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

Headline context

- ►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:

2009 2010 2011 2012

€342m €330m €329m €329m

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 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) <u>€16m</u>

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

CRAG (2009) in National drugs strategy, 2009-2016

*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

DoJELR €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

► <u>CRAG</u>	Current	Capital	Total in €r	<u>n %</u>
> 2008	39.265	5.058	44.323	
> 2009	36.02	4.59	40.611	-8%
> 2010	33.2*	3	36.2	-11%
► DES				
> 2008	3.651		3.651	
> 2009	3.643		3.643	-0.2%
> 2010	2.461		2.461	-32%
> 2011p	0	0	0	-100%

^{*€21.045}m to local drugs task forces (14), €9.9m to regional drugs task forces (10)

Calculating drugs-related cuts

2009 2010

► CRAG -8% -11%

► DoH&C -4%G -10%G

► HSE 0% (Vols) -8%G

► FAS -4%G +10%G

► DES/LDTF 0% -32%

► EHLG/LDTF -7% -16%G

► DoJELR -8%G -9%G

► Probation +8%G <u>-15%G</u>

► Prisons -10%G -8%G

► Gardai -5%G -9%G

► Revenue -7%G -8%G 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?!)
 - Should be reduced because CRAG is reduced)

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

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!