LOCAL DRUGS
& ALCOHOL TASK FORCES
CHAIRPERSONS NETWORK

"Resources for Recovery"

Pre-Budget Submission 2025

July 2024

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Executive Summary

- **Invest €4m in community drugs services supported by the 14 Local Drugs and Alcohol Task Forces in Budget 2025.** As detailed in this submission these additional resources are required to meet.
    - Increased impact of drug and alcohol use in our communities
    - Communities also significantly impacted by poverty and social exclusion
    - Capacity of community drugs & alcohol services to aid recovery if properly funded
    - Population growth in catchment areas and hinterland which we serve
    - No real increase in funding for Local Drugs and Alcohol Services since 2012
    - Impact of cost of living and inflation of over 21% in last 12 years
    - Costs associated with enhanced governance and compliance requirements

Local Drug and Alcohol Task Forces - important actors in the delivery of our national drug and alcohol strategy and Citizens' Assembly on Drug Use Report

This is a collective Pre Budget-Submission on behalf of the 14 Local Drug and Alcohol Task Forces (LDATFs). LDATFs were set up in the late 1990s to address the drugs crisis and play a central role in addressing current and emerging drug and alcohol challenges and trends in communities.

The LDATFs have come together to seek an immediate increase in funding in line with the rate of inflation[1] over the last decade. With inflation of 21% since 2012, this translates into a call for an additional funding allocation of €4 million in Budget 2025 for the community drug and alcohol services which LDATFs support.

LDATFs play a key role in the identification of emerging drug and alcohol trends within the local community and are responsible for developing and implementing a local strategy in line with the national strategy **Reducing Harm, Supporting Recovery (2017-2025).**[2]

We welcome the publication of the report of the **Citizens' Assembly on Drug Use**[3] earlier this year, which our members both individually and collectively responded and contributed to. We also welcome the recommendations in the report and call for their swift implementation. Several of the recommendations (No 9, 12, 15, 18 and 22) call on Government to involve service users and communities, to invest in measures to promote social inclusion, to resource community drugs services and to build on existing local and national partnerships. Enhanced investment in the LDATFs and the communities, organisations, and services they support, and coordinate would contribute significantly to the achievement of these recommendations, given the profile, role and work we undertake and coordinate.

[1] Percentage Change from 2014 January to 2024 January is 19.9%, https://visual.cso.ie/?body=entity/cpicalculator , Central Statistics Office

[2] http://www.drugs.ie/downloadDocs/2017/ReducingHarmSupportingRecovery2017_2025.pdf

[3] Report of the Citizens' Assembly on Drug Use https://citizensassembly.ie/wp-content/uploads/CADU_Volume1.pdf January 2024

Flatlining LDATF budgets while public and health spending increases

While we welcome and support the increased public spending and additional investment in health services, it is very disappointing that successive Governments have failed to value and invest in community drug prevention, treatment, and recovery services.

In 2012, overall Government expenditure was €67.6bn, by 2023 this figure increased by 52% to 102.5bn[4]. Also, during this period, the overall health budget increased by 51% from €14.2bn to €21.4bn in 2023. We welcome the necessary increase in overall and health spending, however it is very regrettable that funding for drugs and alcohol services has been consistently ignored and overlooked.

In 2012 the allocation to the 14 LDATFs was €20m[5], by 2023, this figure had declined to €19.09m[6] a decline of 4.5%. While there was a once off increase to counter inflation in 2022 of 3.5% based on current allocations, this does not address the ongoing and long term erosion of inadequate resourcing of LDATFs and did not increase our core funding. The reduced allocation for LDATFs does not consider the increased and changing needs in the communities we work with, and the increased costs associated with enhanced governance and compliance. While we note some dormant accounts and other funding has been provided during this period, it has largely been of a once-off nature and does not provide the security and sustainability required to deliver meaningful services to service users, families, and communities. In some cases, we are forced to refuse service provision to vulnerable people whose needs we cannot meet due to insufficient funding. The lack of investment seriously hampers our ability to fulfil our objectives, support the needs of our communities and contribute to the implementation of stated national policy.

