

Outcomes: Drug Harms, Policy Harms, Poverty and Inequality.

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Main themes of the Research Report

- 1) Poverty, inequality and policy related harm
- 2) Drug Trends and Risk Groups
- 3) Changing policy environment
- 4) Partnership and Interagency working

Research Aims and Methods

- Drug use trends, emerging needs in the context of austerity and a changing policy environment.
- Community based research – interviews, focus groups, ethnography (street) research
- Perspectives of the affected community - drug users, families, service providers (community, voluntary & statutory sectors), CDATF members

Poverty, inequality, and policy related harms

Poverty

- Increased levels of poverty and inequality since 'Great Recession' began 2008
- Nationally, deprivation rate (doing without essentials) increased from 12% -> 31%.
- Some social groups experience much higher rates of poverty than others.
 - More than half of the people unemployed, living in social housing or in lone parent households experience deprivation.
 - More than one third are 'at risk' of poverty living on less than €200pw.

Poverty in CDATF area

- CDATF area has a disproportionate rate of people living in social housing, unemployed, experience educational disadvantage (over 60% in some areas).
- Number of people registered as unemployed in Clondalkin trebled from 3,500 to 10,000 in first three years of recession.

CDATF - risk environment

- Disproportionate level of people living in CDATF area are at risk of poverty
- Drug use disproportionately harms people who experience challenging lives rooted in poverty and inequality
 - CDATF area – high risk environment for drug-related harms

Policy harms

- Little attention is paid to the role politics and policies play in shaping poverty and inequality.
- 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.

- 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.
- A form of 'structural violence' by the state:
 - "the avoidable impairment of fundamental human needs".
- Yet, policy and media discourses focus on individual, family and community 'dysfunctions'.

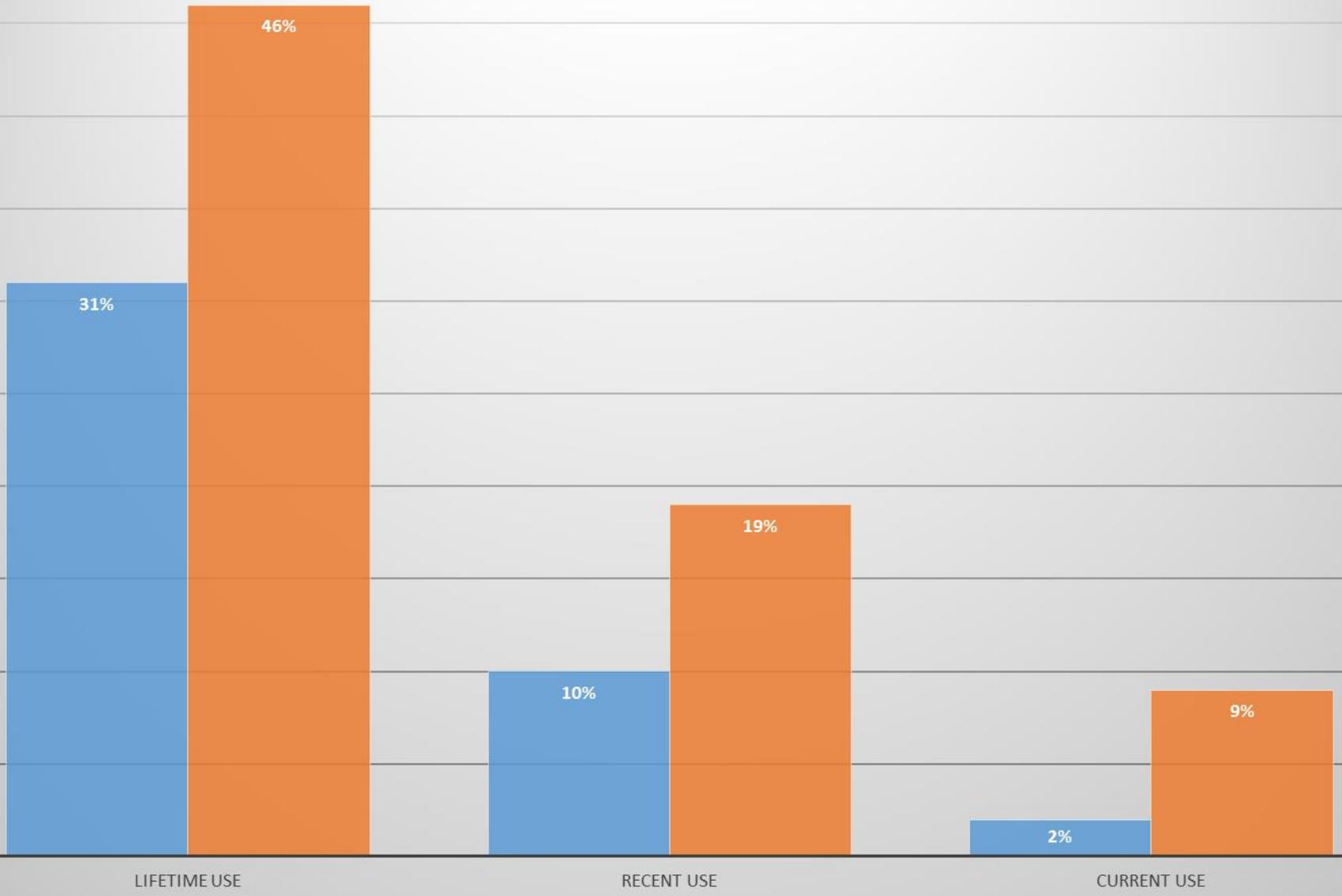
Drug trends and risk groups for drug-related harms

