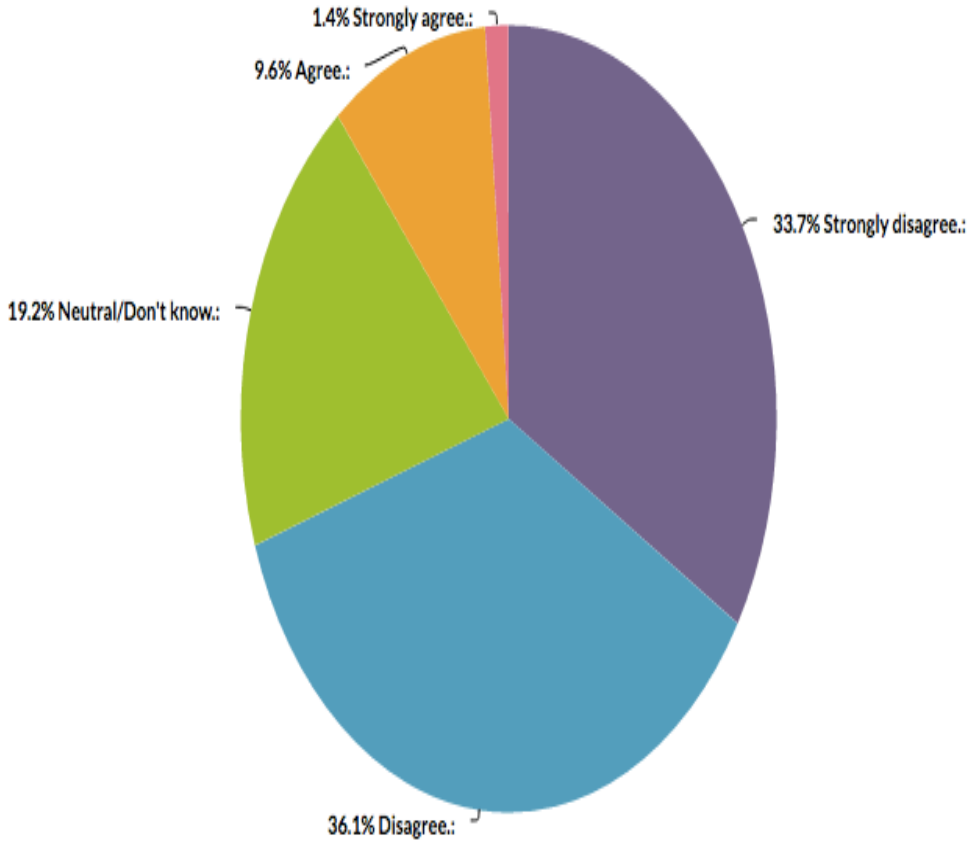
8. There is growing concern among the growing claims of gardai negligence, corruption and deaths in Garda custody. Instances of abuse of drug dependent users are also noteworthy in terms of the effect set and setting. The Garda Research Institute conducted qualitiative discussions with working class youths in a council estate who highlighted common garda abuse of powers; "If you're a drug dependent you could be left in a cell for up to sixteen hours. You would be climbing the walls" (p.23 Garda Research Institute, 2013). A report by the Independent Garda Inspectorate found that seventy percent of crimes that were downgraded had no underlying rationale to validate this reconfiguration. Furthermore the refusal to grant the public watchdog, GSOC, (Garda Siochana Ombudsman Commission) access to the pulse system by Minister for Justice Alan Shatter has further undermined public confidence in the institution of law and order (Lally, C 2014). There have also been numerous allegations of garda corruption and brutality e.g. Terence Wheelock 2005, planting of fake IRA bombs with the potential to reignite North-South troubles. In the investigation of numerous cases there were instances where Gardai failed to attent a crime scene because they were in the pub while on duty, failed to ensure an autopsy took place, attained a false witness, initiated extorniate phone calls and made arrests on rumour, conjecture and false witnesses as in the case of the McBrearty family (1996). Furthermore coerive methods to attain confessions were used such as the doctoring of a false confession along with the planting of drugs. Similar stories of garda negligence and corruption are numerous such as Derek D (2007), Johnny Nevin (2010), Richard Barron(1996). The Morris report concluded that none of the circumstances that facilitated the corruption (alleged in some) could be seen as ubiquitous to that area or garda detail. This was due to the structural problems of garda promotion and transfer of officers present Nationwide. The report triggered the creation of the Garda Ombudsman as an independent body but most disconcerting is the revelation that 45% of all cases against Gardai continue to be investigated by

Gardai (Conway, V and Walsh, D 2011). in 2012 Ireland was awarded its worst ever global corruption index by Transparency Internation, being placed 25th of 176 countries. In that same year a eurobaromter survey said 86% of Irish people believed corruption to be a part of Irish business culture (Barry, A 2012). 4,378 people took part in a corruption poll asking whether or not corruption played a part in decision making. 71% believed Ireland to be quite or very corrupt with only 20% and 5% believeing slightly or not corrupt (Reilly, G 2012). There is also growing rates of political policing with the Thomas Cook raid on workers staging a job security sit in protest in 2009. Gardai raided this premises in the early morning hours arresting over 150 people.The political influence of the gardai on the side of the establishment is a worrying trend with the corrib gas pipeline shell protest a noteable example of private interests superseding public interests e.g. aspestos exposure (Garda Research Institute, 2013).

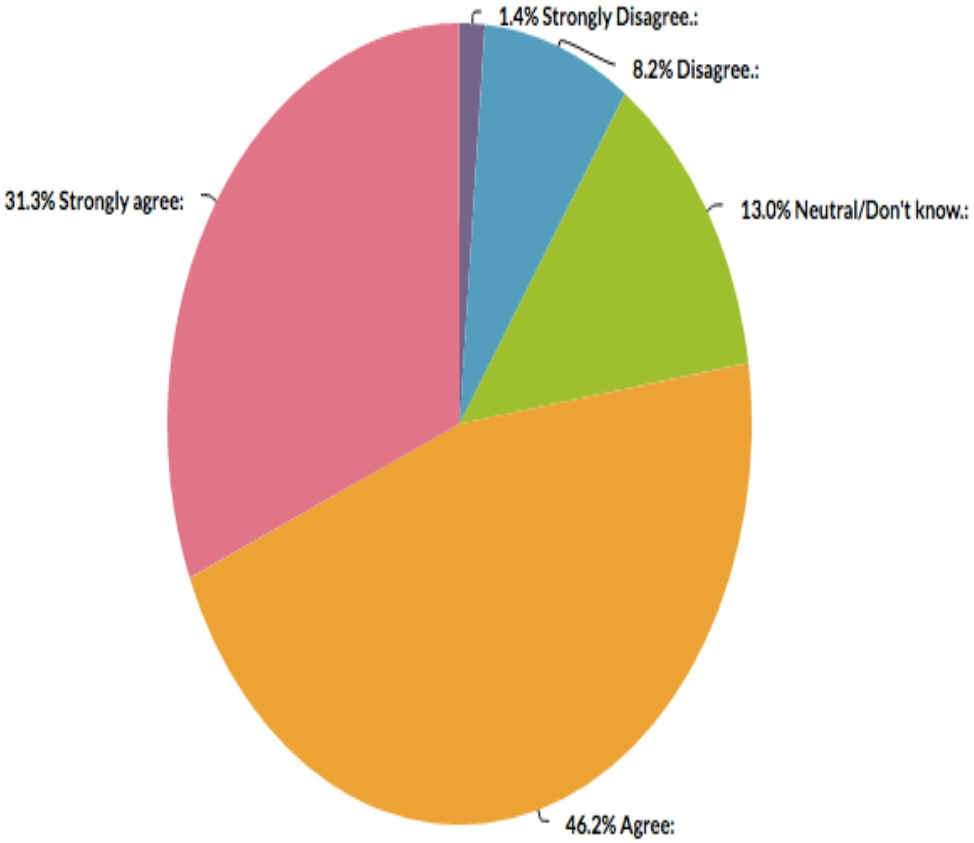
9. The Irish Medicines Board (IMB), which changed its name to the Health Products Regulatory Authority in 2014, has been criticized for apparent conflict of interests. The trend of changing the name of an organization is common in the wake of criticism or scandals as is represented by the IMB and the clearing-house group changing their names to the Health Products Regulatory Authority and the International Financial Services Sector (Transparency International, 2014). The IMB is the state regulator of the drug industry in Ireland and has been accused of its members being too close to those it regulates. Significant loopholes in electoral finance means that lobbying groups have potential leverage in the lobbying of politicians. These loopholes include the limitless amounts of money that can be made by anonymous or cash donation means. The long gap between receipt of funds and disclosure of a fundings origin hinders the ability to make any direct link. The British Medical Journal are now revising their interest forms to seek work with doctors who have not received financial gains from drug companies (Dillner, L 2012). The priority for a company in a capitalist sytem is quarterly profit and so any competition is a threat to that end. Subsequently the lobbying of government to secure profit is natural and reciprocal, with a government seeking to attract FDI, amenable.

10. This process has been highlighted globally by the Apple taxation scandal amid the growing homelessness issue in Ireland. The cyclical nature of neoliberal policies in post-disaster capitalism is evident in Ireland once again. Dublin now has rising property prices faster than London, New York and Shanghai according to global estate agent Knight Frank (Collinson, P 2014). The centralised nature of the Irish economy is stifling equitable growth with MNC's averse to locating outside Dublin or Cork. This inequity drives social issues as seen by the increasing rate of homelessness. Amid a plethora of empty ghost estates owned by private banks, the CEO of the Irish Housing Agency, John O'Conner, said in 2012 that banks refuse to sell housing at reasonable or even competitive prices, preferring instead to keep the property on their books to sell at higher prices if the market improves or if the political climate strongarms government coffers (Melia, P 2012). Twinlite is a privately owned company who is involved in the termination of leases due to the European Property Fund wishing to exit the residential market. As Twinlite is a private company it is motivated by profit over public utility with debt owed to Goldman Sachs. Instead of long term agreements with public authorities, its aim is to "*as a privately owned company, achieving the maximum sale value of its assets is its primary focus*" (Healy, C 2016). Although the Irish government have launched a lobbying registry, the scale of its loopholes leave a lot to be desired with regard to drug policy.While core information of lobbying groups and potential targets are detailed the non-disclosure of vital information shrouds in secrecy the extent of corporate communication with Irish government officials. Lobbyists do not have to declare if they or their employers hold access to government buildings. Nor do they have to disclose any documentation, financial information about lobbying activities conducted, work done on behalf of public officials, recepits of public funding, membership of boards/advisory groups and information pertaining to political donations. Furthermore the publication of lobbying returns can be delayed on broad grounds such as adverse consequences to state interests (cognisant of US drug control cetification), the national economy and business interests. Such control over disclosure enables private influence over public policy (Transparency International 2014).

