

## EASTERN HEALTH BOARD

**Minutes of proceedings of Special Meeting  
held in  
The Boardroom, Dr. Steevens' Hospital. Dublin 8  
on Thursday 17th February. 1994 at 6:00 p.m.**

### Present

Mr. P. Aspell	Cllr. M. Barrett
Mrs. B. Bonar	Cllr. G. Brady
Cllr. B. Briscoe. T.D.	Cllr. E. Byrne
Cllr. B. Coffey	Cllr. J. Connolly
Cllr. T. Cullen	Cllr. A. Devitt
Sen. J. Doyle	Cllr. C. Gallagher
Dr. R Hawkins	Dr. D.I. Keane
Cllr. T. Keenan	Mr. G. McGuire
Cllr. O. Mitchell	Ms. M. Nealon
Cllr. D. O'Callaghan	Cllr. Dr. W. O'Connell
Cllr. C. O'Connor	Dr. B. O'Herlihy
Cllr. J. Reilly	Sen. D. Roche
Cllr. K. Ryan	Cllr. D. Tipping
Dr. RWhitty	Dr. M. Wrigley

### Apologies

Cllr. I. Callely. T.D.  
Dr. R Corcoran  
Cllr. B. Durkan. T.D.  
Cllr. T. Ridge  
Cllr. R Shortall. T.D.

### In the Chair

Cllr. Ken Farrell

### *Officers in Attendance*

Mr. K.J. Hfckey. Chief Executive Officer  
Mr. M. Walsh. Programme Manager. Special Hospital Care  
Mr. P J. Fitzpatrick. Programme Manager, Community Care  
Mr. S. O'Brien. A/Programme Manager. General Hospital Care  
Prof. B. OTDonnefl. Dublin Medical Officer of Health  
Mr. J. Cllrran. A/Technical Services Officer  
Ms. M. Gallagher. Finance Officer  
Ms. M. Kelly. Personnel Officer  
Mr. M. O'Connor. Secretary

### *AIDS/Drugs Staff In Attendance:*

Dr. Joseph Barry. AIDS/Drugs Co-Ordinator  
Ms. Brid Bourke. Community Addiction Counsellor. Community Care Area 3  
Ms. Karen Flynn. Outreach Counsellor, City Clinic  
Ms. Deirdre Foran. HIV Counsellor, Baggot Street. Clinic  
Mr. Gerry McAleenan. Project Leader. Soilse  
Mr. Fiacra McGuirk. Community Welfare Officer. City Clinic  
Dr. Mary Scully. Deputy AIDS/Drugs Co-Ordinator  
Dr. Brian Sweeney. Consultant Psychiatrist. Central Addiction Service  
Ms. Isabel Somerville. Administrator. AIDS/Drugs Co-Ordination Unit  
Mr. Mick Quinlan. Outreach Counsellor. Gay Men's Health Project. Baggot Street Clinic

**24/1994**

**CHAIRMAN'S BUSINESS**

Members joined with the Chairman in welcoming to their first Board meeting:-

- Cllr. Thomas Cullen. a new member appointed by Wicklow County Council:
- Mr. P.J. Fitzpatrick who had recently been appointed as Programme Manager. Community Care Service.

Cllr. Cullen thanked the members for their welcome.

Mr. Fitzpatrick also replied suitably to the members' expression of welcome.

**25/1994**

**CHIEF EXECUTIVE OFFICER'S REPORT**

The Chief Executive Officer drew the members' attention to a report from Mr. Seamus O'Brien. Programme Manager. General Hospital Care Service, copies of which had been circulated, in relation to the housing of 26 Bosnian refugees in the Nurses' Home at Cherry Orchard Hospital.

**26/1994**

**DEVELOPMENTS OF DRUG ABUSE/HIV/AIDS PROGRAMMES.**

A discussion took place on Report no. 6/1994 (copy filed with official minute) which dealt with developments in our Board's Drug Abuse/HIV/AIDS programmes.

Included in the Report were the latest figures on the epidemiology of AIDS and estimates of the numbers engaging in drug misuse. Service developments in recent years in methadone treatment needle exchange, rehabilitation, community drug teams, gay men's health project counselling and clinical services for prostitutes, homelessness and HIV testing for the community were reviewed, together with details of developments planned for 1994.

