Report No 6/2003

NORTHERN AREA HEALTH BOARD

ADDICTION SERVICES REPORT

MARCH 2003

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1. INTRODUCTION

1.1 HISTORICAL CONTEXT

ADDICTION SERVICES

Since the 1960s to date there has been considerable development of the addiction services in the Eastern Region, from a position where the first national specialist drug service was established at Jervis St. Hospital in 1969, to the current service where the Northern Area Health Board has five treatment centres and fifteen satellite clinics with 2758 clients in the service and an overall budget of €18.2.

Current service provision is underpinned by the findings, recommendations and policies established by the reports:-

- The Government Strategy to Prevent Drug Misuse (1991)
- The National Aids Strategy (1992)
- The Ministerial Task Force on Measures to Reduce the Demand for Drugs (1996 and 1997)
- Building on Experience, National Drugs Strategy 2001 - 2008.

The aims of these strategies are to provide an effective, local integrated response to the problems posed by drug misuse and to work in partnership with the communities most affected by the drug problem. This has resulted in a major increase in service which, over time, has become more focused and localised.

From the late sixties there has been a marked increase in the level of affluence in the country as a whole. This, however, was accompanied by increased marginalisation. In addition, there have been significant societal changes such as single parenthood, martial breakdown, migration and decline in the pattern of extended families. Since 1996 further significant changes have taken place in Irish society. These changes include dynamic economic growth, improved living standards, ending of large-scale emigration and improved employment opportunities. Alongside these developments, however, there continues to exist pockets of poverty, homelessness and drug addiction. Of the twenty-five most deprived areas identified under the Revitalising Areas by Planning, Investment and Development Programme (RAPID), it was indicated that six areas (with a population of 60,018 - Census 1996) in the Northern Area Health Board are among the most deprived in the country.

An analysis of the population targeted by the RAPID process is set out hereunder:

Area Health Board	*No. of Areas*	*Population Per 1996 Census*	*% of Board Population in RAPID Region*	*% of Targeted Population*
Northern Area Health Board	6	60,018	13%	26%
South Western Area Health Board	7	52436	10%	22.75%
East Coast Area Health Board	3	29894	9.3%	13%
Remainder of the Country	9	88124	3.8%	38.25%
Total	**25**	**230470**	**6.3%**	**100%**

2. PRINCIPLES OF SERVICE DELIVERY

2.1 STRATEGIC FOCUS

Our Board works in partnership with the service users, statutory agencies, voluntary providers and non-governmental organisations to provide and develop effective and sustainable services.

The following principles underpin our Board's approach to service delivery: -

- The provision of effective prevention and health promotion strategies.
- The provision of harm minimisation services.
- The achievement of abstinence, where feasible.
- Equality of treatment for drug users.
- The enabling of independence and choice for service users.
- The provision of equitable access for users.
- Continuous assessment and evaluation of service delivery.

2.2 OUR BOARD'S MISSION FOR ADDICTION SERVICES

The addiction service promotes a drug-free lifestyle, and, in partnership with other statutory and voluntary agencies, provides prevention, treatment, rehabilitation and aftercare programmes to minimise the harmful effects of substance misuse and prevent the spread of HIV and other infections. The service strives to encourage and facilitate the normalisation and re-integration of the individual within the generic health and personal social services.

The service aims to respond to the needs, symptoms, treatment and behaviours of persons who present with substance misuse symptoms throughout the Northern Area Health Board. The goal of the Northern Area Health Board is to promote a harm reduction ethos, a drug free lifestyle, build the capacity for choosing healthy options among individuals, families and communities and to provide quality assurance and excellence of care.

2.3 OBJECTIVES OF THE SERVICE

The strategic objectives of the addiction service are met by the provision of the following range of services, in conjunction with voluntary agencies where appropriate.

- Education and prevention services which promote a harm reduction ethos, and a drug-free lifestyle.

- Services aimed at delivering advice and harm minimisation programmes to substance misusers, including advice on safer drug use, ways to reduce the risk of HIV and Hepatitis transmission, safer sex and advice on good health.
- The provision of treatment programmes tailored to individual needs.
- The provision of aftercare and rehabilitation programmes to enable service users develop their full potential through a range of interventions including access to education, training and employment opportunities.
- The ongoing evaluation of the various service elements to ensure maximum effectiveness and quality of service provision.
- The provision of holistic responses to the needs of users in the planning, development and delivery of services.
- The enhancement of existing services and the further development of a range of initiatives delivered by direct provision or in partnership with the voluntary, statutory and private sectors as appropriate.