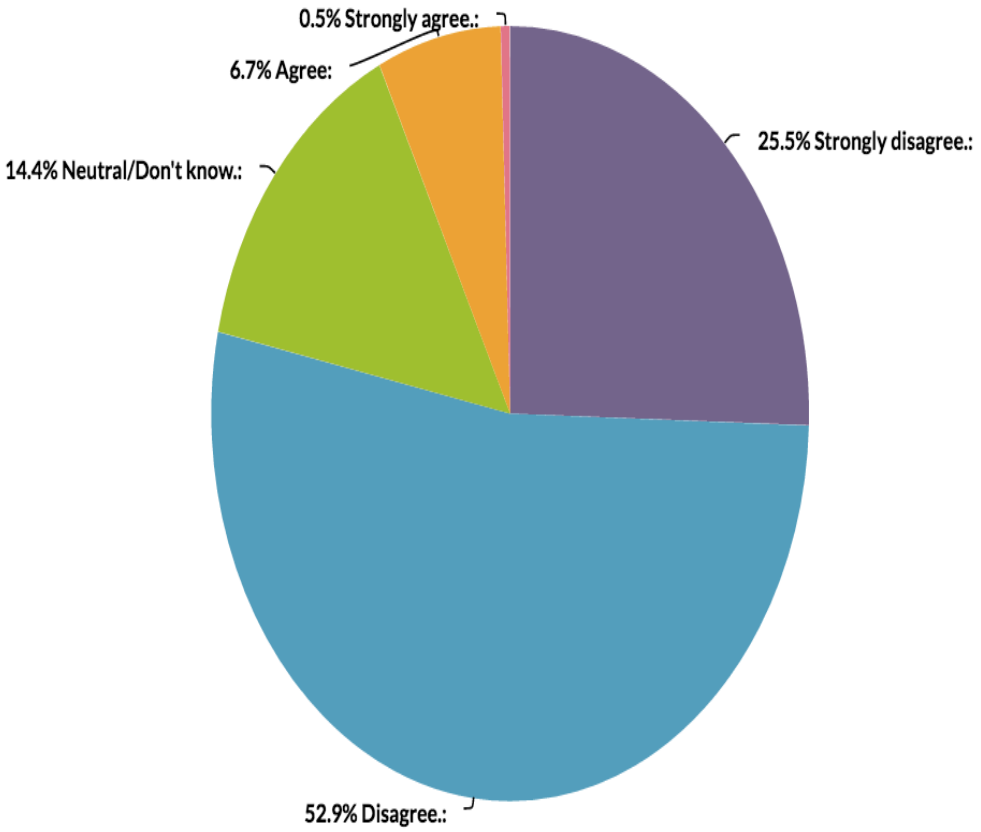
Appendix B



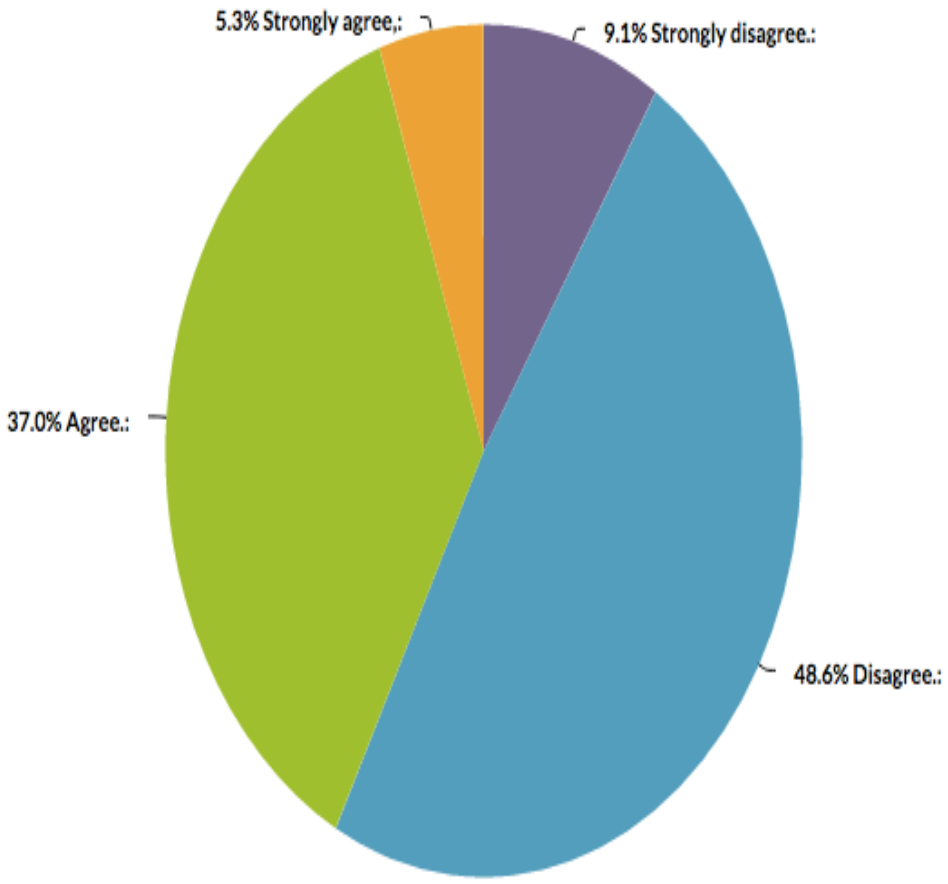
1. The criminal prohibition of illicit drugs has reduced drug use, drug availabilty, and drug-related dangers in Ireland. From your experience do you agree with this statement?



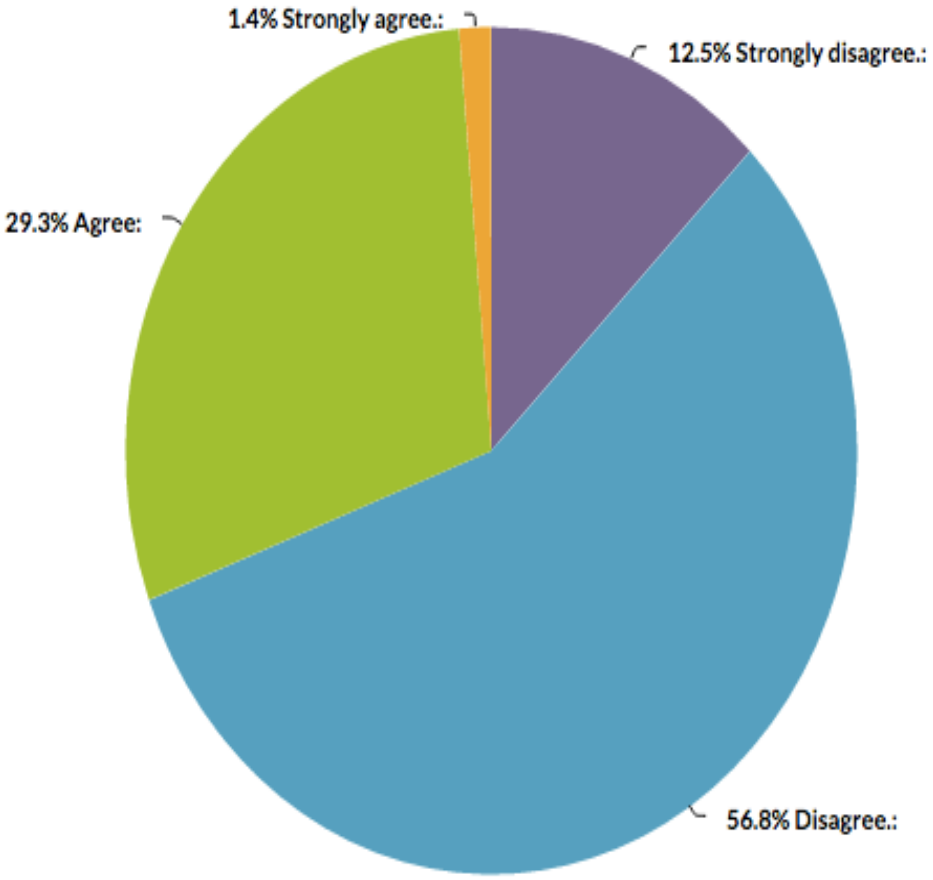
2. Illicit drug addicts should be treated as medical patients rather than criminals. Do you agree with this statement?



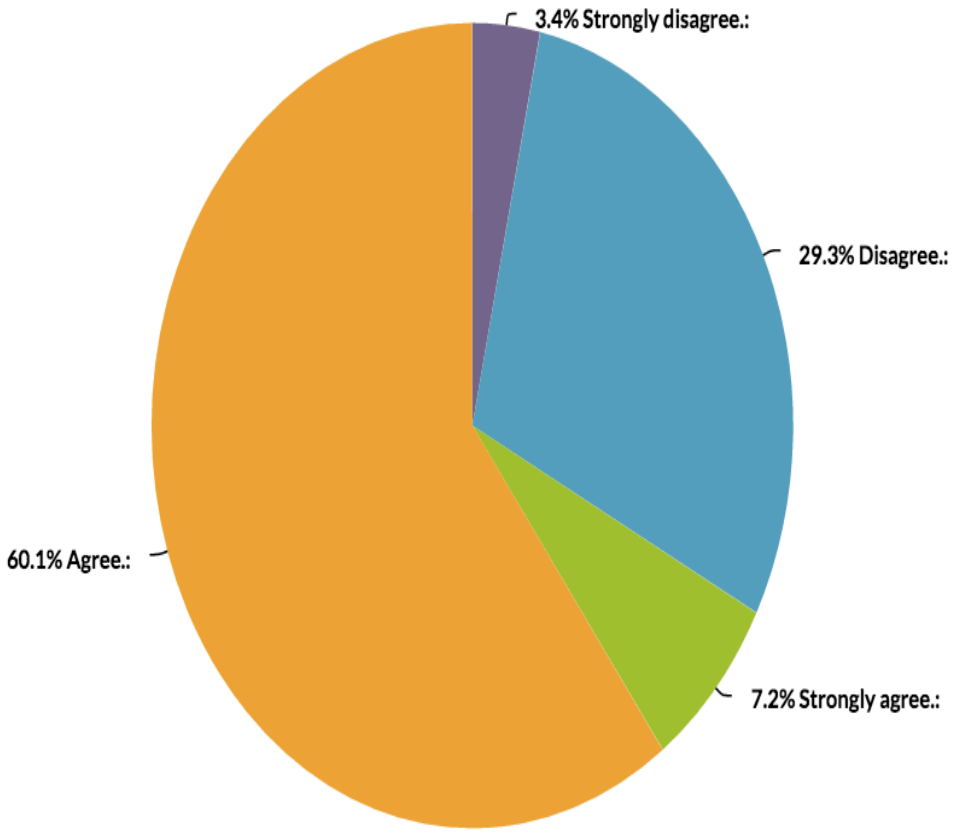
3. Most people would accept someone who was treated for drug addiction as a teacher of children in a public school. Do you agree with this statement?