The following main points were made during the discussion: -

- the planned provision of additional satellite clinics and the strategy of decentralising the service to suburban areas was welcomed:
- the "contract" document which is given to drug abusers who approached our Board for a service was warmly welcomed for the manner in which it demonstrated the range of treatment options on offer:
- a medical audit was being conducted on the 350 people who attend clinics for methadone maintenance; the results will be published in due course:
- the methadone treatment and needle exchange programmes were strongly supported:

- the question of extending the service to Counties Kildare and Wicklow will be monitored carefully in the light of any developing needs in those areas;
- some difficulties existed in relation to the policy of encouraging general practitioners to participate in methadone prescribing in terms of. inter alia, security considerations and the level of capitation rate payable:

Following the discussion to which Cllr. Connolly, Cllr. Byrne, Dep. Briscoe, Dr. Keane, Cllr. Reilly, Mrs. Bonar, Mr. McGuire, Cllr. Barrett, Dr. Hawkins, Dr. Whitty, Cllr. O'Callaghan, Dr. Wrigley, Dr. O'Herlihy, Dr. O'Connell, Ms. Nealon, Sen. Roche and Sen. Doyle contributed, and to which the Chief Executive Officer, Dr. Barry, AIDS/Drugs Co-Ordinator and members of the AIDS/Drugs staff replied, it was agreed, on a proposal by the Chairman, seconded by Cllr. Byrne, to reaffirm our Board's policy in relation to the development, of Drug Abuse/HIV/AIDS programmes.

The Chairman, on behalf of the members, thanked Dr. Barry and his staff for their very interesting presentation and for the information which they provided in response to members' questions.

The meeting concluded at 8.15 p.m.

Correct: K. J. Hickey  
Chief Executive Officer

  
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CHAIRMAN



## EASTERN HEALTH BOARD

### Report No. 6/1994

#### *Developments in Drug Abuse/HIV/AIDS Programmes*

#### **1. Introduction**

Following the publication of the Report of the National Co-ordinating Committee on Drug Misuse in May 1991 and the Report of the National AIDS Strategy Committee in April 1992 the Eastern Health Board now has the prime responsibility in its area for the development and implementation of preventive and primary care strategies for HIV and drug misuse. The programmes accelerated considerably following the 'ear-marked' funding allocated in 1992, and 1993 was the first full calendar year for which extra funding was available.

#### **2. Epidemiology of HIV/AIDS**

Health statistics in relation to HIV and drug use are collected in different ways. To date HIV statistics have been collected by the Department of Health. Latest figures on the epidemiology of AIDS are given in Table 1. In Table 2 the number of new cases of AIDS, deaths from AIDS and new HTV positive results in each of the last six years is given. The number of new cases of AIDS over the last four years has been static and there has been a slight rise in the number of deaths in each year. It is hard to interpret the number of new people diagnosed HIV positive because this only reflects people who come for testing. However, over the past six years the number of newly diagnosed HTV positive individuals has varied between 115 and 160 each year. Approximately half of all HTV related illness in Ireland is attributable to drug misuse.

#### **3. Drug Use**

There is much speculation as to the number of injecting drug users in Dublin, Report with estimates ranging up to 7,000. The Health Research Board Report for 1991 in relation to treated drug misuse has recently been published and shows that just over 2,000 people received treatment for drug misuse in 1991, of whom 69% were currently injecting but only 20% were currently sharing needles. These figures are summarized in Table 3. The number in treatment was 1,750 in 1990. Of the 2,000 who received treatment for drug misuse in 1991, the estimated number who received treatment for the first time was 450. In most western European cities the ratio of those not in treatments to those treatments is of the order of 3 to 1 to 4 to 1; so it may well be that there are over 5,000 people injecting in Dublin.

### **Staffing Structure**

To enable our Board to respond effectively to the twin public health issues of HIV and drug misuse it has been necessary to alter considerably the staffing profile of the service over the past 18 months. To enable the initiatives which have been undertaken to be achieved and be successful the following staffing levels have evolved.

