Submission
to the
National Drug Strategy Review
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Contents

	Page
Introduction	4
Section 1. Improving the Structures and Reporting Mechanisms Underpinning the Strategy	6
Alcohol	6
Clarity about Roles and Structures	6
Proactive Policy Roles	6
Improve Structures Underpinning the Strategy	6
Community and Voluntary Sector Representation and Participation	6
Consulting with Drug Users and Drug Service Users	6
Data Collection and Reporting	7
Policy Proofing	7
Resources and Funding	7
Reporting on Progress of the Strategy	8
All Party Oireachtas Subcommittee on Drugs	8
Merchants Quay Ireland' Specific Recommendations	8
Section 2 Expanding the range of Harm Reduction Services	9
Needle Exchange Services	9
Low Threshold Services	10
Syringe Collection, Disposal and Community Sharp Bins	10
Explore and Pilot New Harm Reduction Initiatives	10
Harm Reduction Messages	10
Overdose Prevention	10
Detached Outreach	10
Primary Health Care	11
Merchants Quay Ireland's Specific Recommendations	11
Section 3. Improving the Overall Range, Quality and Accessibility of Treatment	13
Substitution Treatments	13
Reduce Waiting Lists	13
Access to Methadone	13
Improve Treatment Protocols	14
Improve Range of Treatment Available	14
Drug Users Presenting to General Hospitals	14
Merchants Quay Ireland's Specific Recommendations	14
Detoxification, Drug Free Treatment, Rehabilitation and Integration	15
Dual Diagnosis, Mental Health Issues and Complex Needs	15
Medical Cards	15
Training	16
Rehabilitation Report	16

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Merchants Quay Ireland's Specific Recommendations 17

Use of Other Drugs 17
Merchants Quay Ireland's Specific Recommendations 17

Cocaine 18
Merchants Quay Ireland's Specific Recommendations 18

Section 4. Attracting Hard-to-Reach Drug Users into Treatment 19
Homeless Drug Users 19
Links between Homeless and Drugs Services 19
Harm Reduction Services for Homeless Drug Users 19
Treatment Services for Homeless Drug Users 19
Emergency and Move On Accommodation for Homeless Drug Users 19
Preventing Homelessness Among Drug Users 20
Access to Primary and Continuing Care 20
Merchants Quay Ireland's Specific Recommendations 20

Drug Use Among Ethnic Minority Groups and the Traveller Community 21
Accessibility of Services for Ethnic Minority Groups and the Traveller Community 21
Build the Capacity of Drugs Services to Work with Ethnic Minority Groups and the Traveller Community 21
Improve Policy and Research 21
Merchants Quay Ireland's Specific Recommendations 21

Drug Users Engaged in Sex Work 22
Merchants Quay Ireland's Specific Recommendations 22

Drug Using Prisoners and Offenders 23
Equivalency of Care in Prison as Available in the Community 23
Diverting Offenders from Drug Use and Prison 23
Rehabilitation of Offenders 23
Merchants Quay Ireland's Specific Recommendations 24

Under 18s 25
Merchants Quay Ireland's Specific Recommendations 25

Families Affected by Drug Use 25
Merchants Quay Ireland's Specific Recommendations 25

Summary of Recommendations 27

Conclusion 34

MQI Contact Details 34

References 35

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Introduction

Merchants Quay Ireland – Homeless & Drugs Services

In recent years poverty and social exclusion have expressed themselves in new and more diverse forms in Ireland. It is widely acknowledged that issues of poverty and social exclusion lie at the root of problem drug use and homelessness. These issues have seriously affected the lives of many individuals and families in Ireland.

The Friars at Merchants Quay became conscious of such issues in 1989 and Merchants Quay Project offering a range of services for people affected by drug use and HIV was established. In response to a large increase in the numbers of homeless people the Fáiltiú Resource Centre was opened in July 1996, to cater for the daytime needs of homeless people. This service built on the "Tea Rooms" food centre which had been providing for Dublin's poor and homeless since 1969. In addition to the array of social services provided, the Franciscans have also provided a wide range of spiritual services to meet the needs of the parish and community.