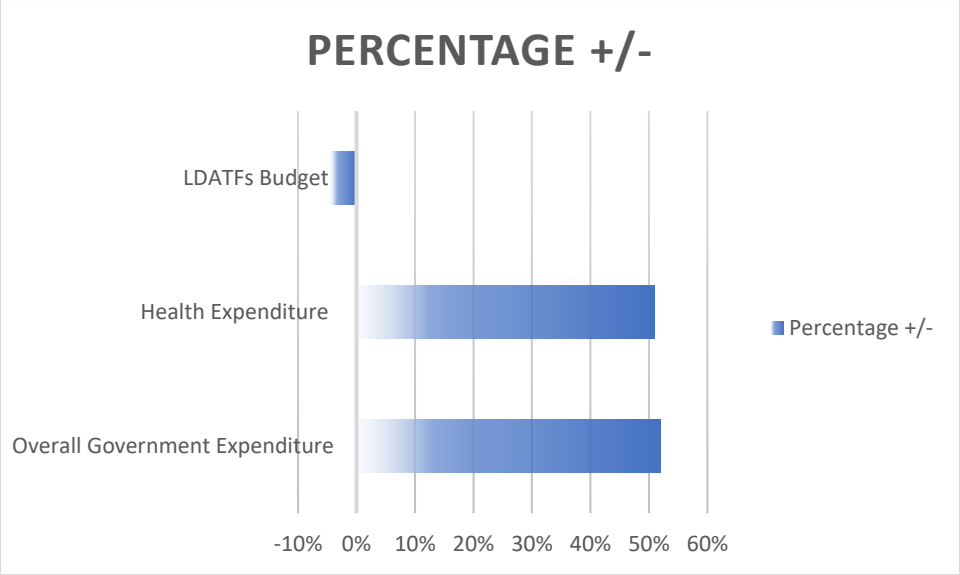
We are very concerned that in the twelve years from 2012 to 2023, there has been a lack of investment in community-based drug services, which are supported by the LDATFs while at the same time the populations in the LDATF catchment areas have exploded alongside significant increases in drug and alcohol problematic use. As already noted, this is set against a period where public expenditure in general, and the health envelope and HSE budgets, have seen significant and ongoing increases.

[4] Where my Money Goes https://whereyourmoneygoes.gov.ie/en/2022/

[5] Parliamentary Question, No. 654, April 17th 2018, Dail Eireann, https://www.kildarestreet.com/wrans/?id=2018-04-17a.1710&s=%22Drugs+and+Alcohol+Taskforce%22#g1711.q

[6] Parliamentary Question, No. 145, June 19th, 2024, Dail Eireann, https://www.oireachtas.ie/en/debates/question/2024-06-19/145/#pq-answers-145

Graph 1 Public Expenditure 2012-2023



Rationale for our demand for an increase in funding

In addition to implementing the recommendations of the Citizens' Assembly on Drugs Use and addressing the cost of living over the last decade, the call for an increase of €4 million in funding is required because the demands and needs in our communities for drug and alcohol services and supports has risen significantly. As detailed below, demand for treatment services in our areas has increased substantially in the period 2012 to 2023 while there has been no corresponding increase in funding. The failure to provide additional resources is unsustainable given the rise in demand, increased population in the Task Force catchment areas and double-digit inflation in recent years.