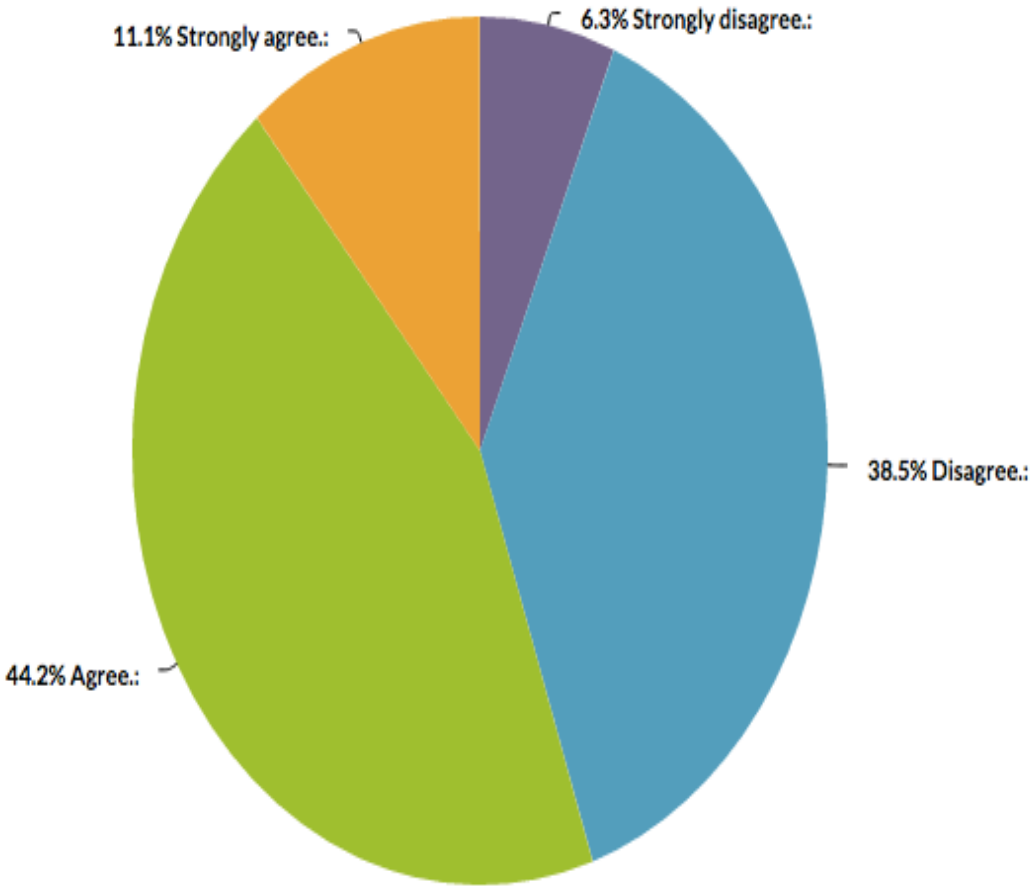
4. Most people would accept someone who was treated for alcoholism as a teacher of children in a public school. Do you agree with this statement?



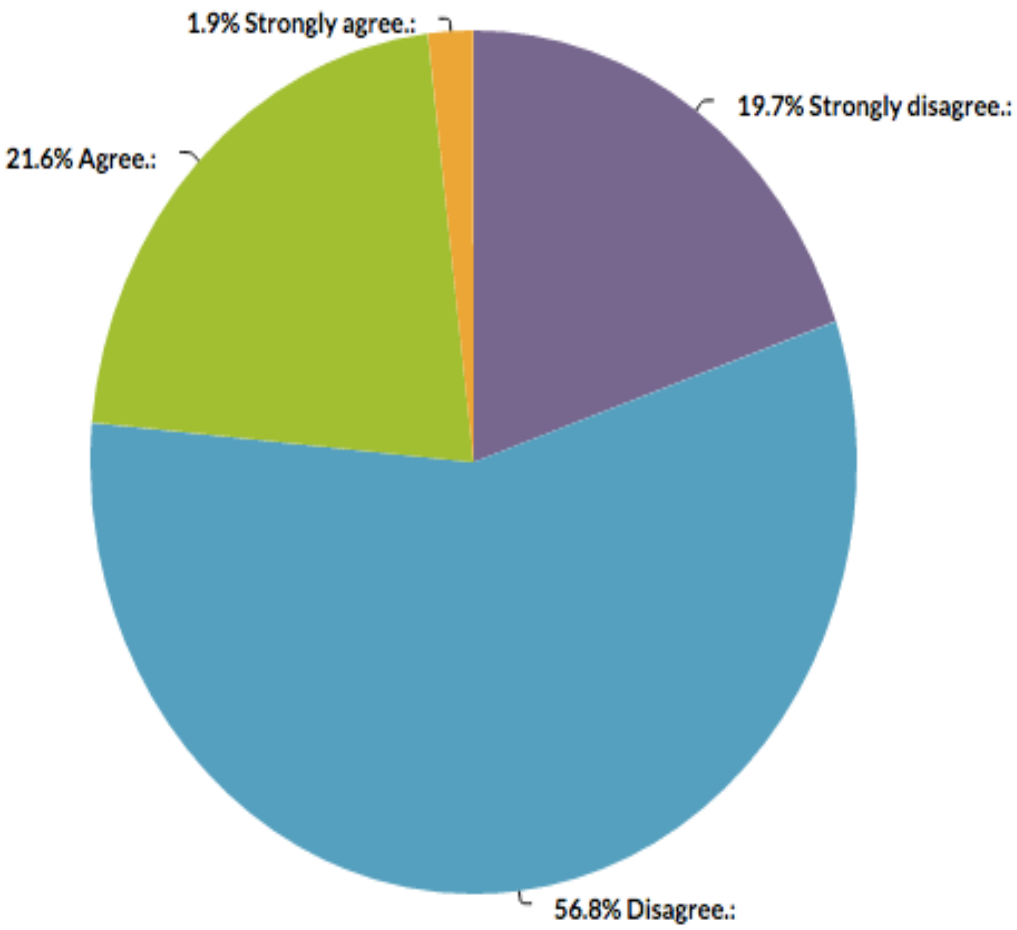
5. Most people would hire a former drug addict if they were properly qualified for a job. Do you agree with this statement?



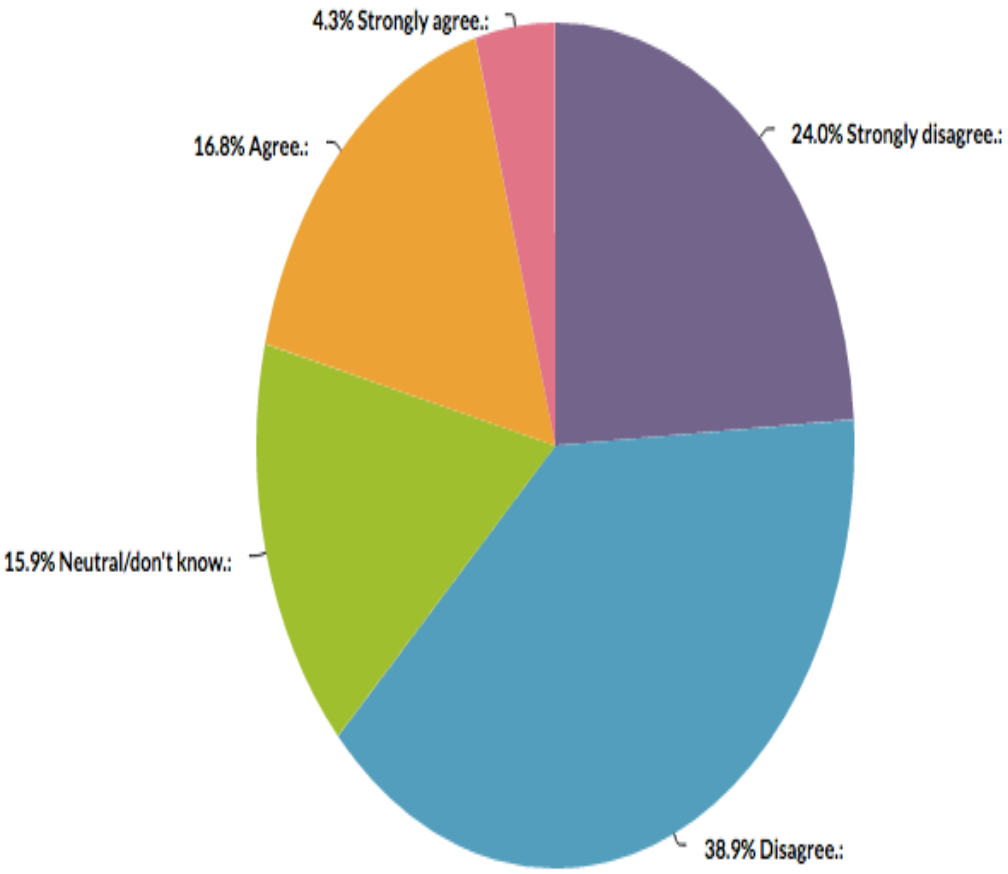
6. Most people would hire a former alcoholic if they were properly qualified for a job. Do you agree with this statement?



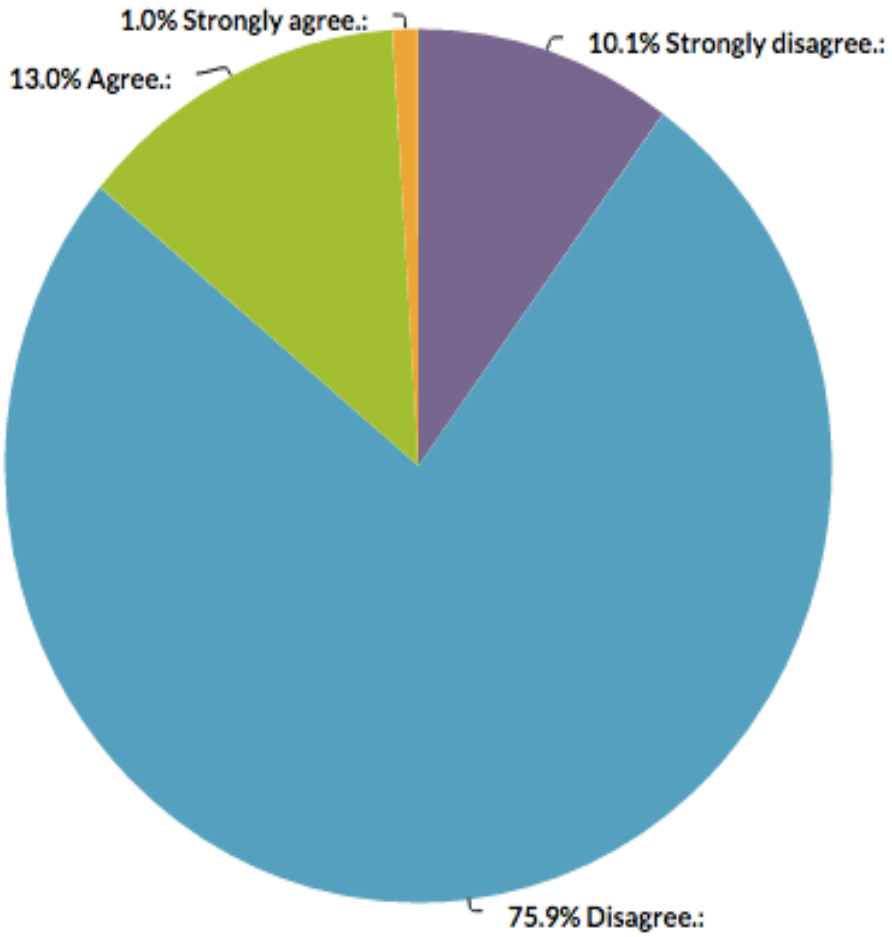
7. I would consider moving out if a drug addict was living next door to me. Do you agree with this statement?



