Impact of cuts on communities and drug services

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Today’s presentation

- Headline context
- Drugs budget
- Impact on communities
- Conclusions

Particular focus will be on voluntary and community sector engaged in work against drug abuse
Increase govt. spending 2009 +6%

Decrease 2010 -1.8%

Differential impact

- Some departments more affected than others. Cuts are not ‘across the board’
- Some policy areas more than others
- Different approach compared to 1987

State agencies: 41 to be closed

- Social policy state agencies most affected (e.g. Combat Poverty)
Impact on V&C funding

► HSE  2009 Between -3% to -4%; 2010, -5%
  ▪ Largest funder of V&C organizations

► CRAG  2009 -8%, 2010 -10%
  ▪ Second largest funder
  ▪ Community sector much more severely affected
  ▪ Community development programme closed

► DoSFA FSA, 2010, -9%

- Overall, 15% contraction of V&C sector by 2011
- Projected 4,778 jobs lost by 2011 (from 53,000)
- HSE V&C jobs down 38,331 to 37,941 in 2009 already (HSE, 2009 AR, just published)
Projections

DoFinance original projections for CEAG:

<table>
<thead>
<tr>
<th>Year</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>€342m</td>
<td>€330m</td>
<td>€329m</td>
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</table>

Set to be slowest department to recover

Losing with the battle with the DoFianance?

Current estimates campaign reports suggest battleground of -5% to -12% between departments and DoFinance

This was before ‘the second collapse’ 2010
Drugs context

Some of our rates of use above European average: so we *should* spend more

European pillar approach

- Reduction of supply
- Prevention
- Treatment
- Rehabilitation
- Research

Community-based approaches considered to play key part in response (Goodbody)
The drugs budget

- No formal input model/budget
- State gives 3 figures for drugs budget
  - Comptroller & Auditor General
  - CRAG, in *National drugs strategy 2009-2016*
  - Ireland report to European monitoring centre in Lisbon, Portugal
- €140m to €264.276m to €275m
The core budget

- HSE hospitals, clinics €58m*
- Drug Treatment Centres services €10m
- Methadone services €14m
- Voluntary and community €39m
- Prison-based services €3m
- FAS CE (based on 1,000 places) €16m

Total €140m

Comptroller & Auditor General (2009, figs for 2007)

*Includes, in some districts, alcohol services
The broader budget (1)

- **CRAG** €65.207m
- **DoH&C** €1.033m
- **HSE** €101.867m*
- **DES/LDTF** €12.386m
- **EHLG/LDTF** €8.79m
- **Probation** €2.897m
- **Prisons** €5m
- **Gardai** €44.4m
- **Revenue** €14.9m

**Total** €275.776m


*Includes Drug Treatment Centre Board, GP, pharmacists, psychiatric, counsellor, therapeutic, outreach, education services*
The broader budget (2)

- CRAG: €65.207m*
- DoH&C: €1.033m
- HSE: €101.867m
- FAS: €18m
- DES/LDTF: €12.386m
- EHLG/LDTF: €0.496m
- DoJ ELR: €8.79m
- Probation: €2.897m
- Gardai: €38m
- Revenue: €9m

Total: €264.276m

*Ireland report to European Monitoring Centre, 2009, figs for 2008
*Incl. Young Peoples Services & Facilities Fund, later transferred to DoH&C
Confused?

► Problem is lack of agreed input model
► Recognized in policy reports, but a gap still to be closed
► Cannot determine effectiveness of outputs if we do not know inputs!
► But we can track changes in some headings
► And use existing and devise new indicators to measure impacts
# Voluntary, community budgets

<table>
<thead>
<tr>
<th>Year</th>
<th>Current</th>
<th>Capital</th>
<th>Total in €m</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>2008</td>
<td>39.265</td>
<td>5.058</td>
<td>44.323</td>
<td></td>
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<tr>
<td>2009</td>
<td>36.02</td>
<td>4.59</td>
<td>40.611</td>
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</tr>
<tr>
<td>2010</td>
<td>33.2*</td>
<td>3</td>
<td>36.2</td>
<td>-11%</td>
</tr>
<tr>
<td>2011p</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>-100%</td>
</tr>
</tbody>
</table>

*€21.045m to local drugs task forces (14), €9.9m to regional drugs task forces (10)
Calculating drugs-related cuts

<table>
<thead>
<tr>
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<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CRAG</strong></td>
<td>-8%</td>
<td>-11%</td>
</tr>
<tr>
<td><strong>DoH&amp;C</strong></td>
<td>-4%G</td>
<td>-10%G</td>
</tr>
<tr>
<td><strong>HSE</strong></td>
<td>0% (Vols)</td>
<td>-8%G</td>
</tr>
<tr>
<td><strong>FAS</strong></td>
<td>-4%G</td>
<td>+10%G</td>
</tr>
<tr>
<td><strong>DES/LDTF</strong></td>
<td>0%</td>
<td>-32%</td>
</tr>
<tr>
<td><strong>EHLG/LDTF</strong></td>
<td>-7%</td>
<td>-16%G</td>
</tr>
<tr>
<td><strong>DoJ ELR</strong></td>
<td>-8%G</td>
<td>-9%G</td>
</tr>
<tr>
<td><strong>Probation</strong></td>
<td>+8%G</td>
<td>-15%G</td>
</tr>
<tr>
<td><strong>Prisons</strong></td>
<td>-10%G</td>
<td>-8%G</td>
</tr>
<tr>
<td><strong>Gardai</strong></td>
<td>-5%G</td>
<td>-9%G</td>
</tr>
<tr>
<td><strong>Revenue</strong></td>
<td>-7%G</td>
<td>-8%G</td>
</tr>
</tbody>
</table>