Significant increase in demand for treatment services in LDATF areas

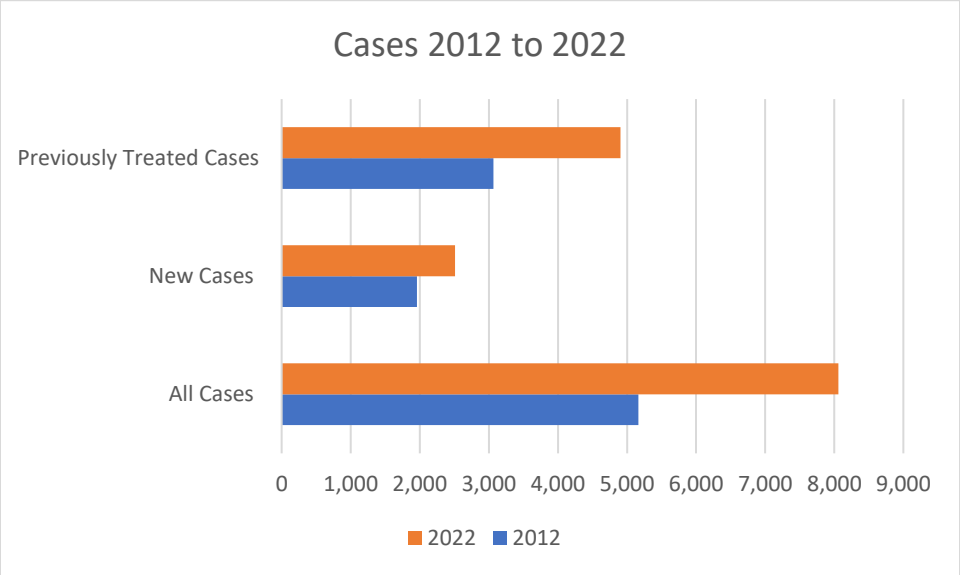
There has also been a significant increase in demand for treatment and support services in our areas since 2012 as evidenced by the data from the National Drug Treatment Reporting System (NTDRS). An analysis of the NDTRS figures show the total number of cases, the total of new cases and the total number of previously treated cases for the LDATF areas for both 2012 and 2022.[7]

In 2012, there were 5,166 people in drug and alcohol treatment services in our LDATF areas, by 2022 this had risen to 8,060[8] or by 56%. While there has been an increase nationally in the overall numbers in treatment services, the increase here has been much more modest at 17%. This data reflects the huge pressures which services and supports on the ground in our Task Force areas have experienced in the last decade and demonstrates the urgent need for additional resources.

[7] The Chairs of the LDATFs are grateful to staff in the Health Research Board who provided the data used here.
[8] National Drug Treatment Reporting System (NDTRS), Health Research Board, https://www.drugsandalcohol.ie/tables/

Graph 2 Number of treatment cases National and LDATFs

In addition to the global figures, further analysis of the NDTRS figures show significant increases in not only the total number of cases, but also in the total number of new cases and previously treated cases for the LDATF areas.



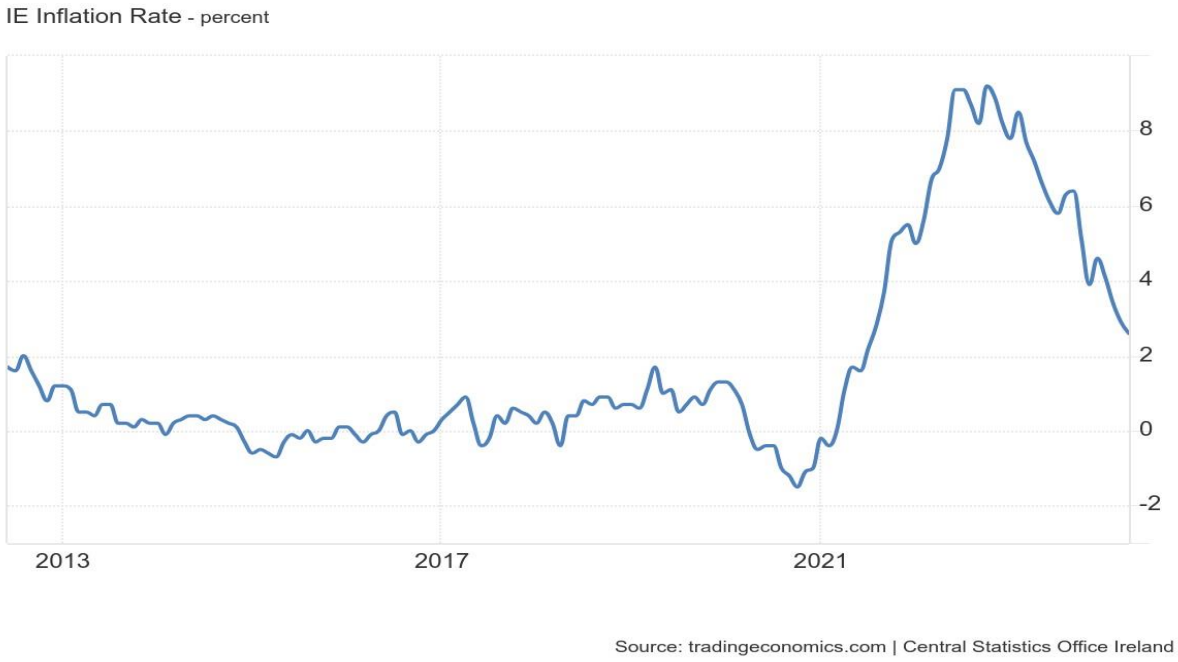
The data from the Health Research Board (HRB) is robust, and useful in terms of capturing a large proportion of the nature and extent of substance misuse and LDATFs response to same. LDATFs welcome this data, which the HRB also provides on individual Task Forces. It is important to note, however, that not all the work of Task Forces is captured by the NDTRS. While we work with and support agencies to engage with the NDTRS system, where appropriate, we recognise that interventions in the areas of hidden harm, outreach, harm reduction, family support, education, prevention, community development and safety, which are funded through some LDATF budgets, do not currently fit within the criteria for inclusion in the NDTRS data. As LDATFs, we understand the intricacies and nuances of community drug work, which may not always be captured through existing data sets. It is therefore important to note, that in addition to the HRB data, there is so much more work being done, which further demonstrates the efforts of frontline community drugs services and LDATFs alike, in supporting communities, individuals and families impacted by substance misuse.

