A health led approach to drug use in Ireland - what does it mean?

Citywide Drugs Crisis Campaign Conference 2016

A Social Inclusion pillar for the National Drugs Strategy?

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- The majority of people who use drugs do not use them problematically and do not develop a physical dependence (Drug Policy Alliance)
- There is a difference between **drug use** and **problem drug use** and **drug-related harms**
- Not everybody accepts or is comfortable with this
- But, if we accept the differentiation; decriminalise use; and focus on health and social policy responses maybe we can move forward?

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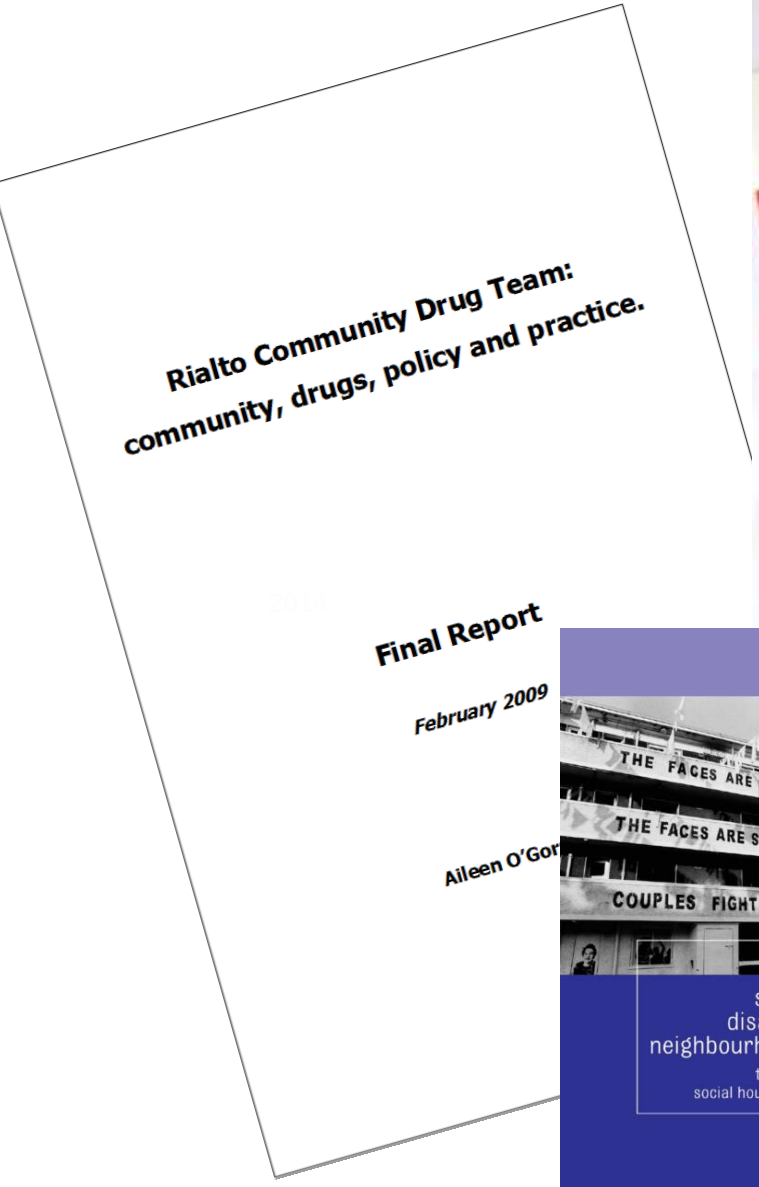
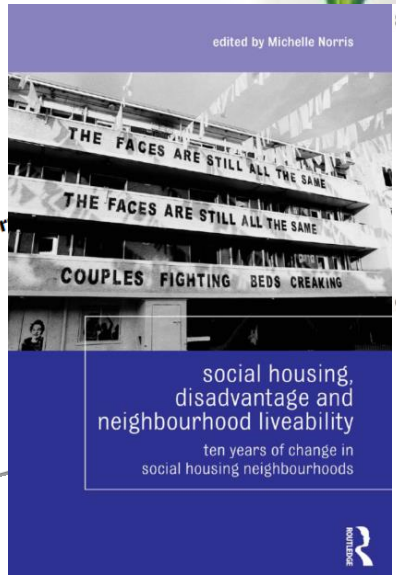
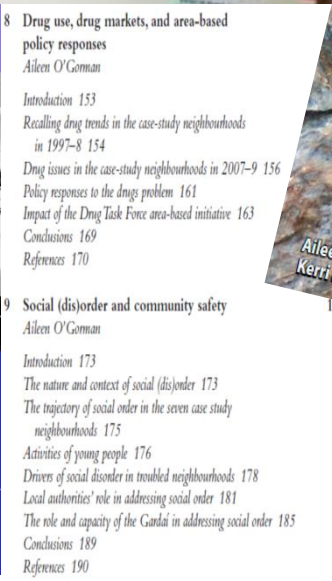
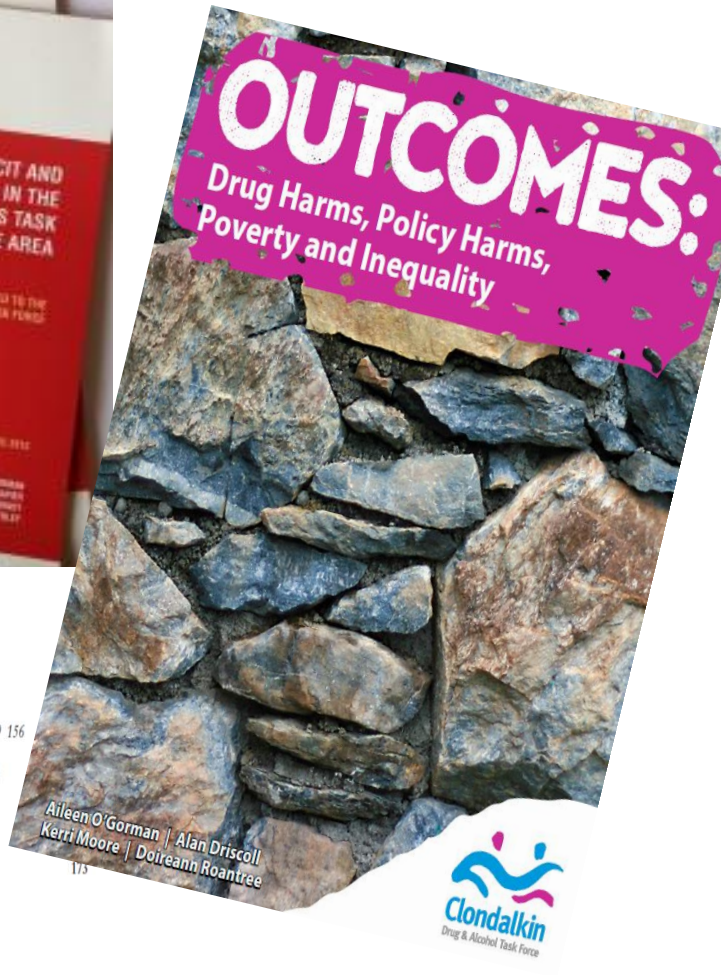
Lots of research with similar recommendations