3. STRATEGIC DIRECTION

3.1 NATIONAL DRUGS STRATEGY 2001 - 2008

The National Drugs Strategy 2001-2008 was published in 2001. The strategy informs the future direction of our Board's alcohol and addiction service.

The strategy seeks to:-

- build on previous strategies and approaches in bringing together the key agencies in a planned and co-ordinated manner;
- further develop a range of appropriate responses to tackle drug misuse.

In the implementation of the strategy our Board will seek to provide to the individual drug user the following:

- Immediate access to professional assessment and counselling followed by commencement of treatment not later than one month after assessment, subject to availability of resources.
- Treatment services based on *key-worker* approach - to enhance movement between the different phases of treatment and rehabilitation.
- A protocol for treating young people under 18 years old presenting with serious drug problems.
- The amalgamation of the alcohol and the addiction services.
- A range of treatment and rehabilitation options in our Board's area - as part of a planned programme of progression - to help the drug user to reintegrate back into society.
- A range of training and employment opportunities.
- A service-user charter.
- The establishment of Regional Drug Task Forces in each health board area to develop appropriate policies for the region.

Our Board has established a working group to implement the strategy and significant progress has been made on many of these objectives. A reduced Addiction Service budget for 2003 will impact on the pace of implementation and may affect the maintenance of progress already achieved.

4. SERVICE PROVISION

4.1 STAFFING

There are 197.91 whole-time equivalent staff employed in our Board's addiction service as set out hereunder. A breakdown of staff is set out in Appendix 1.

Service	*2002 W.T.E*	*2003 W.T.E.*
Addiction Service	186	197.91

4.2 BUDGET 2003

The budget for the addiction service in 2003 is set out below:

Service	2002	2003
Addiction Service	€20.3	€19.13

4.3 ACTIVITY LEVELS - DRUGS SERVICE

NUMBERS IN TREATMENT **(see break-down by individual clinic at Appendix 111)**

	31st Dec 2001	*31st Dec 2002*	*Increase*	*% Increase*
No. of clients in treatment in NAHB clinics	1496	1,663	267	17%
No. of clients attending G.P.s	645	670	25	4%
No. of clients from the NAHB attending Trinity Court	200	215	15	7.5%
No of clients attending counselling only	116	244	128	110%
Total	**2457**	**2792**	**335**	**13.6%**

FACILITIES

Number of Treatment Centres*	5
Number of Satellite Clinics*	15
Total	**20**

* A treatment centre dispenses methadone and other prescribed drugs on the premises and is open 5- 7 days a week. A satellite clinic is open for a limited number of sessions each week. Methadone is prescribed by a G.P. and this is then supplied by a local Pharmacy. See Appendix 111 for full listing and numbers in attendance.

METHADONE PROTOCOL @ DECEMBER 2002

Year	2002	2003
Number of General Practitioners	46	48
Number of Community Pharmacists	50	51

G.P co-ordinators within the Addiction Service are working continually on the recruitment of G.P.'s to provide methadone maintenance in the community. The reluctance of many general practitioners to engage in the protocol has to do with existing pressures in general practice. The recommended ratio of general practitioners to population is 1:1200 (Irish College of General Practitioners). The current ratio of G.P.'s to population in our Board area is estimated at about 1:2200.

The liaison Pharmacist within the service reports that much of the difficulty in accessing community pharmacy places for clients relates to the availability of pharmacies in those locations where they are most required by our service. Industrial action by the Irish Pharmaceutical Union during much of 2002 in which pharmacists refused to increase the provision of methadone maintenance was also a factor.

COUNSELLING SERVICES @ DECEMBER 2002

Area	*No. of Clients 2001*	*No. of Clients 2002*
Area 6	337	308
Area 7	550	632
Area 8	260	420
Total	**1,147**	**1,360**

OUTREACH SERVICES @ DECEMBER 2002

Area	*No of Contacts 2001*	*No. of Contacts 2002*	*No of Clients 2001*	*No. of Clients 2002*
Area 6	720	4681	364	1895
Area 7	810	8651	355	3734
Area 8	1624	7765	742	1765
Prisons	770	317	305	108
Total	**3924**	**21414**	**1766**	**7502**

NEEDLE EXCHANGE @ DECEMBER 2002

Area	*No. of Attendances 2001*	*No. of Attendances 2002*
Area 6	271	669
Area 7	765	1488
Area 8	0	0
Mobile Clinic	500	696
Total	**1536**	**2853**

REHABILITATION SERVICES

The Rehabilitation/Integration (R/I) service was established in 3 of the 5 Drug Task Force areas during the second half of 2002. R/I provides drug users with a rehabilitation assessment, planning and brokerage service. This service facilitates clients in their progression to education, training and employment services by developing networks and links with these services and where necessary advocating for clients with these services. R/I also acts as a link between mainstream services and the treatment and support network of clients and promotes the inclusion of our client group in the activities of mainstream services. One manager and four integration workers (2 in each location) are in place since the beginning of this year to establish the service in the Finglas/Cabra and North Inner City Drug Task Force areas.