In 2001, the homeless and drugs services operating at Merchants Quay were brought together under one management structure and became Merchants Quay Ireland. Merchants Quay Ireland is a voluntary organisation offering a wide range of services to people who are homeless and problem drug users[1] in partnership with Dublin City Council, the Health Services Executive, the Homeless Agency and other statutory and voluntary services. Our services range from open access crisis intervention and health promotion services, to day support programmes, educational programmes, vocational training and settlement support services. In 2006, we worked with over 5,000 drug users and people who were homeless. For more information visit www.mqi.ie

MQI believe that homelessness and problem drug use are primarily public health and social care issues. We feel that drug treatment, social and health care interventions and the provision of appropriate housing are the most effective means of addressing these issues including addressing public nuisance and any anti-social behaviour that may be associated.

Vision and Mission

Vision

We look forward to a society where nobody is without a place to call home and where the incidence of drug related harm is greatly reduced and the range and quality of drugs services are maximised.

Mission

Our mission is twofold:

- To provide services aimed at reducing harm related to drug use and homelessness and at providing pathways towards rehabilitation and settlement.
- To work for positive social change to combat poverty and social exclusion which lie at the root of problem drug use and homelessness.

[1] A problem drug user is *"any person who experiences social, psychological, physical or legal problems related to intoxication and/or regular excessive consumption and dependence, as a consequence of his or her use of drugs or other chemical substances"* Advisory Council on the Misuse of Drugs (1982) Report of the Advisory Council on the Misuse of Drugs. The Stationery Office. London.

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Mission Statement
Merchants Quay Ireland is a community of hospitality, hope and justice.
Our mission is to:

- Work for justice and opportunity for homeless people and drug users in partnership with those who share our aims
- Create a place of safety, compassion and welcome for all who enter our doors and offer high quality services to meet their needs
- Support all who work with Merchants Quay to enable us to achieve our full potential in our various roles
- Believe in and cherish the value of every human being in keeping with our commitment to social justice coming from our origins in the Franciscan Tradition.

Submission to the Development of a New Drug Strategy 2009-2016
Merchants Quay Ireland acknowledges the considerable progress that has been made under the current drug strategy 'Building on Experience 2001-2008' specifically in the areas of treatment provision, research and partnership working. Furthermore, the roll out of the Regional Drugs Task Forces has been a very welcome addition.

However, bearing in mind the overall strategic aim of 'Building on Experience' is to *"significantly reduce the harm caused to individuals and society by the misuse of drugs through a concerted focus on supply reduction, prevention, treatment and research"* there has been a major shortfall in relation to the development and funding of appropriate harm reduction services, interventions and initiatives. We therefore propose that the new drug strategy places harm reduction firmly at it centre. For many, harm reduction is the first step towards addressing their drug use and access to needle exchange and other harm reduction services can be instrumental in reducing risk of Hepatitis C/HIV and overdose. In addition, accessing such services can act as an invaluable first point of contact with services and offer pathways towards treatment and rehabilitation. In addition, it is essential that there is ongoing investment in a wide range of treatment options to better respond to the needs of drug users in Ireland with the relevant aftercare and reintegration supports.

The development of this new drug strategy provides us with the opportunity to be innovative, creative and effective by introducing measures which will have a lasting impact on the health and the quality of life of so many drug users.

This submission focuses on the following areas;

Section 1: Improving the structures and reporting mechanisms underpinning the strategy

Section 2: Expanding the range of Harm Reduction Services

Section 3: Improving the Overall Range, Quality and Accessibility of Treatment

Section 4: Attracting Hard-to-Reach Drug Users into Treatment.

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Section 1: Improving the Structures and Reporting Mechanisms

Alcohol
Merchants Quay Ireland would welcome the inclusion of alcohol into a single National Drug Strategy provided there is the appropriate resource and funding allocation to facilitate the service development and staff up-skilling that such an inclusion would require. This would have implications for all of the points below in regards to structures and reporting mechanisms.

Clarity about Roles and Structures
There should be streamlining of all drug strategy roles, structures and functions to ensure they are both appropriate and effective. In particular, there should be clarity in regards to the roles and functions of each of these groups and their relationship with one and other

- The Inter Departmental Group on Drugs
- Senior Officials Group on Social Inclusion (SOGSI)
- The National Drug Strategy Team
- The National Drug Strategy Unit
- The National Advisory Committee on Dugs
- The Alcohol and Drugs Research Unit
- The All Party Oireachtas Subcommittee on Drugs

Proactive Policy Roles
The National Drug Strategy Team (NDST) should take a stronger lead in regards to the development of drug policy and ensuring a transparent link from the issues on the ground as identified by the Local and Regional Drugs Task to the IDG and the Cabinet Sub Committee and vice versa. In addition, the National Advisory Committee on Drugs (NACD) should take more proactive role in relation to the development of drugs policy; to date it has focussed more on commissioning and conducting research rather the advisory aspect of its role.

