



LOCAL DRUGS & ALCOHOL TASK FORCES CHAIRPERSONS NETWORK

PRESS RELEASE

Under Pressure and Under Resourced- Local Drugs and Alcohol Task Forces Call on Government to Provide “Resources for Recovery” in Budget 2025

- Frontline community drugs services have seen a 4.5% drop in funding since 2012- while State’s health budget has increased by 50%
- Core services to clients being compromised, with staff in some cases being forced to turn vulnerable people away, or to ask them to wait weeks before they can be seen
- Government needs to ‘put its money where its mouth is’ and begin implementation of the recommendations from the Citizens’ Assembly on Drugs Use
- The LDATE Chairpersons Network are asking for €4 million increase in Budget 2025 to fund essential core functions

A lack of funding over the last decade is threatening the crucial work of the Local Drugs and Alcohol Task Forces (LDATFs) and the community drugs projects they support at a time when the need for drug services has never been greater is the key message from the Pre-Budget Submission of the LDATF which was launched today. (Thursday 18 July).

Speaking at the launch of the Pre-Budget Submission today, the LDATF Chairs Network, spokesperson Martin Hoey stated:

“The lack of core funding for the Task Forces and the community drugs and alcohol projects we support is unsustainable. We are experiencing a triple whammy of soaring inflation since 2012, static funding in the same period and a large increase in demand for the services we provide and support at local level. There have been large increases in the populations of the

catchment areas served by the Task Forces, but funding has failed to keep pace with the increased demand.”

The Task Forces were established in the late 1990s to address the drug crisis and play a central role in addressing current and emerging drug and alcohol challenges and trends in communities.

But the lack of sustained, adequate core funding since 2012 has eroded the Task Forces’ ability to play that role, with devastating consequences for people dependent on addiction support services that the Task Forces are uniquely placed to provide.

Since 2012, the State annual health budget has increased by more than 50%, while the 14 Local Drugs & Alcohol Task Forces have seen an overall decrease in their annual budget of 4.5%. Nationally there has been an increase of just over 17% of those availing of drug and alcohol services, however, the areas served by the Local Drugs & Alcohol Task Forces have seen a massive 56% increase in demand.

The Chairpersons network for the Local Drugs & Alcohol Task Forces is calling for an increase of €4 million in Budget 2025 spread across the 14 Task Forces.

“We are baffled as to why successive governments have failed to value and invest in our community drug prevention, treatment, and recovery services. Our work is at the coal face working directly with affected communities, and we are uniquely placed to help identify needs and develop strategies to address those needs. But unfortunately, in some cases, we are forced to turn people away and deny them the services they need, due to lack of funding,” Mr Hoey continued.

Grace Hill, representing the Coordinators of Local Drugs and Alcohol Task Forces stated:

“The funding crisis simply means doing the job we are supposed to be doing is almost impossible. The key service provision for clients such as weekly key working sessions, access to counselling etc cannot be met. Our clients often must wait weeks before we can support them in the way they need. That time lost can often be crucial in making a positive difference in people's lives. It is unconscionable to make vulnerable people, many of whom have shown great courage to come to us, to wait a few more weeks”

Ms. Hill continued *“We know for example that drugs impact on all communities and areas; however, the problem impacts on the LDATF areas more than others. For example, 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 most of which our Task Forces work in.”*

The lack of funding also has consequences for community addiction services' ability to recruit and retain staff. Since 2022, 11 of the 12 Task Forces surveyed had tried to recruit staff, with only 31 out of the 50 roles being filled. Participants in the survey cited low pay, lack of a pension, lack of contractual security, as challenges to recruiting suitable staff. The HSE's current recruitment campaign is also affecting the Task Forces ability to recruit.

“We cannot compete with the salaries and conditions on offer from the HSE, but we need to be able to attract and retain sufficient staff in the community drug sector,” Ms Hill said.

The unique role the Local Drugs and Alcohol Task Forces play in delivering the government's drug and alcohol prevention Strategy was recognised in the Programme for Government. But the commitment to “support targeted initiatives addressing drug and alcohol misuse” has failed

to materialise. Several of the recommendations in the final report of the Citizens' Assembly on Drugs Use 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.

The Local Task Force Network acknowledges that some additional funding has been made available over this period, but it has 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.

“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”. Mr. Hoey concluded.

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Contact Grace Hill, 087 239 5581 or grace.hill@sdcpartnership.ie for interview requests

Notes to editor:

What are LDATFs?

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 purpose of the LDATF 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 Chairpersons 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 connects LDATFs closely with integrated responses to meeting need, particularly the Sláintecare Healthy Communities Programme.

www.ldatfchairs.ie