Evidence

- Some social groups (unemployed, living in social housing or in lone parent households, experiencing educational disadvantage) experience unequal and much higher rates of poverty than others.
- Drug use disproportionally harms people who experience challenging lives rooted in poverty and inequality

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Risk environments

- drug-related harms cluster in communities shaped by disadvantage and inequality
- DATF areas home to disproportionate rates of vulnerable social groups (over 60% in some areas).
- Policy-related harms or 'policy induced losses':
  - the negative outcomes for people resulting from decisions taken, or not, by national and local government and statutory agencies.

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Impact of recession

- Increased levels of poverty and inequality since 'Great Recession' began 2008
- Nationally, deprivation rate (doing without essentials) increased from 12% -> 31%.
- For example, the number of people registered as unemployed in Clondalkin trebled from 3,500 to 10,000 in the first three years of recession (O'Gorman et al., 2016).

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Unequal experience of the Great Recession

		2006	2011
Unemployment	Area A	22.0%	43.0%
	Area B	**5.2%**	**6.3%**
3rd Level Ed	Area A	6.3%	4.7%
	Area B	**78.1%**	**84.0%**

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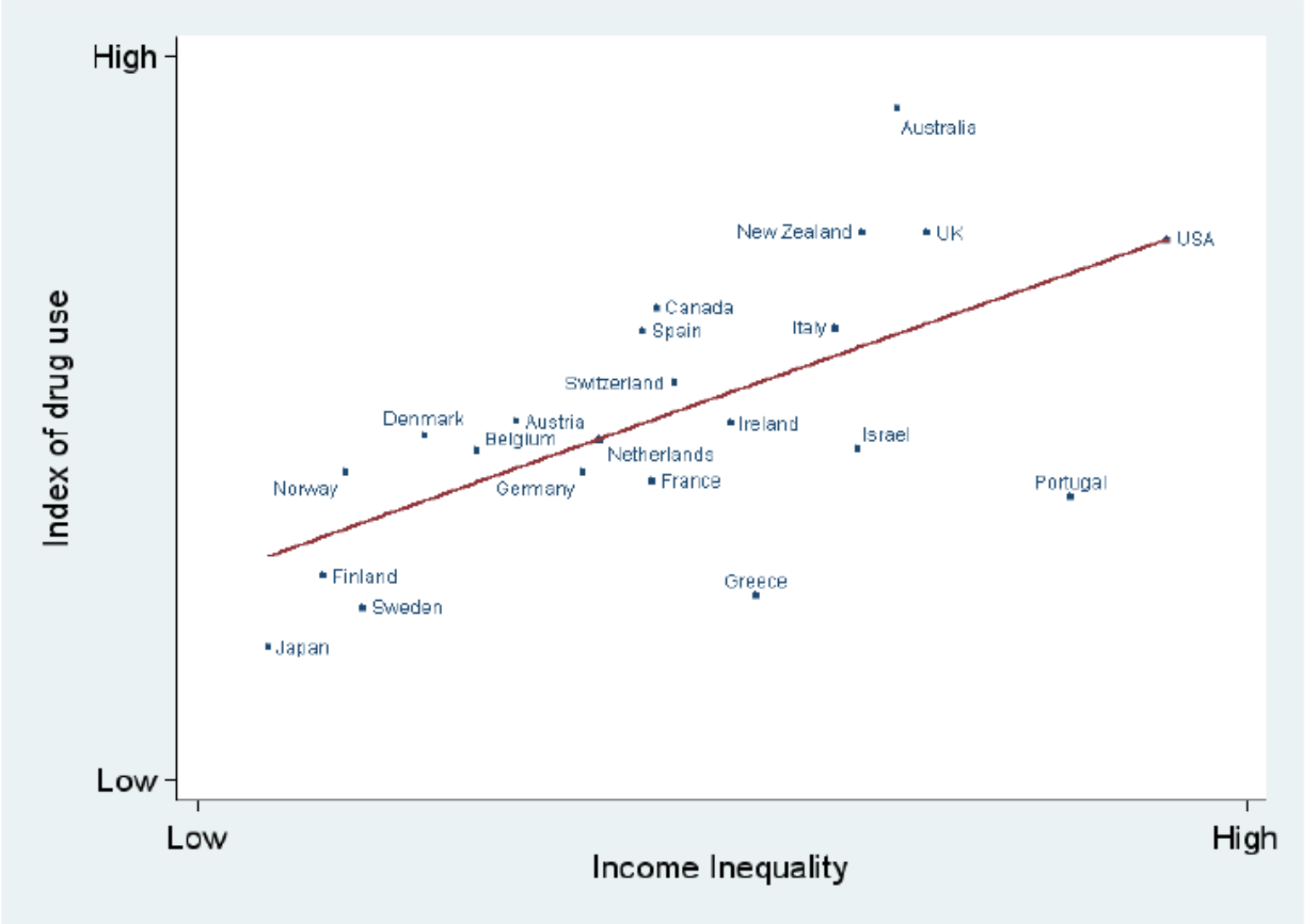
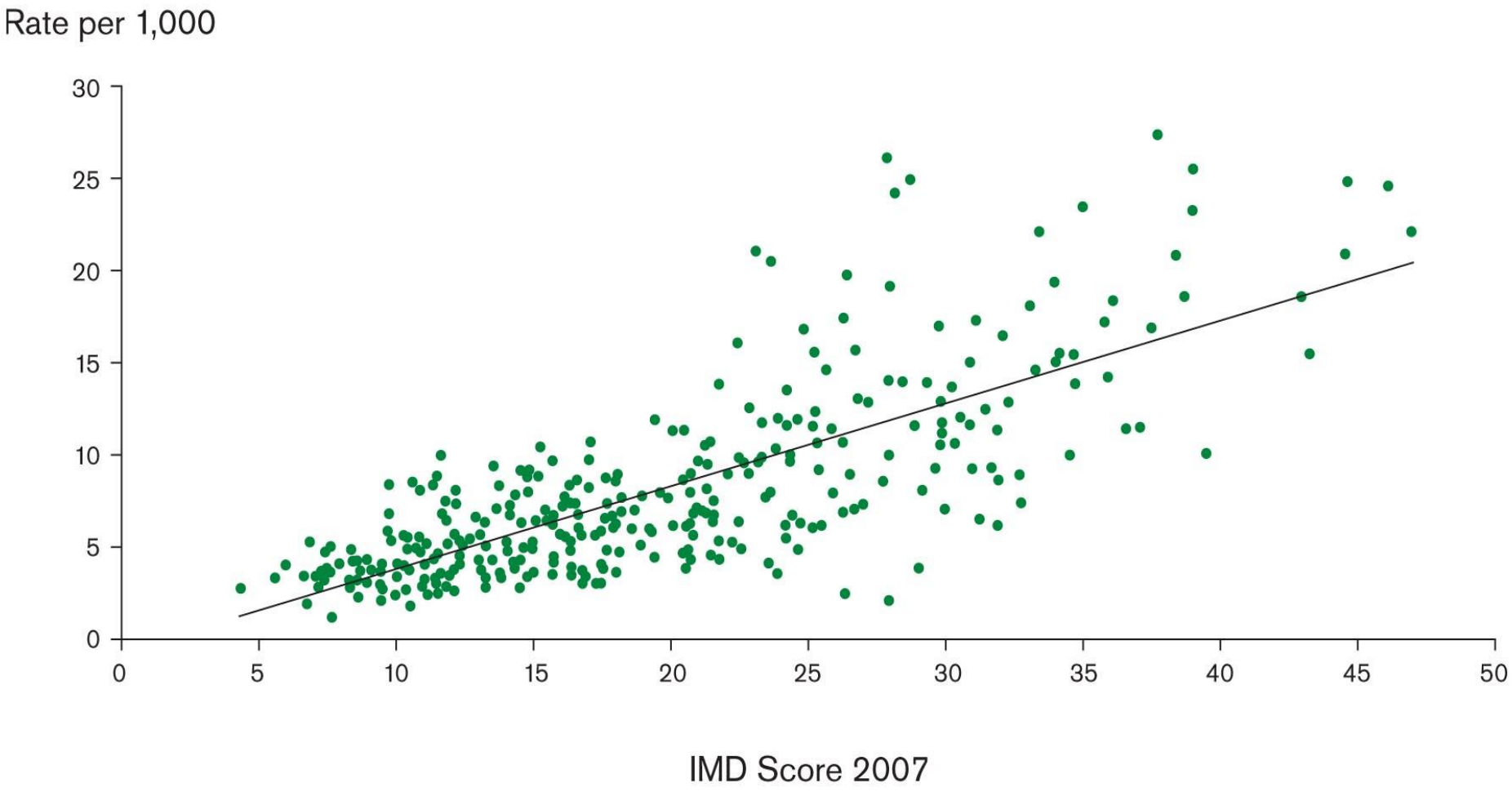
Drug Use is More Common in More Unequal Countries