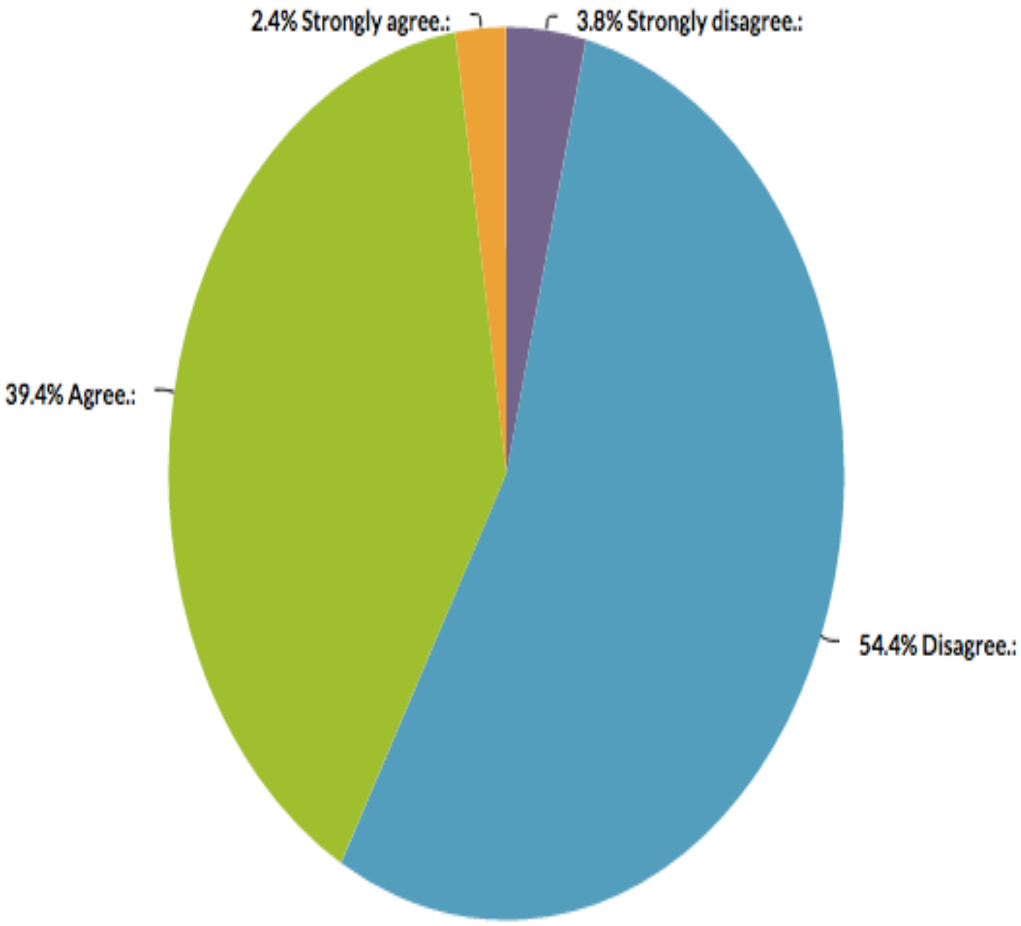
8. I would consider moving out if an alcoholic was living next door to me. Do you agree with this statement?



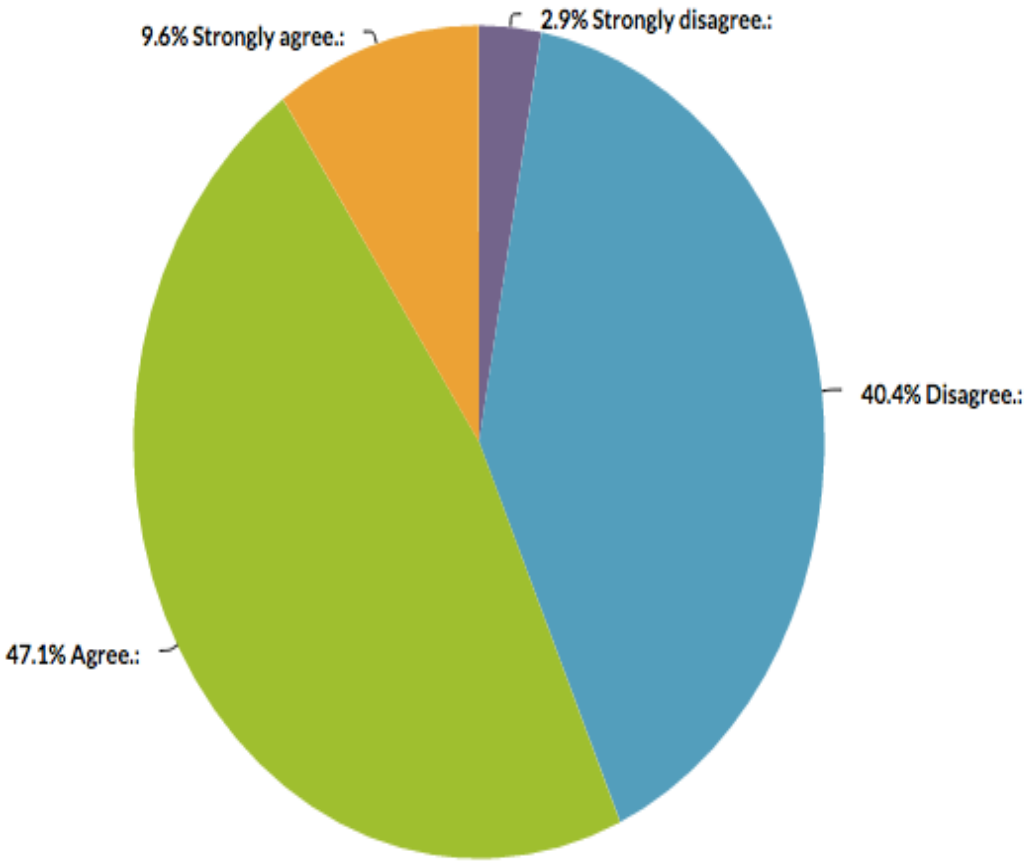
9. Keeping drugs criminally illegal helps drug addicts. Do you agree with this statement?



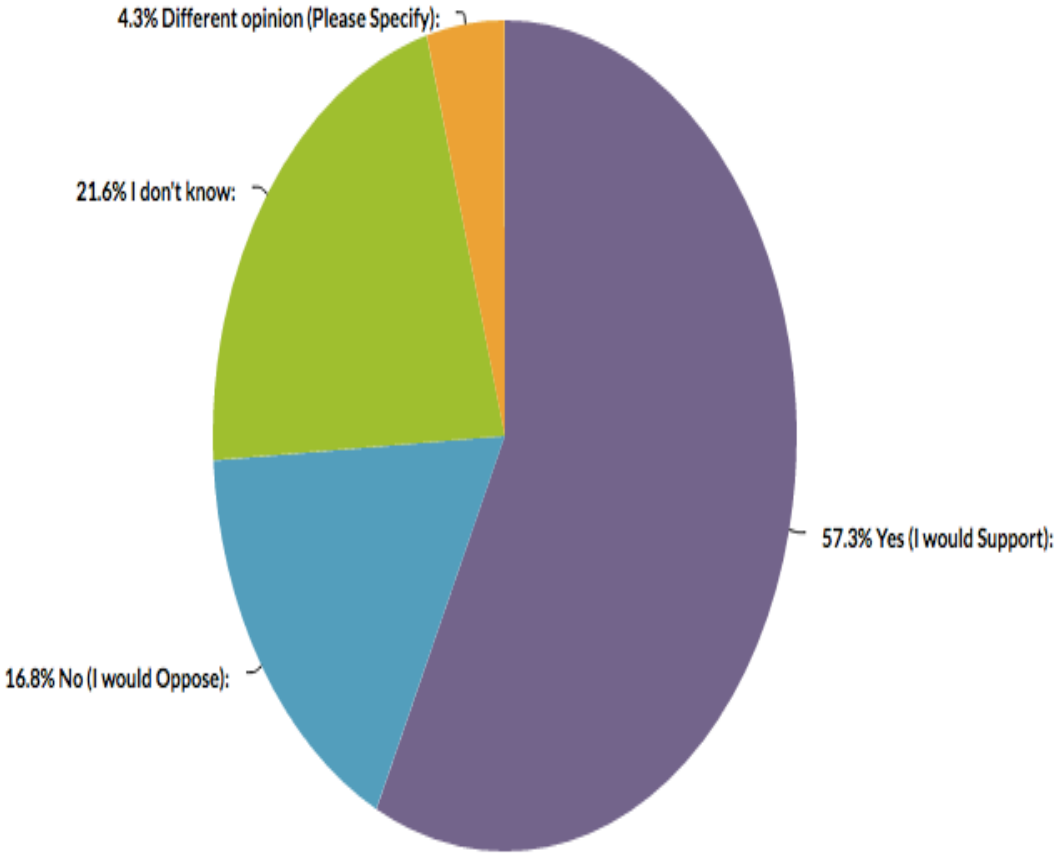
10. Most people think former dependent users of illegal drugs are trustworthy. Do you agree with this statement?