Soaring inflation impacting on LDATFs ability to deliver services

While inflation remained steady between 2012 to 2021, it increased dramatically in early 2022 with the outbreak of war in Ukraine which has impacted on global energy and food prices, with huge demands placed on European countries to respond to the unfolding humanitarian crises. As detailed below in Graph 3, inflation soared in 2022, peaking at 9.2% in October 2022. While the rate of inflation has stabilised in 2024, costs have remained at the higher level. This has placed additional pressure on LDATFs and community drug projects to manage their inadequate

budgets. From 2012 to 2023, drug services have had to cope with an accumulative rise of 21% in inflation[9]. As a result, LDATFs have endured a triple whammy of soaring inflation, static funding and a large increase in demand for the services they provide and support at local level.

Graph 3 Rate of Inflation from 2013-2024



Inequitable burden on the most socially excluded communities

The LDATFs work and operate in many of the most disadvantaged communities in the country, where individuals, families and communities have endured the most hardship from the impact of drug use over many decades. As noted in a recent HRB research report "*Drugs and Alcohol Data-analysis by geographical area and deprivation indicators"*[10] all areas are impacted by drug use, however not all areas are impacted equally. This report shows the relationship between social exclusion and disadvantage and the prevalence of drug and alcohol treatment episodes. For example, the table below shows that while just 14% of the national population live in areas classified as disadvantaged, very disadvantaged, or extremely disadvantaged in the Pobal HP Deprivation Index, 42% of all drug treatment episodes, where opioids were the primary drug use, were reported from these areas. This trend is replicated across all drug and alcohol use types. An analysis of treatment episodes shows that there were 293 cases per 10,000 people in the most disadvantaged areas with just 61 to 66 per 10,000 in more affluent areas.

[9] Central Statistics Office, CPI Calculator, https://visual.cso.ie/?body=entity/cpicalculator

[10] "Drugs and Alcohol Data-analysis by geographical area and deprivation indicators", Health Research Board, Supplement to the Winter 2023 issue of Drugnet Ireland.

This report notes that health policy is increasingly being framed in terms of achieving healthy outcomes and improving wellbeing. It concludes that to meet the intent of the Sláintecare reform programme, there needs to be a more targeted distribution of resources to ensure services are provided where they are most needed. **In the last decade, the opposite has occurred, with funding for LDATF areas remaining static and in real terms in significant decline, when inflation is considered.** This must be reversed in Budget 2025, with significant increase to the core funding of LDATFs and the community drug services they support.