Index of use of: opiates, cocaine, cannabis, ecstasy, amphetamines

Source: Wilkinson & Pickett, The Spirit Level (2009)

Figure 2.17 Prevalence of problematic drug users aged 15–64 years by local authority of residence and Index of Multiple Deprivation, 2006/7



IMD = Index of Multiple Deprivation
Source: North West Public Health Observatory[80]

Source:
http://www.instituteofhealthequity.org/presentations/presentation-slides

Young people – advanced marginality

- Challenge of growing up in a high risk environment
- Decreasing level of resources to support youth - educational difficulties; behavioural issues; poor mental health – self-harm, suicides
- Drugs economy one of the few employment and economic opportunities for young people
- Labour force for drugs economy (storing, bagging, delivering drugs and money to make additional money and pay back debts)

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Impact of drug economy

- Expansion of drugs economy during economic boom (increased drug use nationally)
- Operation of drugs economy has destabilising affect in area
- Hidden economy – high level of systemic violence settling disputes over debts, suspected informants, stolen or seized consignments of drugs

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- State response a form of **structural violence**:
  - the avoidable impairment of fundamental human needs (Galtung).
- Politics of austerity – reductions and restructuring of education, housing, welfare as well as supports for community and voluntary sector.
- Disproportionally affects the less well off, the vulnerable (Harvey).
  - For example, cuts to supplementary welfare – important cushion against poverty
- Serves the interests of the dominant classes

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A health-led approach to drug use would provide an opportunity to address the social and structural determinants of drug-related harms

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Social gradient of health

- ‘social class position undoubtedly plays a causal role in the distribution of health and disease in human populations’ (Cockerham, 2012)
- people who are less (socioeconomically) advantaged have worse health (and shorter lives) than those who are more advantaged
- Social gradient of health = each successively more advantaged group has longer life expectancy and better health.

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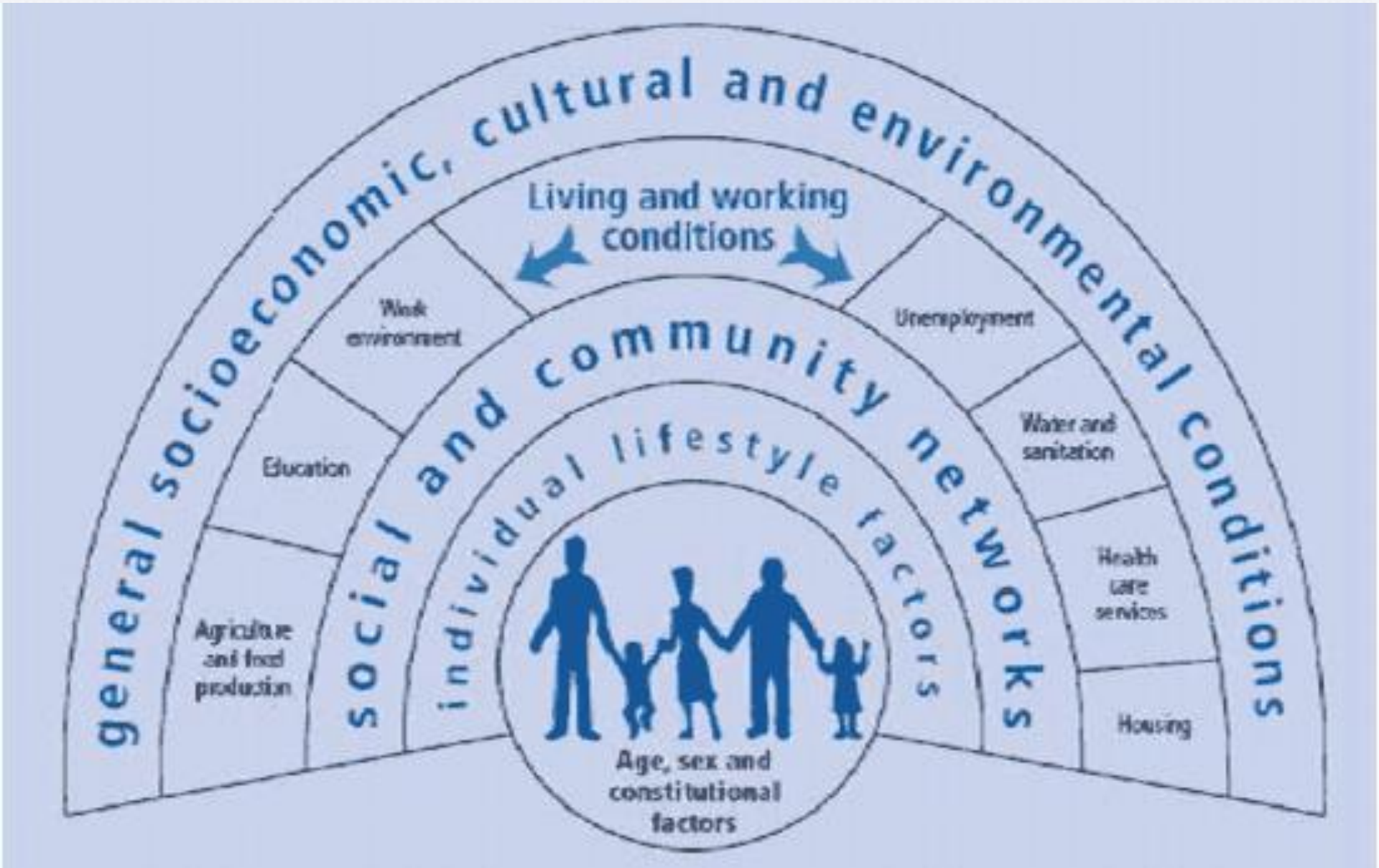
Social and structural determinants of health (and health inequalities)