REHABILITION/INTEGRATION SERVICES @ DECEMBER 2002

Area	*No. of Clients*
Ballymun Drugs Task Force area	56
Blanchardstown Drugs Task Force area	19
Dublin North East Drugs Task Force area	86
Total	**161**

Soilse provides a range of day rehabilitation programmes for both methadone maintained and drug free clients. These include a four month drug education and rehabilitation programme; the Soilse/Rutland partnership which provides a continuity of care from residential treatment to community reintegration; aftercare groups for those endeavouring to maintain a drug free lifestyle; literacy skills training; art; publishing; and career guidance.

Keltoi is a residential treatment programme for those who have just completed a detoxification programme. This programme works intensively with clients generally for a six to eight week period on learning to cope with their new drug free status and equipping themselves to remain drug free.

The numbers engaged by these services are set out below:

Name of Service	*No. of Clients in 2001*	*No. of Clients in 2002*
Keltoi	25	50
Soilse	172	212
Total	**197**	**262**

Rehabilitation services are also provided by our Board in partnership with voluntary organisations. A variety of different partnership arrangements are in place reflecting the unique history of the relationship between our Board and each of the organisations. These are set out hereunder:-

Name of Service	*No. of clients in 2001*	*No. of Clients in 2002*
Coolmine therapeutic community	92	204
SAOL	21	22
CRINAN	29	24
Marist, Athlone	11	15
Cavan Centre	20	20
Aftercare Recovery Group	31	31
Total	**204**	**314**

COMMUNITY WELFARE SERVICE

Community Welfare Officers provide a range of health and social services to all those who require them in our Board's area. However, there is a dedicated community welfare service to the major treatment centres. Their workload is set out hereunder.

Area	*Maximum Caseload*	*No. of Clients*
Area 6	400	345
Area 7	460	461
Area 8	-	92
Total	**1158**	**898**

EDUCATION PREVENTION SERVICE

The Education Officers work very closely with staff from the Department of Education and Science and the Local Drugs Task Forces on the implementation of Departmental policy in relation to schools. The service focuses on the four main health promotion settings:

- Schools
- Community
- Health Services
- Workplace

The work of the Education Service is prioritised in terms of the National Drugs Strategy targets for prevention/education and the Department of Education and Science policy.

SCHOOLS

Total number of Schools	***99***
• Second Level	56
• Primary	43
• Training in substance misuse prevention programme	126(teachers)
• Schools Substance use Policy development training	98 (teachers)
• Parent Substance Awareness training	350

COMMUNITY and VOLUNTARY

➢ Youth Sector:	8 organisations
➢ Residential Care:	2 teams
➢ Community based projects:	18
➢ Voluntary sector training	1 team

HEALTH SERVICES

➢ Residential Childcare Staff Training:	2 teams

WORKPLACE

➢ Prison Officer Training	17

N.U.I. CERTIFICATE IN ADDICTION STUDIES

2001 – 2002	26
2002 – 2003	28

4.4 DRUG COURT PILOT

There are currently 37 people on Drug Court programme with 4 people in the assessment phase. Five people have graduated from the programme in the first 18 months of operation and one is due for graduation in March. Current information suggests that graduates are successful in maintaining the progress they have achieved during the programme.

An independent evaluation of the Drug Court recommended the continuation of the pilot for a further 12 months to allow for the generation of sufficient data to enable long term planning for this project. A proposal to extend the catchment area of the pilot to take in Domville House (Ballymun) and The Mews (North Circular Road) treatment centres to ensure sufficient numbers in the programme is currently being pursued with the relevant stakeholders.

4.5 LOCAL DRUGS TASK FORCES

The synergy between the Addiction Service and the 5 Local Drugs Task Forces has been improved during the year. A programme of regular meetings between Addiction Service management and Local Drug Task Force management has recently been developed to provide for joint working on issues of common concern to the benefit of all concerned.

