Community Service Enhancement Fund 2025

Guidance on enhancing community-based drug services

1. Background

The Community Service Enhancement Fund (CSEF) was established in 2022, as the national funding mechanism to enhance community-based drug services. The CESF is a population-based resource allocation model based on the HSE health regions and including areas covered by drug task forces. It implements the strategic priority in the national drugs strategy to enhance access to, and delivery of, drug services in the community, which will continue to be a key building block in the new strategy currently being developed.

In 2025, the Minister for State for Public Health, Wellbeing and the National Drugs Strategy, Jennifer Murnane O'Connor TD, is allocating an additional €1.89m in recurring funding through the CSEF to enhance community-based drug services. As announced in Budget 2025, the purpose is to expand community-based drug services to meet increased treatment demand, with a focus on improving access to services in underserved communities, promoting evidence-based innovations in service design and delivery, and meeting the needs of people who use stimulant drugs.

The CSEF meets the Programme for Government commitment to '*increase funding for drug addiction services including local drug and alcohol taskforces to improve their effectiveness*'. It also aligns with report of the Citizens Assembly on Drug Use, in particular recommendations 15, 18 and 31.

The CSEF funding is in addition to the €1m funding for integrated community alcohol treatment services allocated in 2025 (rising to €1.8m in 2026). The community alcohol services will be rolled on a national basis, with new services being established in HSE Dublin & Midlands and in HSE Dublin & South East, and existing services expanded to ensure full geographic coverage across all regions.

2. Planning and delivery of drug services in the HSE Health Regions

The CSEF reflects the principles underpinning Sláintecare, which advocates for 'right care, right place, right time'. The aim is to enhance access to, and delivery of, drug services in the community, through an integrated model of care provided by the new HSE health regions. The health regions will:

- plan and deliver healthcare services around the specific needs of people in each area
- improve how these services are run and how people take responsibility for them
- strengthen local decision-making by giving regions the power to plan, manage and deliver care
- provide a consistent quality of care, with the HSE Centre being responsible for ensuring standards across the regions.

The HSE health regions will plan and deliver of drug based identified population need. They should identify and rank the unmet needs of the population, in relation to drug services, in order of priority within their regions. The identification of population needs should be evidence-based in line with the approach underpinning Sláintecare and the national drugs strategy. The exercise should map out existing services and highlight identified need.

To support the strategic approach to the regional planning of drug services, the Dept is completing an audit of drug services. Phase 1 of the audit was the development of an interactive map to facilitate access to over 400 publicly funded drug treatment and family support services. Phase 2 of the audit is identify and ranking need, using a variety of data sources and research. This includes the latest available data from the CSO, NDTRS and the HRB, surveys, commissioned reports/research and evaluation studies. Health HSE hegions will also be aware from the SLA process of gaps in service delivery and unmet needs. Research and reports on health inequalities should also be considered.

3. Priorities for allocating the funding

These are the priorities that the health regions are asked to implement

a) **Underserved communities** – services should be targeted at communities which are currently underserved, because they are grown rapidly or are physically remote. NDTRS data on drug treatment demand should be used to assess the level of demand for services. Data on deprivation levels and other drug-related issues can also be used.

b) **Stimulant drugs** – services should respond to the increase in use of cocaine and other stimulant drugs. The European Union Drugs Agency recently published a report called 'Wastewater analysis and drugs — a European multi-city study', highlights the level of cocaine usage in Dublin city which rises significantly at weekends.

c) **Integrated regional plans** - The funding should support the planning and delivery of drug services in the HSE health regions. This includes better linkages between drugs services on one hand and integrated health areas and community healthcare networks on the other. The use of hub and spoke model to ensure access to services should be considered.

Case study of a hub & spoke model

An example of the hub and spoke model was presented at the Citizens Assembly on Drug Use. An integrated service delivery model established in the HSE Cork-Kerry region in recent years. Previously, the region had an overly fragmented 'patchwork quilt' model involving two Drug and Alcohol Task Forces, 12 different employers, 31 services and a number of lone workers operating in isolation, with inconsistent service provision across different areas. A new hub and spoke model, with Coolmine as lead service provider for the entire Cork-Kerry region, has streamlined and integrated service provision, with a single employer, and clear points of entry for service users, family members and referring partners. The new model is a significant partnership between statutory, community and voluntary sector organisations and drug task forces.'

d) **<u>Evidence-based innovation in service design and delivery</u>** - Funding should support the innovative methods to deliver frontline services, including digital. Quality improvement initiatives (including service user involvement) and upskilling of staff should be also considered.

e) **<u>Measurable outputs and outcomes</u>** - The additional funding should be linked to tangible and quantifiable service outputs and outcomes. The allocation of funding should include objective ways to measure outputs and outcomes. There should be a review of this funding after 3 years to ensure that the objectives of the funding have been met. If projects are not meeting objectives funding can be reinvested by each health region.

4. Learnings from CSEF 2022 Fund

Learnings from the 2022 CSEF fund should be taken into account prior to the allocation of funding, including:

- Limitations of a large geographical spread of services, including enhancement of existing services, and limited capacity of staff.
- Recruitment, eligibility and retention of staff within the geographical area, ensuring the section 39 post is utilised as soon as possible.
- A suitable location for the premises of the initiative, where private space is available for key working, case management, and one-to-one meetings.
- Barriers caused by stigma and lack of trust in service users, and building these, prior to further enhancing services
- Wrap-around supports, e.g. childcare and transport are available to the service user as much as possible, prior to increasing capacity in the service, to ensure appropriate uptake.