Health Inequalities are recognised already by the government. The Department of Health website states:

- Inequalities in health … between different population groups due to the conditions in which people are born, grow, live, work, and age … there is an uneven distribution of the risk factors … with the burden borne disproportionately by those in the lower socio-economic groups … One of the goals of Healthy Ireland is to reduce health inequalities.

http://health.gov.ie/healthy-ireland/health-inequalities/

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Health Inequalities

- ‘Inequalities in health arise because of inequalities in society – in the conditions in which people are born, grow, live, work and age’ (Marmot, 2010)
- The causes of health inequality are complex but they do not arise by chance.
- The social determinants of health **are largely the results of public policy.**

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Putting a spotlight on the role of policies (and power) in creating the conditions for inequalities in health and drug-related harms

Policy harms

- Little attention is paid to the role politics and policies play in shaping poverty and inequality.
- Growing sense that drug policy does not affect rates of drug use
- Latest lifetime prevalence figures 2014/15
  - 54% of 25-34 year old males use illegal drugs
  - 60% of 25-34 year old males use tobacco

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How do we move forward?

- How can social and structural determinants of drug-related harms be addressed in the new National Drugs Strategy?
- On the one hand, the Drugs Strategy is located within a social inclusion framework.
- But, notable policy shift towards viewing drug use as an individual behavioural issue with an increasing focus on individual's social deficits rather than policy deficits

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National Drugs Strategy

Cross-cutting area of public policy brings together Departments, agencies and the community and voluntary sectors to provide a collective response to tackle the harm caused to individuals, families and communities by problem drug and alcohol use in Ireland through the five pillars of:

1. Supply reduction
2. Prevention
3. Treatment
4. Rehabilitation and
5. Research

- NDS contains 63 actions to be taken across the full range of Departments and agencies involved in delivering drugs policy to ensure that the aims and objectives of the Strategy are met. **Annual reports on progress** –
- Oversight Forum on Drugs – chaired by the Minister with responsibility for the National Drugs Strategy oversees progress in relation to the actions of the Strategy and address any emerging issues.
- OFD reports to the Cabinet Committee on Social Policy,

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Advantages of a Social Inclusion pillar

- Evidence-based social and structural determinants of problem drug use and drug-related harms could be clearly specified
- Series of actions and Key Performance Indicators (KPIs) could be identified to address these
- Progress on actions / KPIs can be monitored
- Public policies could be ‘drug proofed’ – that is, they can be checked to see if they would have a negative impact on drug-related harms. For example, a decrease in resources for School Completion Programmes would impact on early school-leaving rates – a key determinant of problem drug use

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- It is an effective and value for money (VfM) policy response as it avoids policies cancelling each other out. For example, the benefit gained from a positive policy such as Minister Byrne's allocation of an additional €3m in Budget 2017 to support drugs and social inclusion measures is cancelled out by negative housing policies and the continuing crisis in housing and homelessness – key determinants of problem drug use.

Recommendations for the National Drugs Strategy

Let's try something different ….. !

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Drug-related harms

- Stigma
- Overdoses
- Ill health
- Drug related deaths
- Family and relationships fracture
- Crime
- Violence associated with drugs economy
- Fear
- Over policing and under protection – still?
- Community cohesion

Impact of austerity

	2007	2013
National Deprivation rate	12%	31%
Unemployed: ‘at risk’ of poverty	23%	37%
Unemployed: in consistent poverty	10%	24%

Key Point: - Programme of austerity has adversely affected most vulnerable groups and the community and voluntary sector

Biggest policy induced losses

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References

- Cockerham, W.C., (2012) Social Causes of Health and Disease, 2nd ed., Cambs, UK: Polity Press