4.6 CO-MORBIDITY ADDICTION/MENTAL ILLNESS

Protocols have been developed in the St Brendan's and St. Ita's psychiatric Hospitals for methadone maintenance treatment of patients with dual diagnosis of addiction and psychiatric illness. Methadone is provided to the patient on an in patient basis and this enables a continuity of drug treatment during the patient's stay in the hospital.

4.7 TREATMENT SERVICES FOR UNDER 18 YEAR OLDS

Currently there are 29 people under 18 years receiving treatment in our Board's Addiction Service either directly from our Board's service or in partnership with the Crinian Project, a voluntary organisation which provides treatment and rehabilitation services to young people who have problems with drugs. Other services for young people provided by the Voluntary Sector include Education/Prevention Programmes at the Talbot Centre and services provided for young people by the Ballymun Youth Action Programme.

A working group on the development of protocols for the treatment of the under 18 year old age group is working on issues concerning the appropriate provision of a range of services to this cohort. The group includes senior management from our Board.

Another of our Board's responses to the presenting problems of the under 18 year old age group is the recruitment of a dedicated Consultant Psychiatrist with a particular expertise in adolescent substance misuse. This post will also have a commitment to adolescents presenting with co morbidity – addiction/psychiatric, addiction/challenging behaviour. Discussions are ongoing with the major stakeholders for the establishment of this post.

4.8 PRISONS SERVICES

The report of the Steering Group on Prison Based Drug Treatment Services (July 2000) has been endorsed by Government. This report, taken in conjunction with a further Government report (May 2001) *Report of the Group to Review the Structure and Organisation of Prison Health Care Services*, points the way forward to the delivery of the continuity of a similar quality health and social service (including drug treatment services) of an equivalence of care between the prison population and the general population.

Progress is slow on the implementation of change within the prison system where security remains the predominant consideration. Practical issues such as the clarification of areas of responsibility between clinicians and prison managers (what is in the best interest of the patient may not be appropriate for the prisoner and visa versa), and decisions on resources (is the health of prisoners a matter for the Department of Justice or Health) will require painstaking resolution.

A co-ordinator for drug treatment service in the prisons has been appointed and is working on the co ordination of work between prison staff and health board staff working within the prison treatment system.

Agreement has been reached on the provision of counselling services within the prison. Plans are at an advanced stage to appoint 5 counsellors to the Mountjoy prison complex.

Our Boards addiction team have developed treatment paths for drug users in prison to synchronise with their release to the community thus facilitating a continuity of care.

4.9 WAITING LISTS/TIMES

There are currently 49 people on the waiting list for treatment. In total there are 2,758 people in treatment and at less than 2% of that number over a span of 20 locations the waiting list represents the normal level of movement to be expected in an operation of this size. There are a number of variable factors which impact on waiting times. Most people receive treatment within 1 month of assessment. The person currently waiting the longest time has been on the list for 15 weeks. Considerable effort has been expended over a long period of time to bring the waiting list down to this level. The effects of budget constraints in the current year on staffing levels and service delivery may result in an increase in the numbers on the waiting list.

4.10 VOLUNTARY ORGANISATIONS

Our Board pays in excess of €5m to 57 Voluntary Agencies. These agencies provide a broad range of services including:

- Drop-in services
- Peer support services
- Family therapy support
- Family Support
- Education services
- Counselling services
- Rehabilitation and aftercare services
- HIV/Aids support
- Training services
- Personal development training

Our Board acknowledges the contribution played by community-based organisations in the delivery of services. Located, as they are, in the areas most affected by drug use, the services developed and provided through the voluntary sector have proven to be very effective. Our Board is committed to strengthening its relationship with the community and voluntary sector and has recently commenced a pilot with selected agencies to develop a service agreement process. As with our in-house services budget constraints in this current year may effect the level of support available to services in this sector.

4.11 ALTERNATIVE TREATMENTS

Lofexidine is a non-addictive heroin substitute used for detoxification purposes. Lofexidine is most effective with clients who have a firm intent to become drug free and have a low level of use of heroin before undergoing the programme. This programme is not suitable for patients with psychiatric illness or expectant mothers. Lofexidine programmes are provided at the following locations:

- Darndale
- Domville House
- City Clinic

In total 111 service users completed the Lofexidine programme in 2002

5. DEVELOPMENTS IN 2002

A number of new initiatives were progressed in 2002 as follows:

- Funding for the young persons facility in Gardnier Street has been secured and plans are at an advanced stage for the renovation of the premises
- A hepatitis C liaison nurse has commenced work in the service
- The Rehabilitation/Integration service was initiated in all 5 Local Drugs Task Force areas
- The Addiction Service completed a comprehensive set of written policies and procedures governing all aspects of the service in consultation with staff and other stakeholders. This includes a service users charter and a complaints and appeals procedure.
- In collaboration with the Addiction Services of the SWAHB, ECAHB and the National Advisory Committee on Drugs (NACD) management from our Board participated in a seminar on quality in drug and alcohol services and has begun piloting quality initiatives.
- An easy to read guide to the Addiction service was produced and has been widely distributed.
- A drug free counselling service was developed and based in Soilse.
- A "Cocaine Course", an 8 week educational and support programme targeted at young drug users dabbling in cocaine has been established in Buckingham Street.
- A counselling service for stimulant users, including cocaine users, has been established in Buckingham Street.
- A staff training module on cocaine use and treatment was developed and delivered to all staff of the Addiction service.
- A drop-in health promotion service has been established in the Darndale/Belcamp area operated by Outreach workers.
- Extended services in Mountview/Blakestown (needle exchange) staffed by Outreach workers.

6. CONSOLIDATING THE ADDICTION SERV ICES

6.1 EMERGING CHALLENCES FOR OUR SERVICE

The addiction service in our Board has been through several years of rapid expansion to bring the necessary level of basic treatment services to local communities. These developments have been the overarching priority of the service in recent years. We have now achieved the number of treatment places outlined in the National Drugs Strategy 2001 – 2008. Arriving at this milestone has prompted us to look to the challenges that lay ahead. A number of considerations frame our thinking on the way forward.

- The National Drug Strategy makes it clear that addressing substance misuse requires a wide range of interventions at many different levels across the whole spectrum of social cultural and economic activity. In the development of services our Board must continue to look to partnerships and synergies with the other stakeholders to effect the best possible responses to the needs of individuals, families and communities.
- Our Board has met the target for treatment places set out in the National Drugs Strategy. This achievement gives us the opportunity going forward to focus more intently on the quality of those services being provided.
- Substance misuse patterns are a constantly changing phenomenon. This means that over relatively short periods of time new populations of service users emerge with needs for services other than those we are providing at this time.
- There has been a marked increase in the use of cocaine in the Dublin area over the past two years. In most of our clinics the number of cocaine positive urines has increased from approximately 2% to an average of around 10%, with a peak in one clinic of 13.5%. The evidence points to an increase in the injecting of the drug with little evidence of increased use of crack cocaine.
- The environment in which health service delivery must operate at present is one characterised by a competition for talent with career choices available to all professions. This requires the provision of a working environment which provides leadership support and recognition to frontline staff commensurate with the challenging aspects and demands of the job and enhances recruitment and retention of staff overall. The Addiction Services is no exception in this area. The quality of the services available and experienced by our client groups critically depends on the availability and quality of professionalism and commitment of staff at every grade and the opportunities for staff to use their professional and management skills in the optimal manner in pursuit of the strategic objectives of Our Board. Our Addiction Services have and continue to experience difficulties in recruiting nurses, counsellors, residential care workers, education officers and rehabilitation staff.

6.2 CURRENT SERVICE DELIVERY ENVIRONMENT

In the letter of determination of health expenditure for 2003 it was stated that the Government determined that funding of the Health and Children services for 2003 reflects an *existing level of services* principle and not, as in the past a *NoPolicyChange* principle. In practice this means that the funding of services will reflect the cost in 2003 of services put in place in 2002 and where services are operating in excess of approved levels the funding will be unable to sustain those levels of service. Our Board has a statutory obligation to deliver services within its budgetary parameters. Our Board is also required to operate within a staff ceiling set to reflect current service commitments.

Every effort is being made to ensure that necessary adjustments to meet these objectives will be such as to have the least impact on service delivery. This situation does mean however that there is no scope for service developments that entail additional costs. Looking to the future development of the Addiction Service we have identified a number of developments which can proceed by achieving greater efficiencies in existing service delivery and others which cannot be developed within the current financial constraints.

6.3 SERVICE DEVELOPMENTS PROCEEDING

6.3.1 METHADONE PROTOCOL (as at January 2003)

	Totals
No. of G.P.s participating in scheme	
Level 1	31
Level 2	17
Totals	**48**
No. of Pharmacists Participating	**50**

Our Board is working proactively with Service Managers at various levels, the G.P. Co-ordinators, general practitioners and the Irish College of General Practice to address the barriers to the recruitment of more G.P.'s into the methadone protocols. There are also ongoing difficulties securing sufficient community pharmacy places for clients. Industrial action by the Irish Pharmacutical Union for much of 2002 hampered efforts in this respect.