*Where poverty clusters at a
community level, drug-related
harms cluster too*

Regional drug trends

- Increase in drug use since recession – more people using more drugs, more frequently.
- ‘Tablets’ - benzodiazepines and Z drugs (zimidovane, zopiclone, ‘super socs’) widely used.
- Main increases related to Cannabis (↑ 6%); Cocaine (↑ 4%), NPS (↑ 10%)
- High levels of alcohol and cannabis use among school age youth

Regional Rates of Drug Use



■ 2005/06 ■ 2010/11

CDATF drug trends

- Drug use clusters in areas of marginalisation so can expect rates in CDATF area to be significantly higher than regional levels
- Most commonly used drugs: alcohol; cannabis, 'tablets', cocaine, ecstasy, New Psychoactive Substances (NPS) / 'legal highs'.
- Polydrug use – popular combinations - cannabis (weed), alcohol, and 'tablets'; or cocaine and alcohol.

CDATF drug trends

- Cannabis ('weed') and 'tablets' - widespread use across age groups.
- Concerns about use on impact on young people's development and mental health; and bringing them into contact with the drugs economy and criminal justice system
- Youth fiercely resistant to heroin, crack cocaine or IV drug use – for now

CDATF drug trends

- Heroin and crack cocaine used by a small proportion of older habitual users (often in MMT)
- Cocaine used in pub and party settings (older male users)
 - to prolong and enhance the effects of alcohol
 - followed by 'benzos' to ease the 'come down'
- Alcohol – widely available and cheap

Reasons for drug use

- People take drugs because they are curious, wish to experiment, want to have a good time
- Experience is often more pleasurable than negative
- In the context of risk environment with high levels of poverty and inequality drugs most often used as a 'relaxer' to help cope with stress and strain and feelings of depression, anxiety and anger.
- But also brings a status, an alternative identity to that of low paid work and welfare

*There's no shortage of drugs.
The recession might have hit
Ireland but the recession doesn't
hit drugs. The recession hits and
drugs get worse.*

Risk groups for drug-related harms

- In treatment population
- Families and children
- Traveller community
- Young people

In treatment population

- Barriers to recovery identified as:-
 - OST in isolation and for indefinite duration
 - Reduction in supplementary welfare and CE schemes
 - shortage of respite and detoxification options,
 - excessive benzodiazepine prescribing – lack of treatment
 - HSE Addiction Services: lack of clinical engagement with NRF care planning and with community services.

For most people whose drug use has become problematic there is a family member whose life is affected by their drug use

Impact on families and children

- Impact of excessive drug and alcohol use on all family members – children, parents, partners, sibling
- feelings of stigma and shame
- coping with difficult behaviour
- stress and strain on mental and physical health
- Families living in fear - intimidation and retaliation

Traveller Community

- High risk group – social exclusion, deprivation, educational disadvantage, discrimination
- ‘huge increase’ in prescription drugs, cannabis, cocaine
- Associated harms of mental health and suicide
- Women / families intimidated and paying debts
- Drugs a divisive and taboo subject – uptake of generic services low

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)

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

The young fellas are really just full of fear running around, it's sad. Like on the outside it's 'scumbag coke dealers' but they're just afraid scared little boys out there trying to make a name for themselves fuelled up by fear.

Policy harms

- DSP/ DC&YA – focus on individual's social deficits
 - Emphasis on job readiness, progression routes, removing from life register
 - Difficulties of client group meeting (FETAC) targets – unrealistic expectations
 - The greater the need (young people and dependent drug users) the less support!

The Policy Environment, Partnership and Interagency Working

Changed policy environment

- In 1997, DATFs established with generous government funding; clear policy structures; general support for area-based policy initiatives and partnership models of governance.
- Since then ideological changes and government cuts have affected the capacity of the DATFs to respond to the increased needs of those affected by drug related harms.

