

# Spending Review 2021 – Focused Policy Assessment of Reducing Harm, Supporting Recovery: An analysis of expenditure and performance in the area of drug and alcohol misuse.

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# Spending Review 2021 – Overview, Aims & Objectives



### Overview

• Reducing Harm, Supporting Recovery 2017 to 2025 (RHSR), continues the work of previous strategies on reducing the harms associated with substance misuse in Irish society but places a greater emphasis on supporting a health-led response to drug and alcohol use. The strategy underwent a midterm review in 2021 and this FPA was one of the inputs to this process.

## **Aims and Objectives**

- The main aims of the paper were to; profile 'labelled' expenditure on drug and alcohol misuse; estimate 'unlabelled' expenditure based on medical and judicial costs and lost productivity; and, examine the performance of RHSR in terms of the performance indicators included under the five goals of the strategy.
- Having an estimate of the total economic burden that problem drug and alcohol use places on society is a first step in generating the economic evidence base to evaluate public policy on substance misuse.

# Spending Review 2021 – Key Findings



## **Key Policy Relevant Findings**

- Although, complete and consistent annual reporting on 'labelled' expenditure has not yet been achieved, it is estimated that 'labelled' expenditure on drug and alcohol misuse in Ireland exceeds €200 million per year.
- This paper is the first to estimate 'unlabelled' expenditure on problem drug use, finding that approximately €87 million is spent annually within hospitals, prisons, and the criminal justice system in dealing with the medical and legal consequences of drug use. Productivity losses associated with drug use are estimated to be in the region of €61 million per annum.
- Limitations in the availability of data for the performance indicators has constrained the conclusions that can be drawn on the progress made under each goal of RHSR. It is clear that some indicators are moving in the right direction (for example rates of alcohol use among 10-17 year olds are reducing), some are moving in the wrong direction (for example increases in non-uptake of treatment among vulnerable groups) and for some it is difficult to determine (for example, increases in numbers in receipt of certain services could be positive if demand is being met but could also indicate increased prevalence of harmful drug use).
- It was not possible to break down 'labelled' expenditure on drug and alcohol misuse in such a way as to examine what was achieved with this expenditure in terms of outcomes.
- Addressing the limitations of datasets and the performance indicators identified in this FPA are necessary steps for improved monitoring and future evaluation of RHSR and public expenditure on drug and alcohol programmes more generally.