6.3.2 HOMELESS DRUG USERS

Outreach workers are now linking with the Clancy hostel for homeless people in Blessington Street providing a range of services to homeless drug users on two mornings per week. This service will be maintained.

6.3.3 COUNSELLING SERVICES

In accordance with a recommendation in the external review of counselling in the Addiction Services a study of service users views was commissioned. A report on this has recently been completed recommending a review of the context and setting of counselling, the development of planned pathways of care, wider availability of information on counselling and consideration of additional services to those presently available. Taken together with the external review of counselling this report will inform our Board's thinking on the development of counselling within the Addiction Services. Meanwhile discussions are currently underway with DCU concerning the development of counselling training appropriate to the needs of our service.

6.3.4 VOLUNTARY ORGANISATIONS

Our Board funds activities of 57 projects providing a range of services contributing to the delivery of addiction services. The total amount of funding involved is in excess of €5m.

In this current year the Addiction Service is piloting service agreements with 10 agencies with a view to developing a standard service agreement and process which meets the needs of our Board and also those of our partners. Two agencies were chosen from each of the 5 Drug Task Force areas and represent a mix of agencies funded under Section 65 and those mainstreamed through the National Drug Strategy Team.

6.3.5 QUALITY

Considerable groundwork has been done on the development of quality systems within the Addiction Service.

- A management sub committee produced a set of written policies and procedures in consultation with staff and other stakeholders. These will be monitored by an implementation and review committee.
- A service users charter has been published.
- Work is ongoing on the identification of a quality system which would be suitable for application to the service
- Considerable progress will be made in the coming year on the issue of risk management

6.3.6 REGIONAL DRUGS TASK FORCE

Work is ongoing on the establishment of a regional drugs task force and our Board is committed to full participation in this structure. The Regional Drugs Task Force will develop appropriate policies and plans for the region.

6.4 SERVICE DEVELOPMENTS REQUIRING ADDITIONAL RESOURCES

6.4.1 OUT-REACH SERVICES – REVIEW OF SERVICES 2002

A review of the Addiction out-reach service has recently been completed. The key recommendations of the review include:

- Clarification of the mission and role of the outreach service
- Improved task definition, training and support for staff
- Strenghtening the management capability of the service
- Establishing a working group to explore innovative approaches to outreach

The implementation of these recommendations will require additional resources

6.4.2 COCAINE

Those presenting for treatment for cocaine misuse are largely patients already on methadone maintenance but there is a cohort presenting through GP's and counselling services for primary cocaine addiction and misuse.

There is an urgent need to address this issue because there are considerable problems associated with cocaine misuse. A combination of increased frequency of injecting, a pattern of binge using and lowering of precautions makes this group vulnerable to HIV and HCV (Hepatitis C) and other medical complications associated with the drug itself. In the past 6 months there have been a number of admissions to Beaumont and the Mater hsopitals requiring considerable medical input. These included 2 patients with spontaneous pneumothoraces (collapsed lung), one patient who lost a kidney, one patient who lost a leg and a number of patients with deep venous thrombosis (clotting) needing 6 month follow up anticoagulation therapy.

Patients who are already addicted to opiates, benzodiazepines and/or alcohol are at increased risk of developing a cocaine dependence which once established are much more difficult to treat. There is a strong injecting culture in former IVDUs in Dublin and the addition of cocaine gives a volatile mix which greatly increases the likelihood of the spread of HIV and HCV in this population group.

Evidence based research into effective treatment of cocaine addiction is not promising. There is no evidence to date for effective pharmacological or alternative/complimentary treatment. There is some evidence that a limited number benefit from psychotherapy and counselling interventions.

Given that many of the most vulnerable client groups are already attending our services there is clearly an ideal opportunity for early primary (before cocaine

use has commenced), and secondary interventions (after cocaine use has commenced.).

Out Board has identified a clear need for early prevention/intervention work. In particular a cocaine pilot in City Clinic has been effective. The pilot consisted of doctors, nurses, counsellors, pharmacists and outreach staff working together to persuade some young methadone maintained patients that cocaine was a serious risk to their health. This showed results with clients in reducing and in some cases stopping their use.

A pilot counselling-led service for stimulant users, including cocaine users, has also been established in Buckingham Street. Early indications are that this service will require regular input from other Addiction Service disciplines, particularly medical with the support of needle exchange sessions.