5. Engagement with stakeholders

The HSE health regions should engage with service providers, including drug task forces and community-based services, within their area as part of this process of identifying need. Some task forces have undertaken assessment of emerging needs and trends in their areas and have valuable insights in informing the overall understanding of unmet need.

The HSE health regions should also take into account the recommendations of the Citizens Assembly on Drug Use that

> *Drugs policy design and implementation should be informed by service users and people who use drugs as well as family members of people affected by drugs, with provision of appropriate supports to enable this involvement.*

HSE health regions should also ensure that they take account of the lived experience of people who use drugs in developing and prioritizing unmet need either through direct engagement with stakeholders or in association with Task Forces.

It is envisaged that proposals for service enhancement will be developed through a partnership model between the HSE National Social Inclusion Office, HSE Health Regions, drug task forces and community-based services.

6. Allocations per HSE health region

Funding is allocated to the health regions taking into account their population size and drug treatment demand. HSE Health Regions HSE Dublin & North East, HSE Dublin & Midlands, and HSE Dublin & South East are being allocated €378,000, while health regions HSE South West, HSE Midwest and HSE West & North West are being allocated €252,000.

HSE health region	% of total population	% of disadvantaged population	Drug treatment demand by area of residence (NDTRS 2023)	Problematic Opioid users (HRB 2025)
HSE Dublin & North East	23.1%	23%	4,693 (35.8%)	6299 (32.4%)
HSE Dublin & Midlands	20.9%	26%	3,063 (23.4%)	6115 (31.4%)
HSE Dublin & South East	18.9%	17%	2,011 (15.3%)	3972 (20.4%)
HSE South West	14.4%	11%	1,045 (8.0%)	1348 (6.9%)
HSE Midwest	8.0%	8%	907 (6.9%)	960 (4.9%)
HSE West & North West	14.8%	16%	778 (5.9%)	766 (4.0%)

Drug treatment demand by task force area of residence	number of cases (NDTRS 2023)	% total cases
HSE Dublin & North East	***4,693***	
Ballymun Local Drugs Task Force	**375**	**2.9%**
Blanchardstown Local Drugs and Alcohol Task Force	**378**	**2.9%**
Dublin North East Local Drugs and Alcohol Task Force	**590**	**4.5%**
Finglas/Cabra Local Drug and Alcohol Task Force	**620**	**4.7%**
North Dublin City & County Regional Drugs Task Force	**673**	**5.1%**
North Eastern Regional Drugs Task Force	**679**	**5.2%**
North Inner City Local Drugs and Alcohol Task Force	**1,378**	**10.5%**
HSE Dublin & Midlands	***3,063***	
Ballyfermot Local Drugs and Alcohol Task Force	**349**	**2.7%**
Canal Communities Local Drugs Task Force	**109**	**0.8%**
Clondalkin Local Drugs Task Force	**400**	**3.1%**
Dublin South Inner City Local Drug and Alcohol Task Force	**432**	**3.3%**
Dublin 12 Local Drugs Task Force	**235**	**1.8%**
Midlands Regional Drugs Task Force	**451**	**4.7%**
South Western Regional Drug Task Force	**622**	**3.4%**
Tallaght Local Drug and Alcohol Task Force	**465**	**3.5%**
HSE Dublin & South East	***2,011***	
Bray Local Drug Task Force	**98**	**0.7%**
Dun Laoghaire/Rathdown Local Drug Task Force	**276**	**2.1%**
East Coast Regional Drug Task Force	**227**	**1.7%**
South Eastern Regional Drugs Task Force	**1,410**	**10.8%**
HSE South West	***1,045***	
Cork Local Drugs and Alcohol Task Force	**457**	**3.5%**
Southern Regional Drugs Task Force	**588**	**4.5%**
HSE Mid West	***907***	
Mid Western Regional Drugs Task Force	**907**	**6.9%**
HSE West & North West	***778***	
North Western Regional Drugs Task Force	**337**	**2.6%**
Western Region Drugs Task Force	**441**	**3.4%**

7. Transparency, performance and monitoring

The HSE health regions will allocate funding for new drug services the Section 39 Governance Framework, with ongoing monitoring and evaluation, to ensure that services are effective in addressing the needs of people who use drugs and alcohol. Health regions should provide an overview of the allocated funding by service provider, to ensure transparency for stakeholders.

It is envisaged that services will be reviewed after three years to ensure that they are meeting identified population needs in an effective manner. Health regions will develop a three-year funding proposal including needs assessment, KPIs, stakeholders, how evaluation will take place etc.

8. References

- Minister of State Colm Burke announces additional €40 million in funding for drug and alcohol services and inclusion health
- Report of the Citizens' Assembly on Drugs Use | Citizens' Assembly
- Sláintecare: Publications
- HRB Bulletin National Drug Treatment Report System
- Hanrahan, M, Millar, S, Mongan, D, Lyons, S and Galvin, B (2025*) Prevalence of problematic opioid use in Ireland, 2020-2022*. Dublin: Health Research Board