

PRESS RELEASE

Flatlining funding puts Local Drug and Alcohol Task Forces on Life Support

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- **Frontline community drug 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**
- **Crack cocaine increasingly a problem with a more than 400% increase in crack cocaine cases since 2014**
- **The LDATF Chairpersons Network are asking for €3 million increase in Budget 2024 to fund essential core functions**

A lack of funding over the last decade is threatening the crucial work of the Local Drug and Alcohol Task Forces (LDATF) at a time when the need for drug services has never been greater, a conference in Buswells Hotel in Dublin will hear today (Wednesday 05 July).

Speaking at the event organised by the LDATF Chairs Network, spokesperson Andrew Montague said:

“The lack of core funding to the Task Forces is unsustainable. We are experiencing a double whammy of static funding in the midst of significant inflation alongside a huge increase in demand for the services we support at local level. There have been explosions 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 6% in demand for drug and alcohol services, however, the areas served by the Local Drugs & Alcohol Task Forces have seen a massive 40% increase in demand¹.

The Chairpersons network for the Local Drugs Task Forces is calling for an increase of €3 million in Budget 2024 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 Montague continued.

¹ National Drug Treatment Reporting System (NDTRS), Health Research Board, <https://www.drugsandalcohol.ie/tables/>

In some areas the explosion of the crack cocaine crisis is exacerbating an already difficult situation. There has been a threefold increase in the numbers of problem cocaine use since 2014, while the numbers of crack cocaine cases has increased year on year since 2014 by almost 400%².

Thomas Gilson Project Manager at the JADD Project (Jobstown Assisting Drug Dependency) said:

“Services in Jobstown were already stretched before the crack cocaine crisis, but now we are seeing over 200 people with crack cocaine related issues engaging with our assertive outreach team, on top of an already stretched 7 day per week service. We are doing our best, but the reality is we are being asked to do a lot more with a lot less. We are supposed to be providing innovative solutions to community problems, but a lot of the time our energy and innovation is focused on governance and how to respond to the huge increase in demand for our services.”

Geraldine Fitzpatrick, Project Manager at Dun Laoghaire Rathdown’s Community Addiction team said:

“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 counseling etc cannot be met. Our clients often have to 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

² <https://www.hrb.ie/news/press-releases/single-press-release/article/hrb-reports-rise-in-cocaine-and-crack-cocaine-treatment/>

lives. It's unconscionable to make vulnerable people, many of whom have shown great courage to come to us, to wait a few more weeks."

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 effecting 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," Mr. Montague said.

The unique role the Local Drug and Alcohol Task Forces play in delivering the government's drug and alcohol prevention Strategy was recognised in the Programme for Government³. But as yet the commitment to "support targeted initiatives addressing drug and alcohol misuse" has failed to materialise.

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

³ Programme for Government, P50
<https://www.gov.ie/en/publication/7e05d-programme-for-government-our-shared-future/>

“Our call for an increase in Budget 2024 of €3 million spread across the 14 Local Drugs & Alcohol Task Forces is a modest request given the scale of the challenge before us. However, in addition to supporting vital services it would be an important statement of support from this government, and tangible recognition of the unique role the Task Forces play at local and community level,” Mr. Montague concluded.

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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 local 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, in particular the Sláintecare Healthy Communities Programme.