Our Board is currently considering the following range of interventions:

- **Outreach:** cocaine users can inject 10 times in the day or more as opposed to 3 times a day with heroin. A harm reduction strategy would suggest that we increase the number of barrels and needles that are given out at our needle exchanges. Dedicated needle exchanges sessions for this client group, targeting known areas of high use within our Board would be very beneficial. This would require extending outreach facilities.
- **Clinical Intervention**: Extending a comprehensive multidisciplinary approach at the clinic level (as in the pilot at City Clinic) to involve awareness raising, early intervention by the multidisciplinary team and counselling and education, where required.
- **Special Clinic:** In addition to working with our patients who are already in treatment there is a need to provide special cocaine clinics for those who have a primary cocaine misuse pattern. This will primarily involve counselling therapy, but will also require some GP sessions and needle exchange as indicated by the recently established pilot stimulant use clinic in Buckingham Street
- **Health promotion:** An awareness campaign in relation to the health and social problems associated with cocaine use needs to be put in place. This should highlight the risks of cocaine use and the behaviours and associated risks with these behaviours. The Addiction Services management team is currently working on the content of such a dedicated campaign. This will require additional expertise.

Additional resources will be required to develop these interventions.

- A proactive multidisciplinary approach to cocaine use among current service users will require additional staff training and will require staff to spend additional time with service users.
- Providing additional needle exchange capacity has resource implications.
- Providing additional cocaine or stimulant use clinics will have additional space and staff requirements.
- Running a public awareness campaign will require the sourcing and financing of expertise in this area.

M.Windle
Chief Executive **20th March 2003**

APPENDIX 1

Addiction Service

Staff Disciplines	2002 Numbers	2003 Numbers
Administrative Staff	23	23.78
Consultant Psychiatrist	2	2
Registrar	1	.5
Sessional G.P.'s		21 (WTE 10.5)
Nurse CNM2	1	1
Nurses including liaison	11.5	9.5
Senior Counsellors	2	3
Counsellors	23	32 (WTE 28.7)
Pharmacist Chief 2	1	1
Pharmacists (full-time)	5	6
Pharmacists (sessional)	15	16 (WTE 13.99)
Pharmacy Technician	1	1
Outreach Workers	17	15.5
Education Officer	2	1
Project Leader	1	2 (WTE 1)
Project workers	5	7 (WTE 6.66)
Editor-Hyper (part-time)	1	1 (WTE .4)
Residential Care Worker	9	12
Community Welfare Officers	3	3
General Assistants	35	35 (WTE 33.78)
Task Force – Co-ordinator	5	5
Rehab. Co-ordinator	1	Nil
Rehab. Manager	2	3
Rehab. Integration Workers	3	10
Assistant House Parent	1	
Rehab. Education Officers – Soilse	4	3
Head of Services Soilse	1	1
Support Workers		2 (WTE 1.2)
IT Trainer		1 (WTE .23)
Fitness Tutor		1 (WTE .23)
Facilitators Soilse Sessional	6	
Total	**181.5**	**219.28 (WTE 197.91)**

APPENDIX II

DEFINITIONS

Harm Reduction Programmes

Programmes that aim to reduce the risk of illness for the individual particularly for HIV, AIDS and Hepatitis, and to minimise the risk to public health and safety. Examples include needle exchange programmes and the provision of opiate methadone as an alternative to heroin.

Detoxification Services

A range of specific interventions in the region that allow an individual to withdraw from drugs by managing the physical and the psychological dependencies and by monitoring withdrawal symptoms. It is best achieved when a client is stable.

Specific detoxification services available include:

- Outpatient short-term detoxification in local clinics or general practices using methadone and lofexidine.
- In-patient Unit in Cuan Dara, Cherry Orchard Hospital. The programme lasts for six weeks.
- Stabilisation Unit, Cherry Orchard Hospital is a twelve-bedded unit which is specifically geared for individuals who are on methadone treatment but who are not yet ready to detoxify and need a period of time as an in-patient to stabilise their addiction. In addition the facility offers a service to **recently delivered mothers** who are involved in chaotic substance misuse.
- St. Michael's Ward, Beaumont Hospital is a ten-bedded unit which offers both in-patient detoxification and in-patient stabilisation to individuals who are drug dependent.

Detoxification services are closely linked with downstream rehabilitation units such as Keltoi, Coolmine, Cuan Mhuire - Athy, and Soilse.

Mobile Clinic

This provides a low dose methadone programme, which targets chaotic users who are still using drugs. It also provides a needle exchange programme and a specialist programme for women in prostitution.