Table 1 Distribution of alcohol and drug use and deprivation bands across the population

Deprivation band	Population (%)	All drugs types (%)	Alcohol (%)	Cannabis (%)	Cocaine (%)	Opioids (%)	Other drugs (%)
Extremely disadvantaged	0.09	0.18	0.11	0.18	0.24	0.13	0.57
Very disadvantaged	2.81	8.57	6.53	7.77	10.17	11.03	10.66
Disadvantaged	11.45	26.52	22.23	26.80	30.33	31.22	28.22
Marginally below average	31.52	29.87	33.19	30.80	28.23	25.58	25.92
Marginally above average	37.10	24.02	26.80	25.08	21.75	20.34	22.22
Affluent	15.24	9.61	10.13	8.53	7.93	9.91	11.24
Very affluent	1.75	1.21	0.99	0.84	1.35	1.79	1.17
Extremely affluent	0.05	0.01	0.03	0.00	0.00	0.00	0.00
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**

Recruitment and retention challenges eroding our services

LDATFs and the services we support are highly dependent on and indebted to the qualified, professional, and dedicated staff who provide services in our community-based organisations. However, the failure to invest in LDATFs in the last decade means that we are increasingly unable to attract and retain staff. For example, Task Force projects staff did not receive the Haddington Road pay restoration while staff in larger voluntary sector organisations did.

This means that we are unable to compete in the labour market with the public service which can offer better pay and terms and conditions. Also, due to restricted funding some community-based services can only offer part-time employment. This disparity in funding and opportunities has created significant difficulties in terms of staff recruitment and retention in community drug and alcohol services with many qualified staff voting to work elsewhere with better terms, conditions, and benefits.

A report, commissioned by our network and conducted by Adare Human Resource Management in 2023, analysed the recruitment and retention matters in the LDATFs. It found that 11 of the 12 LDATFs surveyed had undertaken recruitment in the 12 months, with 50 roles being advertised. Of these roles, only 31 or 62% were filled. The following reasons were given by respondents as to the primary reason for the difficulty in recruiting staff:

- 42% of participants identified uncompetitive salaries as a primary challenge.
- 42% of participants identified the experience/qualifications of candidates as a challenge.
- 17% of participants identified issues with the volume of applications received
- 8% of participants identified that an inability to offer full time hours was a primary challenge in their organisation.

Almost all the reasons can be traced back to the lack of funding and investment in community drug services supported by LDATFs. The posts are not attracting sufficient suitable candidates because of the terms and conditions, some of those who do apply lack the experience and qualifications and the lack of full-time opportunities discourages others from applying.

The report examined the retention challenges which LDATFs were experiencing and found that:

- 50% of Participants stated that low salary was a primary issue in retaining staff
- 25% of Participants noted that a lack of promotional opportunity was an issue
- 8% of Participants advised that a lack of contractual security was an issue
- 17% of Participants stated that they had not experienced retention challenges

These findings show that LDATFs are struggling to retain experienced and qualified staff due in large part to the lack of funding to be able to match terms and conditions in roles in other organisations, particularly the HSE. The comments from the one-to-one interviews with LDATF staff offer insights into the challenges:

- *"Salaries are all funding dependent and are poor, there are no additional benefits provided."*
- *"Conditions are not usually attractive; we don't offer a pension."*
- *"The HSE is on a huge recruitment campaign and the pay rates are so much better."*
- *"The experience and qualifications we are getting is not at the same level as a few years ago."*

While we accept that we will never be able to match the terms and conditions available in the HSE or public sector more generally, we need additional funding now to at least allow us to remain competitive and be able to attract and retain sufficient staff in the community drug sector to meet current and emerging need and demand. We welcome the decision of the Workplace Relations Commission[11] in relation to the pay of staff working in Section 39, 10 and 56 organisations. While the 8% increase in pay has been awarded to some staff in organisations in our sector, this is not the case for all. This issue must be resolved, and we call on Government and the HSE to address and resolve the current anomalies regarding the payment of the 8% increase for those working in community drug and addiction services in Budget 2025.

[11] https://www.forsa.ie/wp-content/uploads/2023/10/S39_10_56-Pay-Proposal-FAQ-231023.pdf

High dependence on Community Employment staff to provide services

Another issue of concern is the high dependence on Community Employment (CE) part time workers to provide some of essential services provided by the community drug and alcohol projects. This has arisen because community drugs services want to respond to needs but lack the resources to employ sufficient staff. While the commitment and hard work of these dedicated CE workers is fully recognised, we question the acceptance of this model of service provision as an adequate response to this increasingly complex and demanding area of need. We question why it is acceptable to depend on this group of workers, who are re-entering the workforce after a period of unemployment to provide critical services to vulnerable people. We are unaware of other areas in the health and social care sector where CE workers are relied on to fill gaps created by inadequate funding.