Community Addiction Counsellors	20
HTV Counsellors	4
Outreach Counsellors	9
Community Welfare Officers	3
Public Health Doctors	2
Psychiatrists	3
GPs (Sessional)	10
Pharmacists	3
Nurses	4
Administrative and Clerical Staff	7
Creche Supervisors	2
Porters	12

### **Service development during 1993**

#### **5.1. Methadone Treatment**

The major expansion of the Health Board's community based services has been in the field of drug services, not of course, forgetting the high correlation between injecting drug misuse and HTV infection. This has primarily been because of the absence of a comprehensive primary care response to drug misuse over the preceding 10 years in Dublin. Our Board currently has three Satellite Clinics. The numbers receiving methadone maintenance at Health Board clinics are given in Table 4. A small number are treated under the auspices of the Eastern Health Board at Trinity Court

#### **5.2. Needle Exchange**

A cornerstone of HIV prevention among drug users is the ready availability of clean needles for those drug users unable to stop injecting and unable to obtain methadone treatment. During 1993 the number of new attenders at our Board's needle exchanges was 427. Table 5 gives the number of attenders at the Board's needle exchanges over the past five years. The rapid increase in attendance for methadone and needle exchange is testament to the efforts of staff in attracting persons for treatment who formerly were not attending health services.

#### **5.3. Rehabilitation**

The Soilse rehabilitation programme has been completed by a second group of stable or ex drug users, bringing the total who have gone through this programme to 28. Of these the majority have found either employment or further training or education. The participant profile was characteristic of those immersed in long-term drug misuse. Most

were socially isolated, long-term unemployed, with low self esteem and a value system determined by the drug culture. The training methods adopted took into account the psychological learning type of the drug user and employed appropriate learning techniques. This meant focusing on developing the emotional, social, cognitive, manual and artistic learning capabilities of the individual.

#### **5.4. Community Drug Teams**

As well as the clinical and counselling services described above our Board's response to drug misuse is community orientated also. This acknowledges the underlying socio-economic basis for most of the drug misuse which happens in Dublin and involves community groups in the development of comprehensive responses to drug misuse in communities. To date there are two Community Drug Teams (Ballymun and Rialto).

#### **5.5. Gay Men**

After drug users, the population group with the greatest prevalence of HIV infection and AIDS related illness are homosexual men. In response to this our Board established a Gay Men's Health Project in the Autumn of 1993. The service comprises an outreach programme, with follow up counselling and clinical services as appropriate. During 1993 250 attended this programme. Services available included HTV testing, Hepatitis B testing, Hepatitis B screening and immunisation if necessary, sexually transmitted disease screening and treatment

#### **5.6. Prostitutes**

Another group at potential risk of acquiring HIV infection are prostitutes. In 1991 our board set up a service for women in response to this potential need. During 1993 110 women attended for various counselling and clinical services. The outreach component of this programme is done in conjunction with a project organised by the Good Shepherd Sisters.

#### **5.7. Homelessness**

Another initiative which was commenced last year by the community welfare section of the AIDS/Drugs Service was the setting up of a programme to address the issue of homelessness among those attending the service. Various accommodation options are being utilised.

#### **5.8. HTV Testing for the Community**

During 1993 1,500 HIV tests were carried out at our Board's clinics. Break down by clinic is given in Table 5. Most of the clinical developments happened in Baggot Street

**6. Developments for 1994**

During 1994 it is planned to further develop all the services mentioned above. It is also planned to open two more Satellite Clinic, one in the south inner city and the other in north west Dublin and to develop a third Community Drug Team. It is also envisaged that primary care for drug takers will be more readily accessible throughout the city, including general practitioner care. Education programmes targetted at young people who might be at high risk will be intensified and services specifically catering for vulnerable women will also be developed. The response over the past 18 months has concentrated more on treatment options in relation to chronic drug misuse.

It is recognised that at any given time a drug user may not be ready for more intensive treatments and accordingly a range of options are presented to the drug users when they present for treatment. These are summarised in the document "contract" which I enclose as an appendix to this report. The essence of our Board's response to drug misuse is to bring as many drug takers as possible into contact with the health services. In this we have been very successful, one could almost say the victims of our own success in that the demand for our services cannot currently be met. From the point of view of HTV prevention the aim is to provide a comprehensive service to the public, in particular those for whom a service was not previously readily available. This has been achieved through the gay men's health project and the services for prostitutes. Further increases in staff and reorganisation of existing staffing structures will be necessary to enable the Board to maintain and build on the service currently provided.

I also enclose for the information of members a copy of the second edition of the Health Board's AIDS/Drugs Newsletter.