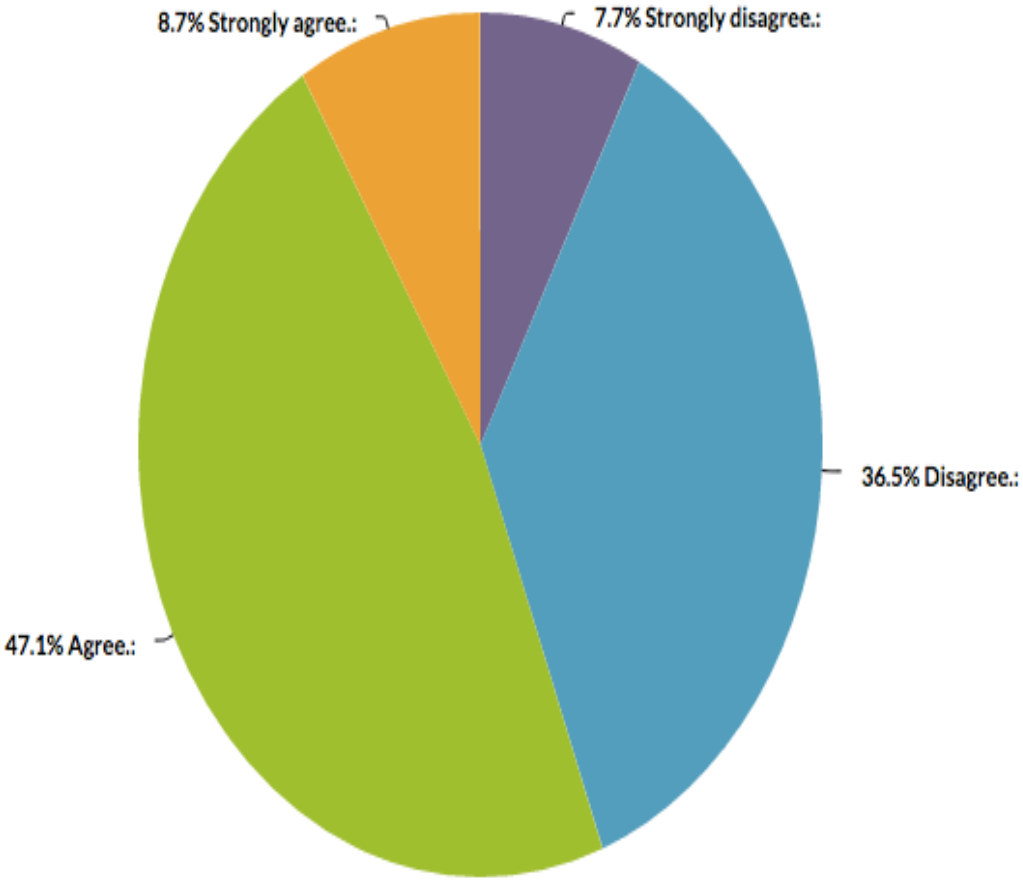
11. Most people think former dependent users of prescription drugs are trustworthy. Do you agree with this statement?



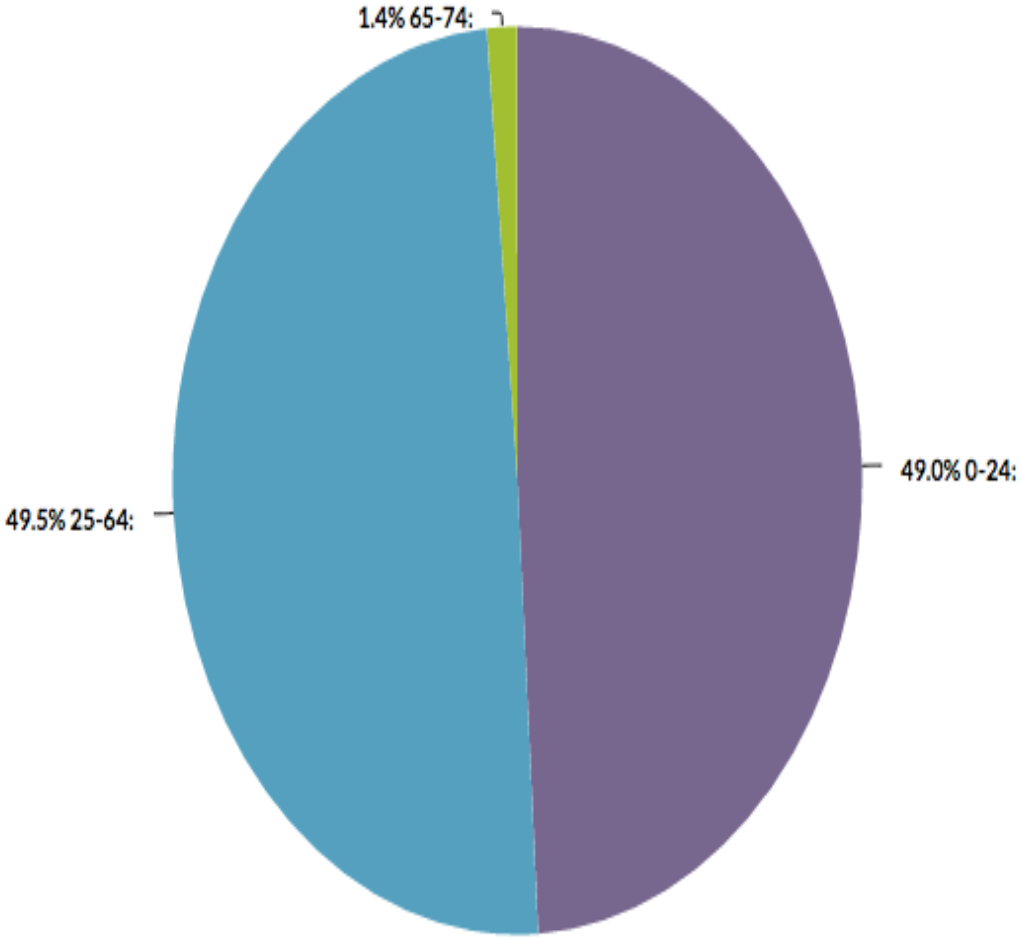
12. Most people think former dependent users of legal drugs (alcohol, tobacco) are trustworthy. Do you agree with this statement?



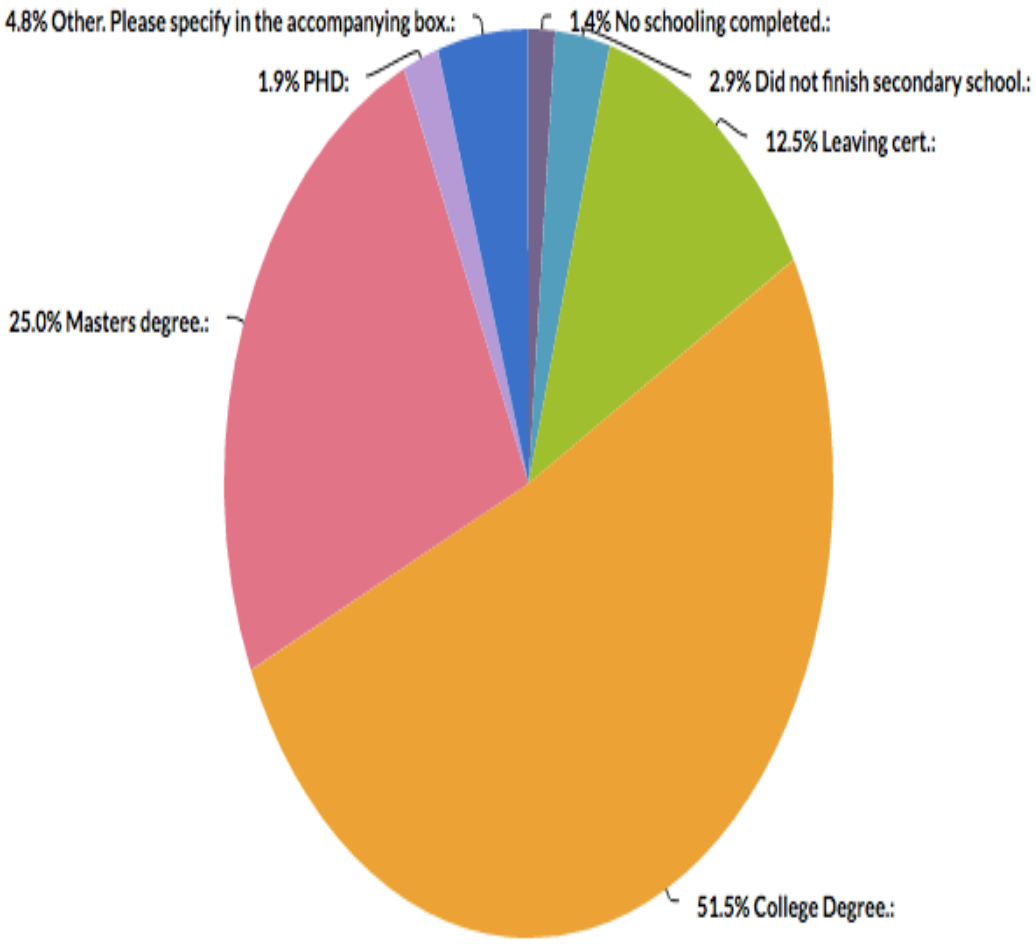
13. Decriminalization is defined as "the removal of sanctions under the criminal law, with the optional use of administrative sanctions" e.g. court-ordered therapy or a monetary fine. Drug manufacture and supply remains criminal. Would you support or oppose a system of drug decriminalization in Ireland?



14. People have the right to put what they want into their bodies whatever the outcome. Do you agree with this statement?



16. What age are you?



17. What is your current level of education?

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Consent Form

I Richard Dore agree to participate in Mark Culloty's research study.

The purpose and nature of the study has been explained to me in writing.

I am participating voluntarily.

I give permission for my interview with Mark Culloty to be tape-recorded

I understand that I can withdraw from the study, without repercussions, at any time, whether before it starts or while I am participating.

I understand that I can withdraw permission to use the data within two weeks of the interview, in which case the material will be deleted.

I understand that anonymity will be ensured in the write-up by disguising my identity.

I understand that disguised extracts from my interview may be quoted in the thesis and any subsequent publications if I give permission below:

(Please tick one box:)

I agree to quotation/publication of extracts from my interview ✓

I do not agree to quotation/publication of extracts from my interview

Signed Richard Dore Date 22/08/16

Interview Transcription

Interviewer: Thank you for agreeing to let me interview you for my research thesis. I just wanted to start off by telling me a bit about Arbour house, the staff and what goes on here?

Interviewee: So this is Arbour house and we have a treatment abstinence based program for a range of addictions. So for example alcohol addiction. Based on the 12-step program. So what we do is we have a group of addicts here for 12 weeks on Mondays and Thursdays. It used to be t three days a week but we do not have the staff to do three days a week. We take the group on sessions from half 9 to half 12 on Mondays and Thursdays for 12 weeks. So this amounts to 24 consecutive sessions. We get people into these programs, whether they're alcoholics, gamblers or drug addicts. We assess them first and we divide it up into three phases. The pre-treatment phase, intensive phase which is a roll on roll off and an aftercare program. This aftercare program lasts about 40 weeks off one weekly meeting. In the duration of the 12 weeks the group is regularly tested with the requirement of three clean urine tests. Any failure equals removal from the program with 3 consecutive clean tests needed in conjunction with counselor approval to be approved for reintegration into the program.