Increase in people with Dual Diagnosis leading to unmet need

The complexity and multi-faceted nature of how dual diagnosis affects our service users requires more innovative and responsive service delivery methods. While we welcome the Dual Diagnosis Model Of Care which was launched[12] in 2023 by the HSE we note that it recommends an integrated delivery of services by collaborating with stakeholders relevant to the service user. We are concerned that due to the lack of funding, our services may not be able to contribute as responsively as they would wish to use this new approach to support this vulnerable cohort. We are aware how prevalent dual diagnosis is and its impact on vulnerable people with substance misuse issues. Our LDATFs are ideally placed within the community to play an important role in providing services for people who are experiencing both substance misuse and mental ill-health, but we need an increase in funding to make this practicable.

Inadequate funding limits responsive service design and delivery

Inadequate funding means that the LDATFs are simply unable to design more effective ways of reaching new service users. We simply do not have the funds to develop more innovative and responsive approaches to expand our reach and scope of service delivery. This results in vulnerable service users' needs going unmet. This is frustrating as we have the local knowledge, expertise and motivated staff but cannot optimise these elements to deliver the services we know are required. We are very aware that this vulnerable group face considerably greater challenges in gaining and maintaining recovery. We wish to play our part in providing services to meet their needs but are mindful that to date the overly narrow focus on drug addiction and psychiatric problems in isolation from each other has resulted in this group's needs not being met in a holistic way. We note that this separation of access to care is very detrimental to better outcomes for this group.

[12] https://www.hse.ie/eng/about/who/cspd/ncps/mental-health/dual-diagnosis-ncp/dual-diagnosis-model-of-care.pdf

Governance and Compliance Costs

We welcome the progress in relation to enhanced governance and compliance requirements in recent years. It is important that public funds are well spent and for the purpose for which they are allocated. However, these requirements do not come cost free, they entail significant cost and management time. Many community drugs projects are struggling as they stretch already diminished budgets to meet ever growing governance and compliance requirements arising from charities regulation, the Companies Act, lobbying regulation, GDPR, vetting and reporting to several funders. This is challenging at a time when they are also responding to the increasing, changing and complex needs of individuals, families, and the communities they serve. It is vital that Government recognise the cost of good governance and compliance and resource organisations accordingly.

Inadequate funding hinders inter-agency work and better outcomes

While our LDATFs are ideally placed to develop responsive and value-added services to complement the statutory mental health and addiction services we do not have the resources to invest in this strand of work. The result is that many of our service users, who are also HSE Addiction and Mental Health service users, continue to rotate between the three services receiving piece-meal and non-integrated services and supports. They are not receiving joined up care. This lack of inter-agency working is ineffective and inefficient. Our LDATFs require additional funding to allow us to develop more robust and sustainable inter-agency and partnership working practices with our statutory colleagues. We cannot do this without additional funding. We know that if the LDATFs were adequately resourced the services they co-ordinate and support could play a more value-adding and robust role in securing better outcomes for service users.

Conclusion and our Call for Budget 2025

We have outlined how our funding from either central Government or via the Department of Health, or from the HSE, has declined significantly in real terms in the last decade. This actual decrease in year-on-year funding has happened in a period when the population has increased in our catchment areas, alongside a steady increase in problematic alcohol and drug use. We have provided data showing the increase in drug and alcohol misuse and numbers of cases treated. In short, we have shown that

- Our core funding has not kept paced with the reality of providing sufficient services and recent inflationary pressures have hollowed out our ability to provide services to the level we wish.
- A recent report shows how pay terms and conditions in the sector cannot compete with others, particularly the public sector which results in difficulties in staffing.

This Pre Budget-Submission has been written as a call to Government to step up and support the LDATFs and the community-based drug and alcohol projects we work with.

It is inequitable and ethically unjust that those closest to the reality of addiction are the least resourced.

It is time that Government demonstrates its intent to stop the corrosive damage to individuals, families and communities struggling to address drug and alcohol problems by allocating an additional €4 million in Budget 2025 to the LDATFs to help us strengthen our capacity to meet current and emerging need.