Counselling Services

Counselling is one of the therapeutic interventions on a continuum of complimentary care afforded to service users. The focus of counselling is developmental and capacity building in collaboration with medical, community and other models of intervention.

Counselling services employ specific interaction techniques to: -

- assist clients to understand addiction and viral illness;
- enable clients to develop insight and coping skills and to engage productively in treatment and care options;
- explore reality with clients in order to effect choices for managing change and personal development in their social context.

Outreach Services

Outreach services usually provide the first point of contact with drug users to begin to access the range of addiction services available. The role of the outreach services is to promote HIV/Hepatitis drug and sexual health awareness. Outreach services act as a channel of communication with drug users and provide advice, help and referral to either the generic primary care service or to the specialist service for drug users.

Education and Prevention Services

Our Board's education service aims to prevent the use of addictive substances by providing drug awareness programmes in consultation with statutory, voluntary and community services.

Methadone Maintenance

Methadone is a synthetic opiate that has been used for the treatment of opiate dependency for over 40 years. It prevents opiate withdrawals and in higher doses it reduces the craving for heroin. It can be used in a substitute maintenance programme or it can be used in detox regimens. Research has shown that methadone maintenance is the most effective form of treatment in reducing the use of heroin and other illicit drugs in the reduction of harm associated with use, preventing HIV infection, improving the health related quality of life and reducing involvement in criminal activity and imprisonment rates. The

benefits of methadone maintenance programme can be maximised by retaining service users in treatment, prescribing higher rather than lower doses of methadone, orientating programmes towards maintenance rather than abstinence and offering comprehensive counselling and psychosocial interventions. Methadone is taken as a once daily dose and is administered orally. Induction and stabilisation of patients normally occurs in supervised conditions and supervision is reduced as the stability of the client improves. Methadone is used to detox patients from heroin; it can be used in an outpatient or inpatient setting and is usually combined with other medicines to relieve the symptoms associated with withdrawal. The success of opiate detox is limited but relapse rates are reduced by offering counselling support and relapse prevention aftercare. Methadone is one of the most researched and studied medical interventions and consistently is seen to be the most effective intervention in opiate addiction with minimal side effects.

Lofexidine

Lofexidine is a central alpha-2 agonist which suppresses the chemicals that produce acute opiate withdrawal symptoms. It is non-addictive and is used for detoxification purposes. Lofexidine is most effective with clients who have a firm intent to become drug free and have a low level of use of heroin before undergoing the programme. Pregnant clients or those with medical and psychiatric problems are not suitable for the programme.

APPENDIX 111

Treatment Centres	Dec – 02 No's. Attending
Beldale View, Old Belcamp Lane, Darndale, Dublin 17.	92
City Clinic, 108/109 Amiens Street, Dublin 1	325
Domville House, Ballymun Road, Dublin 9	288
The Mews, 224 North Circular Road, Dublin 7.	169
Wellmount Health Centre, Wellmount Park, Finglas, Dublin 11.	112
Satellite Clinics	
Barry Centre, Unit 3, Barry Shopping Centre, Barry Road, Finglas West, Dublin 11	45
Blancharstown (Mobile Clinic), JCM Hospital, Blanchardstown, Dublin 15.	57
Bonnybrook Satellite Clinic, c/o Bonnybrook Youth Resource Centre, Glin Road, Bonnybrook, Dublin 17	36
Buckingham Street	31
Cabra Satellite Clinic, 121 Broombridge Close, Ballyboggan Road, Dublin 11	43
Coolock Health Centre (Extension), Cromcastle Road, Coolock, Dublin 15	33
Corduff Health Centre, Corduff, Dublin 15	28
Crinan Youth Project, 72 Lr. Sean McDermott Street Dublin 1	24
Donnycarney Satellite Clinic, Parish Centre, Collins Avenue East, Donnycarney, Dublin 5	14
Edenmore Health Centre, Edenmore Park, Edenmore, Dublin 5	21
Howth Satellite Clinic, Howth Health Centre, Main Street, Howth, Co. Dublin	17
Kilbarrack Satellite Clinic, Kilbarrack Health Centre, Foxfield Crescent, Dublin 5.	52
Mobile Bus Empress Place	14
Ballymun	22
Dr. Steevens'	30
Mulhuddart (10 Dromheath Avenue) Dublin 15	26
North Road, Finglas, Dublin 11	5
Swords Health Centre, Bridge Street, Swords, Co. Dublin	17
Thompson Centre, 53, Lr. Mountjoy Street, Dublin 7	162
GP	670
Trinity Court	215
Counselling Only	244
Total	**2,792**