Interviewer: And does Arbour house offer any reintegration to the community programs?

Interviewee: Not here, no. This is not a residential centre so we can't do those programs. But they offer those sor os solutions in other centres in Cork. What we do here is give them the tools for dealing with life and

then they go out and practice what they learn outside. They learn how to live.

Interviewer: Do you feel there has been much success with harm reduction facilities and what does Arbour house offer in terms of these practices?

Interviewee: We offer harm reduction treatments here as well. I primarily work on the Minnesota model of addiction. We do harm reduction in a section over here occasionally but it may not progress to a group project. We have it for a certain clientele but some people may never even have an ability to go that far. We ask some people to keep a drug chart or diary over a 3 or 4-week period. They write down each day what you took and used. We then work with them over reducing that over a gradual period. We have doctors here and we can send them to the doctors on a detox. Or they can do it with their own GP. We work with them gradually and hopefully eventually we can get it down to manageable proportions. Now don't get me wrong some people may never be able to stop so then we have to look at harm reduction so we lessen the risk that they maybe won't commit crime, they won't injure themselves or others and maybe live a somewhat more reasonable life. For instance with heroin we look at safe injecting. There are certain pharmacists in this country and Cork city where you can go in and buy a clean syringe if you are going to inject. This helps lessen the risk. Some people frown on that but the reality is a constant user will use heroin regardless of the needle so it makes sense to lessen the harm of it.

Interviewer: One of the common criticisms of the abstinence model it its failure to take into account the problem of relapse and the dangers of using the same amounts.

Interviewee: Totally yes, it can kill you. This was the case years ago because everyone had a tunnel-vision concept based on abstinence but the thinking has changed around that with harm reduction and I agree with that. There are some heoin addicts here who we put on the ISP program. This is the Initial Stabilization Program with methadone. And they are on x number of milliliters a day with the doctors. And Methadone in itself is a highly addictive drug. What it does or is supposed to do is reduce the cravings.

Interviewer: The withdrawal.

Interviewee: Yes. Lets say you are on heroin ok and you switch to methadone on a daily basis then it is hoped you won't have compulsions to take heroin. Now some do and they're messed up. But we still see them and work to get them down. And we have other residential settings like coolminham and francis farm that we can send heroin addicts to if this isn't working for them.

Interviewer: Can I ask how long this centre has been open?

Interviewee: Since 1984.

Interviewer: I only ask because I wanted to ask you what your experience of working here with drug addicts was like during the economic recession and how does economic factors affect drug addiction in your opinion?

Interviewee: Ya there is an idea out there that if there is less money there is less drinking and less drugs but it normally increases. Its like people get so depressed and so fed up with society, they're so down in the dumps, they have to take something. The money they have will go more on drink or drugs. Now that's only a certain amount of people.

Interviewer: So in itself it (substance use) is only a rational thing to do.

Interviewee: Yeah it is. It's not the case when there is a recession people use less drink or drugs. It increases. Look at it when there is a gloom over this country we have a heroin epidemic. I mean if it was a recession we shouldn't have a heroin epidemic. People get into fierce debt, look at the gangland crimes and murders.

Interviewer: And that's all drug related?

Interviewee: Oh absolutely.

Interviewer: That factor doesn't seem to be in the media as much as the actual violence itself.

Interviewee: Yes but some families are actually threatened to pay off debts. We have loads of people who come in here who owe maybe thousands right. Families and people go to the credit unions to pay off debts for them to these drug dealers. If they don't they will be burnt out of it or whatever. That's the threat they live under. It is horrific for families as well. Some would say these are extreme cases and some would say it is a regular occurrence. We don't hear they half of it. But it's going on.

Interviewer: Is there a lot of work with homeless people in here given the media coverage lately.

Interviewee: Every Wednesday and Friday I work at St. Vincent's hostel here in Cork. It's a 75-man hostel. Another guy here works in Simon community one day a week. And in these places we deal with raw

addiction. I worked down there all day Wednesday and Friday morning and the reason I do that is because it makes it easier for those people to access Arbour house. Even the effort to come up as far as here could be too much for them. They just couldn't be bothered.

Interviewer: I'm hoping to go to Dublin Simon centre now but I duno if they have time.

Interviewee: Well the addiction they deal with in Dublin would be unmanageable altogether. We get a cross section of both in SVDP hostel but it has stricter controls. In Simon a lot of fellas go for one night and one night only. Its really for the real down and outs.

Interviewer: And what experiences have you had with the attachment of stigma and the legality of drugs. For instance the stigma attached to morphine and heroin even though the drug is chemically almost identical.

Interviewee: Is there a stigma attached to it you mean. Oh yes there is a huge stigma. We deal with morphine addicts here too absolutely yes. For example we have one person who comes here, a female, she was addicted to Nurofen plus. 50/60 a day. That's a lot. Imagine you taking a couple pof paracetamol a day but this is 60 a day. Married woman, kids. Middle aged woman. If you saw here you would think ah well she doesn't look like one of these addicts.

Interviewer: The Media Seem to portray certain drug activity a lot worse over others, especially in the Scottish and Irish media. One study showed that of 265 deaths from paracetamol overdoses, only one was reported. While 26 of 28 amphetamine deaths were reported. How do you feel about this distortion and do you see the effect of this in the people you treat?

Interviewee: Ok. If you had a person on paracetamol and on amphetamine or speed or whatever the case maybe. Paracetamol is deemed acceptable but speed is not.

Interviewer: And where is the moral element in that for you?

Interviewee: It's a fine line isn't it? The moral element. One is as wrong as the other. But the amphetamine and the speed is illegal. And this is legal.

Interviewer: There are many arguments that the illegality is what fuels the problems.

Interviewee: Yes of course there is. Look around. Look at the nurofen plus. Now she is not robbing or stealing that. And now you can't get nurofen plus without a prescription. Solpadeine and solpadol as well. And you can only but 12 paracetamol at a time now. Before you could go in and buy boxes of them. But what is to stop you going from pharmacy to pharmacy and buying boxes. And people are finding ways around prescription drugs now too. Now that lady was able to nurofen plus in the days of non-prescription. But the same chemists were giving them to her regularly and she became widely known.

Interviewer: And what kind of relationship do you see between the economic turbulence of recent years and the impact on the people you treat?

Interviewee: Well my opinion on that is that when there is greater doom and gloom, for instance after the Celtic Tiger and all that, the amount of people in Arbour house increased, rapidly. The economy should mean less money and less drug addiction but it means more drug addiction.

Interviewer: There seems to be more of a outsider private influence in the economy necessitating higher education for the jobs available. Do you feel that many people are left behind in this?

Interviewee: Well my opinion, and it's a well held opinion, is years back you would get a kick up the ass and regards drug addiction people are used to getting what they want. For example when you were growing up you probably did not want for an awful lot. Whereas in your father's time that was not the case. In this society woth computers, tv, everythingyou wanted you got. So much ants more all the time. We as a society are always looking for the feel good factor.

Interviewer: You mean commercialism do you?

Interviewee: Yes. Look at the ads on tv. Aren't they highlighting the fantastic glamour of this and that. Even Holywood and the movies they mass produce do this. You are always looking for the buzz. Youngsters are looking for the buzz nowadays. The high. So they go out and look for this high and that high. And there is more pressure on youngsters now, that there used be. Did you get you Leaving cert, brilliant! So much pressure to get into college nowand then you have the financial pressures on top of it. Once upon a time parents could pay for it. Not any more.

Interviewer: The myth of public free education?

Interviewee: Donica O'Malley I think who said that. What a joke that was. He meant well I suppose. But the peer pressure places huge demands on you and your struggling to get your exams and do this and that. So you look for a high.

Interviewer: A break you mean?

Interviewee: Exactly so will alcohol give you a high? It will give you x-amount but maybe the bit of ecstasy or cocaine will give you that bit extra. So we live life accordingly and we always look for that bit extra.

Interviewer: The whole idea that commercialism will satisy this demand is it?

Interviewee: Ya but you keep going back for more you see. Eve though the climate isn't there like it once was. We are still looking for that same high. And we expect that same high. So the people who crossover this line to addiction still want that high regardless of them money in their pocket so they will rob and steal or anything else to make sure they get it.

Interviewer: And is there a sense of skewed justice in here (Arbour House) with regard to addiction related crime and white collar crime?

Interviewee: There was some politician in Dublin said, I can't remember his name, but he said what theu bankers did to thin country was worse than what the I.R.A did. Now that is some statement. He was shot down for it but you know something they caused a lot of damage but in a different way.

Interviewer: Legally?

Interviewee: Legal! Up front. And how many were brought before a court. Not many. Some small ones. Well that's another days work I suppose. But you have then at the bottom addicts who are dying on the streets.

Interviewer: And where do you feel the society and economy fit into this with regard to the government and privatization of sectors these people

need access to? For example the Irish Prison Service President recently announced plans to privatize parts of the IPS. What are your thoughts on that?

Interviewee: Very hard to answer that. We don't know what way it would be run. How would it work out? People say it might take less pressure off the government. Possibly. May help in the long run. Would they be run better. Maybe. Some of the prisons are run atrociously. Fellas getting mobile phones and everything. If you look at the buses and transport, I think it was the best thing to ever happen in this Country. If you were dependent on Bus Eireann to get to Dublin in the morning, what's it guna cost ya? 60/70 euros? You get a private bus, like my daughter went to Ibiza last night, 18 euros. I can't give an answer to how that would work in prison. I was a Guard myself for years. But you look at the prisons of this country, they're packed. And people are in prison for things they should not be in prison for.

Interviewer: Like possession?

Interviewee: Exactly, stupid things.

Interviewer: Have you had much experience in your work here with synthetic drugs? Such as the horrible case of the man who consumed 2cb here in Cork.

Interviewee: No, not as yet. But it is growing. To be honest I haven't had much experience and I can't speak about something I don't know about, but its growing right. Now whether those youngsters were addicts or not I don't know. They may now have been but they probably took something they weren't able to handle. My view on that stuff is it is frightening. But that tells you and gives you a little mirror image into

Irish society. Everyone wants the high. They weren't happy enough to have the high from alcohol, or from cocaine.

Interviewer: Sugar?

Interviewee: Yes, or whatever involved. But it comes back to the most dangerous drug of all in this country, and one you probably do yourself, Alcohol.That's where people start along with cannabis.

Interviewer: That's the rea; gateway drug is it?

Interviewee: Oh yes. You ask most cannabis users, where they first started. They'll say alcohol.