We are calling on Government to resource recovery for individuals and families affected by problematic drug use, to resource recovery in the funding for vital local community drug and alcohol services and finally to resource recovery and social inclusion in the communities we work in and represent.

To begin to address these funding deficits in 2025, the LDATFs require at least €4 million to be distributed across the fourteen LDATFs to strengthen the ability and capacity of the community drug and alcohol projects and initiatives we support to provide core services to those most impacted by drug and alcohol use and provide us with "resources for recovery".

Background to the Local Drug and Alcohol Task Forces

Local Drugs Task Forces were set up in 1997 to develop a more effective response to the drug crisis that was devastating many communities, especially in areas most affected by poverty and social exclusion. In 2013, alcohol was included in the remit of the Drugs Task Forces. There are 14 Local Drug and Alcohol Task Forces (LDATFs) in Ireland, 12 in the greater Dublin area, one in Bray and one in Cork. LDATFs comprise a partnership between the statutory, voluntary and community sectors. LDATFs develop and implement a local drugs strategy for their areas by co-ordinating all relevant programmes and working to address gaps in services.

What is the Local Drug and Alcohol Task Force Chairs Network ?

The primary purpose of the LDATF Chair's Network is to be the representative voice of the Task Forces. It exists to facilitate the Chairs of the Task Forces to exchange information, discuss challenges impacting on LDATFs and where agreed, to develop common policies and positions. The network exists to strengthen the effectiveness and reach of the LDATFs and is not politically aligned. The network has a strong relationship with individual LDATFs and collaborates closely with the LDATF's Coordinator's Network. The LDATFs each has a co-ordinator who is responsible for the delivery of the Task Forces' strategic and operational work plans.

What do Local Drug and Alcohol Task Forces do ?

Local Drug and Alcohol Task Forces understand and recognise the impact of problematic substance use on individuals, families, and communities**.** All LDATFs comprise of representatives from a range of relevant agencies, such as the HSE, the Gardaí, the Probation Service, Education and Training Executives, Local Authorities, Youth Services, as well as elected public representatives, Voluntary and Community sector representatives and representatives from residents themselves. LDATFs welcome a health led response to drugs policy, and recognise that health is impacted by poverty, disadvantage and all the social determinants. It is the

health-led approach that connect LDATFs closely with integrated responses to meeting need, particularly the Sláintecare Healthy Communities Programme.[13]

What is the policy context for LDATFs?

The current Programme for Government[14] recognises the function and added value of the LDATFs and states *"The Drug and Alcohol Task Forces play a key role in implementing this strategy and increasing access at local level to harm reduction initiatives. We will examine how we can continue to support it in identifying local need in communities and support targeted initiatives addressing drug and alcohol misuse*." To date there has been very limited progress on this commitment, we are calling on Government to provide DATFs with the resources required to meet the needs at local and community level.

List of Task Forces and Chairpersons

1. **Ballymun Local Drugs Taskforce** **Mary Taylor**
2. **Ballyfermot Local Drug and Alcohol Task Force** **Vincent Jackson**
3. **Blanchardstown Local Drug & Alcohol Task Force** **Ann Losty**
4. **Bray Local Drug and Alcohol Task Force** **Joe McGuire**
5. **Canal Communities Drug and Alcohol Task Force** **Aoife Bairead**
6. **Clondalkin Drug and Alcohol Task Force** **Pat Bennett**
7. **Cork Local Drug & Alcohol Task Force** **Aaron O Connell**
8. **Dublin 12 Local Drugs & Alcohol Task Force** **Mary Seery Kearney**
9. **Dublin North East Drugs & Alcohol Task Force** **John McCusker**
10. **Dun Laoghaire Rathdown Drugs Taskforce** **Jim Ryan**
11. **Finglas/Cabra Local Drug and Alcohol Task force** **Martin Hoey**
12. **North Inner-City Drugs and Alcohol Task Force** **Austin O Carroll**
13. **South Inner-City Drugs and Alcohol Task Force** **Kieran Rose**
14. **Tallaght Drug and Alcohol Task Force** **James Doorley**

[13] https://www.gov.ie/en/publication/ef5f2-slaintecare-healthy-communities/
[14] Programme for Government, P50 https://www.gov.ie/en/publication/7e05d-programme-for-government-our-shared-future/