**17th February 1994**

**K. J. Hickey  
Chief Executive Officer**

**Table 1**

**AIDS CASES AND DEATHS UP TO 31ST DECEMBER 1993**

	<b>Cases</b>	<b>Deaths</b>
Homosexuals/Bisexuals	122	59
IV Drug Abusers	169	70
Homo/Bisexual/IVDU	7	6
Haemophiliacs	22	18
Heterosexuals	41	18
Babies Born to IV Drug Abusers	8	6
Babies Born to Heterosexual Mothers	1	-
Undetermined	<u>8</u>	<u>5</u>
	378	182

**Table 2**

**NEW CASES OF AIDS, DEATHS FROM AIDS AND NEW HIV POSITIVE RESULTS IN THE LAST SIX YEARS**

	<b>New Cases</b>	<b>Deaths</b>	<b>Positive HIV Tests</b>
1988	38	9	115
1989	51	15	116
1990	61	26	112
1991	71	21	136
1992	50	42	157
1993	70	45	136

### **Table 3**

The following findings from the Dublin Drug Treatment Reporting System for 1991 refer to clients who received treatment for problem drug taking who were resident in the Greater Dublin Area. Treatment was provided by a range of statutory and voluntary treatment centres considered to be representative of drug treatment availability in the catchment area.

- ◆ An estimate of 2006 persons received treatment for drug misuse in 1991;
- ◆ The estimated number who received treatment for the first time was 450;
- ◆ Seventy seven per cent of clients were male;
- ◆ Most clients, 95%, were between 15 and 39 years;
- ◆ More than half lived with their family of origin;
- ◆ Thirty per cent lived in the inner city;
- ◆ Forty two per cent had left school before the official school leaving age of 15, women proportionally more so than men;
- ◆ Eight out of ten clients were unemployed;
- ◆ In 78% per cent of cases an opiate was the primary drug of misuse, mainly heroine and morphine sulphate tablets;
- ◆ The majority, 64%, had injected their primary drug;
- ◆ Half had been misusing their primary drug for five or more years;
- ◆ Of those who had ever injected their drugs, 69% were currently injecting, but only 20% were currently sharing injecting equipment;
- ◆ Proportionally more women than men were living with a drug misusing partner, and also more women than expected were sharing injecting equipment

**Table 4**

**DAILY ATTENDANCES AT SATELLITE CLINICS AT END 1993**

**For Methadone Maintenance**

	Male	Female	Total
Baggot Street	70	30	100
Aisling	130	15	145
City Clinic	44	40	84
Trinity Court	15	8	<u>23</u>
			Total 352
			:

**Table 5**

**NEW ATTENDERS AT NEEDLE EXCHANGE**

	1989	1990	1991	1992	1993	Total
Baggot Street	273	356	185	193	63	1,070
Ballyfennot			55	144	24	223
Sunmierbill			-	36	123	159
North Strand			-	13	86	99
Aisling			-	27	81	108
WeUmount			-	15	38	53
Inchicore			-	1	12	13
Total	273	356	240	429	427	1,725

**Table 6**

**HIV Testing in 1993**

	<b>Male</b>	<b>Female</b>	<b>Total</b>
Baggot Street	908	426	1,334
Aisling	165	58	223
City Clinic	11	17	<u>28</u>
		<b>Total</b>	<b>1,585</b>

## CONTRACT

### **PREAMBLE**

There are a variety of programmes being offered to those who are involved in drug misuse.

Our hope is to offer you a programme which meets your needs.

You are currently being offered a methadone maintenance programme.

We will work together with you in order to try and achieve these goals of your programme.

This contract is being designed to support you in meeting your goals. Possible programmes which might interest you are:-

- (1) **Harm Reduction:** This is the availability of condoms, clean needles, medical and nursing care, welfare support, advice, education and counselling.
- (2) **Maintenance:** Supply of a safer drug which may help you, as well as counselling, nursing care, welfare support, medical services etc.
- (3) **Stability:** To help remove chaos, hassle, stress from your life. To reach a stage where life becomes more manageable.
- (4) **Detoxification:** Movement towards getting off drugs and achieving abstinence.
- (5) **Recovery Programme:** Counselling, individual and group therapy, workshops, education, audio and visual lecture programme.
- (6) **Aftercare:** Support and self help groups.