G=general
Conclusions

► Actual drugs budget buried deep in departmental estimates

► Few that we can clearly identify
  - CRAG, down -8%, then -11%, round figure 20%
  - LDTF DES down 0.2%, then -32%

► Others are a cause for concern
  - Probation, prisons, gardai, revenue

► Again, emphasizes need for identifiable drugs, budget, input model
(McCarthy proposals

► €2.6m savings CRAG
  ▪ €2m from ‘better targeting’, closing several
  ▪ €0.6m from ‘shared resources with local authorities’

► Reduce CRAG staff from 23 to 11

► Transfer to DoH&C

► Reduce DES funding by €1m
  ▪ Lack of evidence of effectiveness (Goodbody?!)
Measuring impact on communities

► Literature here is small
► Not a focus in research programme

- Main research interests are:
  - Prevalence
  - Profile of users
  - Treatment and treatment outcomes

- 2009-2016 indicators:
  - Access to services, treatment rates, prevalence
  - Community indicators: policing for, reduced ESL
Who has measured community impact?

Goodbody

- ‘No primary research on effectiveness of efficiency of local outcomes’
- ‘Very structured studies are required to establish costs and benefits, but these have not yet been undertaken’
- ‘We need several data collection exercises’
- Foreign example suggests cost : benefit outcomes of 3:1 to 9:1 (quoted in MQI, 2010), Home Office:
  - Health gains
  - Criminal justice, policing gains
  - Economic gains (employment)
Goodbody findings: benefits of community projects

- Improved trust, cooperation with Gardai
- Identification of sources of supply
- Reduced use generally
  - Prevention, use by children
- Earlier interventions by teachers
- Challenging of open dealing
- More people drug free for longer
- Normalization of their lives
  - Practical help, support given to their families
- Prevention of relapse
Goodbody 24 indicators

- Drug-related deaths
- Treatment of users
  - Methadone
  - Drug-related illness treatment e.g. HIV
- Crime
  - E.g. Possession, supply, obstruction
- Accompanied by 3yr household interviews:
  - Your assessment of extent of problem
  - Whether you are directly affected or not
  - Effects on quality of life
  - Reports of illegal drug use
  - Assessment of quality of response
Developing community indicators
McCann & Loughran, NCAD, 2006 (1)

What communities are interested in:

- Public disturbances/brawling/damage
- Fear, safety, violence, intimidation
- Break-ins, being a victim of crime
- Prevalence
- Garda response (e.g. Searches)
- Social capital, community participation
- Housing, quality, maintenance, amenities
- Deaths of people from the area
- Number interventions by V&C projects
Developing community indicators
McCann & Loughran, NCAD, 2006 (2)

- Collection local data must be named as important function local response to drugs
- ‘Current indicators do not capture this picture’
- Collecting local info. challenging e.g. police
- New strategy does not include the battery of community indicators required
Evidence of impact

- Announced closure eight projects Mid West following evaluation
- Cuts to institutional budgets (e.g. NACD, -23%)
- Marked increase in demand for services (see MQI annual report)
- Little systematic information collection (exc. IMPACT)
- Some newspaper cover (Cork Examiner)
What happens when voluntary and community organizations are cut

- Cuts in operations (travel, publications)
  - Doing more with less (absorption)
  - At a time of increased demand
  - *Delaying, suspending, freezing projects and services*
- Terminate/not renew temporary, contract staff
- Pay, pension cuts
- 3-day working
- Eventually, redundancies unavoidable
- No mass extinctions: medium size & state-dependant organizations affected most
- Loss of volunteers

*Source: The Wheel*
Predicting effects of cuts: Watch for

- Fewer using services, longer waiting lists
- Higher prevalence
  - Earlier addiction by children
  - More ill-health attributable to drugs incl. deaths
- Failure to stop supply, dealing
- Higher crime e.g. Intimidation, ASB, break in
  - Relapse by existing users, slower normalization
- Diminished ability of gardai to respond
- Decline in social capital
  - Trust, participation, volunteering
- Sense of security, quality of life
General conclusions

- Cuts applied differentially esp. social spending
- Voluntary, community sector especially affected
- State had a problem with sector since 2002
- V&C drugs spending down – almost 20%
- Adjacent areas a concern (e.g. Probation)
- In a country with a weak social policy
- Destruction of institutions will have long-term impact
Specific conclusions

• We have no agreed input model for drugs spend
• Actual level of spending difficult to disaggregate
• Therefore level of cuts impossible to calculate
• New national strategy has few community indicators
• Although we know existing V&C projects have a positive impact (Goodbody)
• We have indicators that *could* measure changes in communities (Goodbody, McCann & Loughran)
• Time to get to work on them...!

• Thank you for your attention!