Interviewer: There's a great study by the former UK drugs advisor that backs up your argument that neurologically alcohol sets up the receptors in the brain to crave more of the high.

Interviewee: Oh yes. And most addicts are alcoholics don't forget. I know several heroin addicts, severe, who were once chronic alcoholics. Technically there is no such thing as a chronic alcoholic. You are either an alcoholic or you're not. Chronic just means your further down the Richter scale. Life is totally unmanageable. Living on the streets. They were all mostly alcoholics but now if you put heroin or drink in front of them, heroin straight away. The high from alcohol isn't quick enough or good enough. The heroin high is better. And most of them don't drink now. What a waster of money buying drink. You can buy heroin and get a quick buzz. Most of those guys, if they had synthetic drugs, they would take it, to get that high. Danger goes out the window.

Interviewer: Logic follows it to I guess. This neatly ties into the next question actually (laughing). There is an argument that prohibition is largely the driver of these new drugs, with the idea behind synthetic drugs is that they are legal chemical mimics of the prohibited drugs.

Interviewee: But prohibition doesn't work though does it. You know the Mayor of New York Juliani. And he cleaned up NYC. I have a brother in law who owns a pub in Manhattan. And they people of New York love Juliani, because he brought in the zero tolerance laws and approach. Zero tolerance means there is no cautions anymore, everyone is prosecuted. If you jaywalk across the street, and spotted, you're arrested. The police there now have a duty to arrest you, charge ya, bring ya to court. Or on the spot fines. One fella who jumped the turnstile at yankee stadium was arrested. No before you could just stop, they wouldn't even bother chasing him. And when they checked his fingerprints ,4 unsolved murder cases were solved because of that. So it has that huge thing. The business people of NYC loved hat. Before if people were outside a shop in New York they would be moved on to the next street, but now they're arrested. But what you don't here is how it drove these people into the underground. There is a huge underground population in America. They actually live in the tubing underneath the metro. And then they come out at night time. Where the police wouldn't be as vigilant maybe were public stuff going on. So did it solve the problem. No.

Interviewer: It just hid it.

Interviewee: Exactly, it hid it. In fact when they were out in the open a lot of people were seen by voluntary organisations to be helped. And now when they are driven underground they can't be helped as much. But in society general view how safe you are in New York in the daytime. You walk in New York in the daytime

you are actually safer than walking in Dublin or Cork. Imagine that. Walking at nighttime is a different matter now. Walking in Cork at night time isn't safe either. But New York, I was over there recently, lovely place, through the day, fantastic. How many people do you see on the streets in New York? None. Does it work? The business people of newYork will love ya because they shut their businesses at times so after that they couldn't give a shit. So it's a political thing. It goes to show the political thing looks nice to look at and seems if it's working. But what about the stuff underground where the people are shoved to. Hostels were teaming. Did you know that?

Interviewer: Teaming?

Interviewee: Full to the brim! No room for them so they were driven to the little dens where they weren't seen, where heroin addicts were rife. Police ignored them because they were out of public view. Didn't bother with them. What's the point of arresting them up there? They'll harm nobody up there, only themselves. But they're dying. Killing each other. That was all ignored but if they come out onto the streets, they'll be shoved back in again. Charged and but into prison and no help or care mybe and then shoved out to these little corners of New York.

Interviewer: I know of one politician, just to add to what point you are making, that said 'drug addicts don't vote'.

Interviewee: Well he is right. They don't normally vote. They don't have the energy. So where was our duty of care to those people. Did they not deserve it? But that's what's true about society. The haves and the have not's.

Interviewer: There's also been a lot of talk in the Irish media about how many people are now ordering their drugs off the Dark Net. Have you seen any addiction here from those sources. I can only speak to my own experiences in Cork but there is a lot of people who seem to be using this.

Interviewee: It is huge. Unbelievable isn't it. And its legal.

Interviewer: Well its not technically legal they just can't stop it.

Interviewee: Ya that's what I mean. I know one guy, an addict, we treated here recently and he was on all sorts of drugs I never heard of. Medications I never heard the name of. I have a book here about all the drugs available in this Country and Great Britain, illegal and medications. And some of the stuff he was on is nowhere to be seen in this book.

Interviewer: Really?

Interviewee: Not in there at all. He was getting them from America, Europe and everywhere else. All to his doorstep. How does it get through all those channels? It's a joke. And he was actually addicted to synthetic drugs. Mind blowing. He spent his days at computers and became a computer expert as well as pharmaceutical expert. He could tell you that if I take x amount of that, it will cause this. But if I took x amount of this I might get sick and if I take x amount of this it will counter act that and that's how good he was. He was in a 9-5 office job and his relationship broke up and all that. Sad to say he's still out there back using again despite doing reatment here. He was in our abstinence-based program. We did harm reduction with him for a while as well but it didn't work either.

Interviewer: It must be a perpetual battle?

Interviewee: I learn from every client that comes in front of me. I'm in recovery myself from alcoholism. 26 years without a drink. I spent the 70's and the 80's in and out of treatment centres myself. I was here when this place opened in 84. I was one of the first maybe 100 people who attended here. And now I'm back working here again which is gas. The world cup in 1990 was the last drinking session I had. But I go to A and E and I focus my life on the 12 steps. Now that doesn't work for everyone. Years ago there was a tunnel vision. It has to be that for everyone. But we are willing to change and this may work or that may work and we try. And I learn from addicts like that guy with the drugs online, incredible stuff he was getting. Doctor Declan O'Brien, the Medical Director here, he never heard of some of them either.

Interviewer: Scary.

Interviewee: Scary and that was only one guy. But its increasing, that stuff is increasing. There needs to be some regulations. Something needs to be done.

Interviewer: What's your thoughts on taking away the market by decriminalization or legalization?

Interviewee: Well there is a big argument for legalizing marijuana and cannabis.

Interviewer: Well it's everywere. 40% of adults use it once in their lifetime.

Interviewee: Some guards used be like if they saw people smoking cannabis they wouldn't care, but heroin and cocaine is a different matter.

Interviewer: And maybe there is a responsibility to take account of the violence our laws have in places like Mexico with the violence.

Interviewer: Oh yes for sure. They also say it calms people and it can make them paranoid. I know one guy who when he can't get heroin he smokes cannabis and it calms him. He is less of a risk then and better off.

Interviewer: Have you ever heard of David Nutt, the former UK drugs advisor. He was fired for saying basically that alcohol was more dangerous than many illicit drugs.

Interviewee: But it is.

Interviewer: The alcohol industry wasn't too happy according to David Nutt.

Interviewee: Oh sure could you imagine what would happen if the alcohol industry broke down. Sure doesn't it break the governments heart to put warnings on cigareete packets. It's breaking their hearts but they have to do it. Its killing them The money they were making from tobacco sales.

Interviewer: According to David Nutt, many illit drugs have very good therapeutic value. LSD for example has been shown to be a potent treatment for alcoholism. With an almost 50% success rate.

Interviewee: Maybe in the beginning. I would have no objection to that stuff now. A lot of drugs out there now reduce cravings like antibooze.

The ideal model is to be able to help one person to stop taking one drug and not replace it with another. But if he has to take one drug for the rest of his life rather than alcohol. Isn't he better off. There is an argument for that too.

Interviewer: Well physically it would do less harm yes?

Interviewee: Well yes the less harm the better but the ideal scenario is to go from harm reduction, to less risk to stop. Now for some Mark, for the vast majority, that will never work. If everything in this world ran smoothly that is the way it would go. All be abstinent based and clean living people a utopia. What a society that would be huh.

Interviewer: And I guess it's obvious but how big a role is mental health?

Interviewee: Huge. And it's only something we are beginning to learn about really. When I started here in 2007. I was in Taper lodge before and I worked in Brewery for a while. What happened was mental health fell through the gaps. There was a gap. You come here an alcoholic and you were treated but your mental health wasn't treated and people would keep drinking and we were thinking what's happening. So there is this new thing at the minute called DBT. (Dialetical Behavioral Therapy). You ever hear of that?

Interviewer: That's a cousin of CBT, Cognitive Behavioral Therapy?

Interviewee: To a point. It's behaving with people. We have a program here called a "You and Me" program. So people who can't get on our program because they're on certain medications they can never get off of. If you are prescribed certain sleeping tablets like valium or something, you could never go into an abstinence based program because valium is addictive. So then there is a gap and

they may have certain mental health issues, maybe borderline personality disorders, or bipolar. So where do they go? So people need medication so only in recent times has treatments like DBT been brought in for these people. And "You and Me" was a part of that where people who may have suicidal tendencies or serious mental health issues or whatever. They could look at skills around, say if I was in a panic or state of anxiety, I normally would take a drink. But what can I do not to take this drink. Can I learn about a skillset that instead I can do A, B C and so on. And if I can do that on a regular basis and not worry too much about where the anxiety is coming from, but just to deal with it when it arrives. And then in the abstinence room down there we would look at the source of the anxiety. We would work from the ground floor up. Whereas they (DBT) work from the top floor down. And it works, It's getting huge here now and the gap is getting looked at a little bit more. Its an interesting one.

Interviewer: Is that Nationwide yes?

Interviewee: Oh yes. It was form a woman called Marshall Linehan I believe. She started it in America a few years ago and went around the world. And people are being trained up how to do it. I don't know how to do it but there's a guy who was in our team and is doing it now at the minute. Work with psychologists and psychiatrists in the health board areas. You have these groups in the community. One near here down by St. Finbarr's hospital and Western road. They're new and they're spreading. For a person who is an alcoholic or whatever and they couldn't cope it helps. This deals with the skills how to cope. And then there is a thing called the endeavor program, which is for mental, issues maybe a little bit more intense. They'd be year long programs run out in the community by psychiatrist.

Interviewer: In Ireland?

Interviewee: Oh yes here in Cork. And they're good. They may or may not be addicts.

Interviewer: Are these publicly funded?

Interviewee: Oh yes absolutely. Free to go into them. You would be referred by your GP or psychiatrist.

Interviewer: Is there a enough access to these facilities do you think?

Interviewee: There is but people don't know about them. And a lot of GP's are a little but ignorant about them too. You see they are recent so give it 5-10 years and they will be widespread. Like in the beginning this place was founded by a doctor by the name of Michael French O'Carroll. He's dead now but he was a doctor and he believed there was a huge alcohol problem in Cork. Which they're always was in the 80's and 70's. So he was always look at a central way to treat that. Non-paying. There was residential centres like Brewery. He felt there should be a centre where people could come during the day and learn. No when Arbour house started off and this place became a place for alcoholic's treatment here in those days. And has advanced to where its at now. But what he discovered in the 80's, when he opened this place, was the hassle he got trying to open it. There was centres in Dublin alright too.

Interviewer: A kind of NIMBY (Not in my back yard) feeling is it?