Over its life time the Drug Task Forces have experienced a host of administrative, governance, strategic, structural and role changes, as well as a disproportionate number of evaluations and reviews.

- influence of neo-liberal thinking characterised by:
 - the centralisation of power and decision making,
 - the reduction of the activities of the state (for example, the contracting out of public and social services),
 - the individualisation of social problems,
 - adherence to new public sector management principles – focus on measuring outputs, effectiveness and VfM.

Challenges

- The challenges faced by the DATFs are not dissimilar to those faced by others in the community /voluntary sector addressing issues from a community development perspective.
- Challenges are symptomatic of a policy era that is more hostile than supportive to the community sector; community-based services; and local knowledge and collective approaches to addressing social issues.

Within the paradigm of neo-liberal ideology there is no scope for civil society input into the decision making process

Partnership

- A key strength of the DATF model has been its interagency and partnership approach to addressing drug related harms in their communities.
- DATF model of intersectoral collaboration has been challenged by a lessened input from many of the key partners from the statutory services
- Difficulties in establishing formal interagency protocols and case management approaches across services (see NDRIC)

Centralisation agenda

- Conscious shifting of power from the community to the centre - seen to be exercised in two overlapping ways:
 1. the closing down of the spaces for communities and community-based services to input into the decision making process; and
 2. the extreme levels of monitoring, reporting requirements, and effectiveness and value for money evaluations.

Confusingly, and frustratingly the policy rhetoric appears on the surface to have largely unchanged and continues to use the same language of Partnership (collaboration and interagency working) even though this no longer translates into the experience on the ground.

Conclusions

Three key issues stand out from this report: –

1. the negative outcomes of government policies and reforms on vulnerable individuals, communities and the services and DATFs that support them;
2. the policy shift towards viewing drug use as an individual behavioural issue, rather than a community issue; and
3. the undermining of partnership as a model of intersectoral collaboration on the cross-cutting issue of drug related harms.

- Drug policy in Ireland has become more focused on addressing individual drug using behaviour, as if these issues were context free.
- Little attention is paid in policy discourses to the underlying issues of poverty and inequality and even less consideration is given to the harmful outcomes of policy – disconnected from the needs of people and communities.

Recommendations for the National Drugs Strategy

Over to you

Im



Policy harms

- Restructure and/or remove services and funding
- Cut in resources for educational and social supports, educational and psychological assessments; decrease in youth payments
- For example, TUSLA Hidden Harm - €500 million. Sideline community-based expertise and knowledge who have been calling for funds for range of supports for psychological and

In-treatment population (2014)

- **436** residents in CDATF in treatment for drug/alcohol
- Mainly - male (67%); 30+ years (67%)
- Live with parents/family (37%); live with children (29%)
- Unemployed (55%); disability (12%); FAS/training (9%)
- Educational disadvantage (58%)
- Reason for referral: opiates (40%); alcohol (25%);
cannabis (14%); cocaine (15%); benzodiazepines (4%).

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

Poverty – rates of national and social groups

Poverty	Nat	SH	LP	UN	ED
Deprivation (go w/out essentials)	31%	57%	63%	55%	36%
At Risk (< €200 per week)	15%	35%	32%	37%	20%
Consistent Poverty (D+AR)	8%	23%	23%	24%	11%

Key Point: - Disproportionate level of people living in social housing; lone parent households; unemployed; educational disadvantage experience poverty

Indicators of Poverty – CDATF area

Indicators of poverty	Nat	C'mre	Rwgh	Mrfld	Dnwy
Social Housing	9%	65%	36%	27%	25%
Lone Parent Households	27%	64%	56%	46%	42%
Educational Disadvantage	n/a	54%	64%	53%	45%
Unemployment rate (male)	22%	44%	45%	36%	35%

Key Point: - Disproportionate level of people living in CDATF area are at risk of poverty

Risk Environments

- Clustering of risk factors and groups in CDATF area
- Outcomes of policies – housing, welfare

Overlap of risk factors for poverty, inequality and drug related harms /problem drug use

- unemployment
- educational disadvantage
- housing problems
- mental health difficulties
- contact with the criminal justice system
- early age of first use of drugs
- family conflict and breakdown

Drug effects

- Trends fluctuate – what's available, accessible, value for money, good quality, in fashion, as well as global and local shifts in drug production and supply
- Easily available and accessible among peer networks, local drugs market, internet, cannabis cultivation, tablet manufacturing
- Effects - Learned behaviour - Drug, set, and setting (Zinberg 1984).
- Many not engaging with services

Impact of drugs in families

- Experience of children and young people when parent or other siblings are using drugs and alcohol excessively
- concerns about parenting skills, lack of boundaries between parent and child in families with parental drug use.
- National Hidden Harm project (TUSLA/HSE) sidelining local knowledge and expertise in community-based services

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