Interviewee: Ya it wasn't needed. You have a centre in Brewery or residential settings out of the way, let them go there. So when he opened this first, he discovered for a few years, he discovered that there were

a lot of addicts coming here too. Huge problems with medication and drugs and heroin, which was unique to Cork at that stage. He made a warning. He was a great friend of Doctor John O'Conner in Dublin, a TD years ago. They were good friends and John was a GP as well. He was a controversial politician when he said there was going to be huge problems down the road in Ireland with drug addiction. If we don't do something now, and this is the 60's and 70's, it is our children and our children's children, who will suffer. He was a bit like Tony Gregory. He did great work in the city centre in Dublin around heroin addiction. He wanted to set up centres where you could go to talk to people and deal. He met many stone walls for funding. But when the minority government came in he got the Gregory deal and got the funding anyway. So you give me this for the inner city Dublin and I'll vote for you. So he saw what was coming down the line and it was largely ignored. It wasn't that bad. We have a great capacity in this country to wait until it happens instead of preventative measures. That's why I think a lot of education I think should be done in the schools. Not just in the secondary schools. Why wait unitl their 14 or 15? When they probably already are drinking. It should start at 7, 8 and 9.

Interviewer: You see a lot of kids smoking at that age already.

Interviewee: Its scary but it should start there. No you need to train teachers up and all that about addiction and an amazing amount of teachers don't know a thing about addiction. It should start in primary school and they're trying to I presume but its so slow. We really are so slow in this country.

Interviewer: Do you feel that addition is reinforced by how society is responding to it?

Interviewee: Yes, now I could be forever here knocking the system but it has improved an awful lot in recent years. There's more community-based service now which is fantastic. You don't have to come here for treatment now. You can get treatment above in Knocknaheeney or Churchfield. Workers in the community you can talk to.

Interviewer: Have you found that addiction has been intergenerational or not?

Interviewee: Oh it is yeah. Now I duno if it is hereditary or not. Who knows? My mother and Father were drinkers but not alcoholics. I have three sisters, why weren't they alcoholics? So nobody knows. But there is a greater chance if your family is steeped in alcohol or addiction. If that's what children see that's what children will do. If you saw your father beat your mother a saw child wouldn't you think that's the right thing.

Interviewer: It becomes gradually normalized you mean?

Interviewee: Yes it become normal. Giver her a slap and shut her up. They say addiction is a learned behavior, possibly but it is a bit more than that. There's people here in this building who think it's a learned behavior but I wouldn't agree with that philosophy. We don't even agree here at times. But that's opinions. But what I say about the community basis now, which ha started. If you have a problem with alcohol or drugs and you go to your GP, they way it was years ago, ara give him a couple of valium and pain killers and he'll'' be grand. But now their shying away from that now and beginning to learn a bit more. And they can refer someone on to the local drugs worker. And they can talk to them and meet up for a few sessions. And then he can refer them to us if need be. We are a tier-three organization and he's a community so tier-two. There's 4 tiers. One would be your GP, two the

Gardaí, three would be places like and 4 would be residential settings. They are the 4 tiers of addiction treatment in this country.

Interviewer: Is there enough of the residential settings you feel given the recnt news about homelessness in Ireland?

Interviewee: Ya its huge. Taper lodge, I worked and was a patient there myself, but it costs 6,500 grand for 28 days. We have funding here for part of that. VHI and Leah will cover some top but if you don't have cover that's what you have to pay. And if you are on Welfare they will take x amount out of your dole. And when you come out then they set up a direct debit plan. But now Taper lodge have to chase you down to survive. But we have a situation at the minute where there is certain amounts laid out so we can help. But that depends on the need and the government. A new government could be elected next week like. And they could say 'they are getting too much money here, we will stop that'. We sometimes can be ignored. Heroin was highlighted. We got a huge amount of funding in recent years because of the massive heroin addiction. Why? Because the parents of Ireland were screaming that their children were lying on the streets full of needles. So pump millions into heroin now. Most of our funding is supposed to go to people addicted to heroin, we should not have people being treated for alcohol here at all. A person who is on alcohol alone should not be here at all. So its 2 million to Arbour house and it filters down. Its all interconnected. So in 3 years time, we have a woman who sends the statistics here fulltime to Dublin, and it will say 5000 people attended Arbour house in 2016 and they'll look at it and it will say, 500 heroin addicts, 3000 alcohol addicts. And then they'll look at the previous year and say "Oh it's working". So maybe they don't need as much next year. It's balancing the books. They have their own thing to do. But that's what happens.

Interviewer: So last question. Very thankful for your time. How would you assess the overall landscape in addiction in Ireland and how does the government address it?

Interviewee: Well I think we could do with more but I will always say that. I think we're doing the best we can. But it needs to be continued. What I find with addiction services in this country it's like sudden bursts. The heroin addiction became huge and then I hear 'my son is dying on the street and you're looking for a vote, f**k off' So Heroin huge, Dublin huge and Cork is huge. We'll get x amount of money to employ more counselors, same in Dublin and more resources. But it isn't constant.

Interviewee: You do. We were short of manpower for a long time. We're only coming to grips with that now. Remember the moratorium in the HSE, few years ago. Nobody could be employed by the HSE and that's stopped. There was only two of us running a program here, only two!

Interviewer: And demand was up with the economy?

Interviewee: For hundreds over the space of the year. Only two. Myself and another woman. She's retired now. Then we got more staff in gradually because they discovered it wasn't working. We were falling asunder. If you rang Arbour house 4 or 5 years ago there was at least a 3 or 4-month waiting list for an addiction. Maybe 6 months. That's why it's better to have parties very close and not one dominating. If one dominates there is a complete majority in Dublin. They can do what they like. This hung Dail in some ways is good. Some people say its not but I'm speaking from where I'm coming from. So people complain to their local politicians; 'Taper

lodge is too dear, Brewery there full regularly'. So David Lane, the head of the drug and alcohol unit in Munster, he decided we need more funding, reduce the waiting list in Arbour house. Because A Arbour house is the only HSE service in Cork like this.

Interviewer: The only one in the HSE?

Interviewee: There's a subsidiary heron house in Blackpool. So that waiting list, what are going to do? So they employed more staff, gave them part time contracts. Qualified people who hadn't work and gave them a two-year contract to reduce their waiting list. The waiting list was now down to maybe a few weeks. So you were seen for assessment. Everyone would be met then within a fortnight for what we call an initial assessment, whether you're a heroin, drug, alcohol or gambling addict. When you do an initial assessment we finalize and go to a case officer to organize a plan for Mark Culloty. So he needs more comprehensive assessment, maybe the Minnesota model or methadone. But then we discover there is a whole pile of there waiting lists. So we reduce the main waiting list but there is a whole load of other lists. We needed more staff and to extend these contracts. And in the last few years those people on contract are now permanent. But what is to say it won't be there the year after. And then you look at the accident and emergency wards. It's woeful. Lying on a trolley for hours. Behind the offices at the wall above in CUH (Cork University Hospital). Now they might say this needs the funding, so we can take from Arbour house because they are doing well. They don't need as much they can maintain what they have. And that's what happens. Somewhere along the lines this health system isn't working in this Country. But it has improved yes. Are they doing the best they can? Probably with the resources. But we are paying the price for years ago, when we acted foolishly. If they can maintain what we

have at the minute it will probably be ok. But that means making the funding constant.

Interviewer: The former Minister for drugs recently advocated decriminalization in Ireland. I just wanted to ask where your thoughts lay on that? Do you think it could work like it has in Portugal?

Interviewee: It could. But look at this country at the minuet with the Kinehan gangs and the violence. Its unbelievable isn't it? Look at the Dundon McCarthy gang in Limerick. Why do you think that has now more or less gone?

Interviewer: I know two are in jail but I'm not sure to be honest.

Interviewee: Garda Resources. They spent millions. Round the clock Gardaí duty. I worked in Limerick in 2002 to 2004 at the height of those problems. Every day about 6 in the morning I'd be woken by helicopters. Helicopters… in Limerick! Garda helicopters and resources from the army right were going over South Hill and Moyross regularly with lights. There were fellas on the ground and the Emergency Response Unit. Every car that was drove in Limerick was stopped and searched. Dundon's, if they came out of their bed in the morning there was a patrol unmarked car. Like that man Martin Cal. They reduced him with 24 hours surveillance on Martin Call. They did that on the Dundon's as well. But to do that….money. If someone is watching you all the time, how can you do something wrong. How can you? It worked. It has cleaned them up. Now they need to do something like that in Dublin and it would wipe them out.

Interviewer: But haven't the Dail brought in a whole host of new measures aimed at lower level.

Interviewee: Exactly an x amount whereas in Limerick they got a blank cheque. The then even decided to have the Special Criminal Court in Limerick, where armed guards were on duty. And then they decided 'oh that won't work' so they brought it back up to Dublin. Limerick now is a gran city but the resources and now that will be it. And Dublin needs the same intensity but how can you do it. So we can talk about it but at the end of the day it is money.

Interviewer: And what about taking the profit incentive from the cartels?

Interviewee: Oh yes but that's what the CAB is. Best thing that ever came to this country.

Interviewer: Its new threshold however has been lowered meaning only lower level drug criminals will be targeted.

Interviewee: Yes it does. But we need a CAB service that is run by one National body connecting all the police services worldwide. Take Europe first anyway. Like Spanish and UK police work independently and they connect but they need to work similarly so they can chase down the Kinehan's in Spain and clear their assets. But the CAB here have no power there. So they need the Spanish and how good are the Spanish t hey may not do that type of stuff. We need that everywhere. So the top fella Christy Kinehan, the number one fella in Europe. He should be right up against CAB but he's not. But to get at his profits and assets, that would take months and months and months. It didn't use to be though. And the work they did years ago, but again it goes back to manpower. But it works and that in turn goes back down to the drug addicts it helped. And when Veronica Guerin got shot they spring into

action. More centres were set up as a result of all that. The needs were accommodated all the tie but then it stops short. But do you think it stops if you take down the head man? The most notorious drug dealer in the Mexican cartel was caught recently, El Chapo and it seems that if you take down one head, another pops up.

Interviewee: But you have to keep on top of it.

Interviewer: So full scale all the time.

Interviewee: Well I know a lot of people think zero tolerance would not work in Ireland because it is too small. But there is a bylaw in this Country now where if you drink on the street you can be arrested. Take a walk around Cork today and how many people do you see drinking on the street. Now if that was enforced. If you cut the little legs the fella at the top can't make money can he? Chasing the big fella is the ultimate but if you stop the supply. Arrest the dealers, charge them and jail them. But then where do you put them?

Interviewer: But supply is dictated by the demand though?

Interviewee: And its never been more at its greatest. Why. Because the modern generation want this buzz, because they've been raised that way.

Interviewer: Well I can see the people outside waiting for ya. Thanks very much for your time Richard.