Improve Structures Underpinning the Strategy
The new National Drugs Strategy should be relocated back to the Department of An Taoiseach to give the strategy the status that it warrants. Drug issues and the new strategy should be reprioritised with the reappointment of a Super Junior Minister with responsibility for this dedicated portfolio reporting directly to the Cabinet. The Cabinet Subcommittee should be re-designated as the Cabinet Sub Committee on Drugs.

Community and Voluntary Sector Representation and Participation
It is essential that Community and Voluntary Groups are adequately resourced so they can participate as equal partners in all structures and at all levels – local, regional and national of the new National Drug Strategy. In addition, Community and Voluntary groups need to be supported to remain at the forefront of services delivery providing innovations and best practice approaches.

Consulting with Drug Users and Drugs Service Users.
A literature review undertaken by MQI for the South Western Area Health Board indicated that in Ireland, user involvement is a neglected and under-utilised resource in clinical guideline discussions particularly in terms of the drug user's role in the development, implementation and evaluation of these guidelines. Yet studies elsewhere have reported that this very involvement can help to further increase compliance with treatment, particularly if they [the drug user] themselves have participated in the process

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and are seen to have an active role in the development of reasonable and equitable policies (Lawless, M: 2003).

Thus, it is essential that there are clear formal mechanisms for ongoing consultation with drug users and users of drugs service. In addition, investment is required to ensure the participation of drug users and drug service users at all levels of the New National Drug Strategy - local, regional and national. It must be acknowledge that work of this nature takes time to build capacity and trust and therefore should be seen as a long term objective. Finally, it is important to make a distinction between drug user and service user participation, both have equal validity however there are significant differences.

Data Collection and Reporting

The timely reporting of data submitted to the National Drug Treatment Reporting System (NDTRS) is essential ensure service are more responsive to the needs of drug users. Needle exchange should be included and counted as a treatment intervention within the NDTRS. The establishment of the Drug Trend Monitoring system should happen as a matter of priority.

Policy Proofing

It is essential that all policy changes/developments are proofed to ensure that they will not impact negatively on the lives of problem drug users and their families, and to better manage the interface between the National Drug Strategy and other policy areas.

Resources and Funding

No strategy is effective without the commitment of funding and resources throughout its lifetime. The findings of the Research Outcomes Study in Ireland (ROSIE) have indicated the strong business base for the allocation of resources for drug treatment and interventions (see www.nacd.ie).

The following are essential in regards to funding the new National Drug Strategy

- There needs to be a coherent and efficient approach to funding in the new strategy. The National Drug Strategy should be the single funding channel.
- Sufficient funding is required to allow services providers to meet increased costs associated with wage rises and inflation.
- Annual funding for Regional Drugs Task Forces and Local Drugs Task Forces should be dispensed through annual funding rounds offering support to 3 year projects, this is particularly important for harm reduction services in the regions.
- There should be ring fence budgets for each pillar of the National Drugs Strategy.
- Full cost recovery for projects, paid in advance to reduce the financial burden on services particularly community and voluntary service providers and a commitment to multi annual funding to facilitate proactive service planning and delivery.
- Benchmarking has been awarded in some Health Service Executive regions and not others; in addition there is a discrepancy between projects which are interim funded and mainstream funded, those that have been funded on an interim basis have been awarded benchmarking, however those that have been mainstreamed have not yet received the award.
- Establishment of a Cross Task Force mechanism of funding.

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Reporting on Progress of the Strategy
Ensure regular and adequate reporting of all the actions of the new strategy.

All Party Oireachtas Subcommittee on Drugs
This Subcommittee should link into existing National Drug Strategy structures.

Merchants Quay Ireland's Recommendations: Improving Structures and Reporting Mechanisms

- Merchants Quay Ireland would welcome the inclusion of alcohol into a single National Drug Strategy provided there is the appropriate resource and funding allocation to facilitate the service development and staff up-skilling that such an inclusion would require.
- There should be streamlining of all drug strategy roles, structures and functions to ensure that they are both appropriate and effective.
- The National Drug Strategy Team should take a stronger lead in regards to the development of drug policy
- The National Advisory Committee on Drugs should take a more proactive role in relation to the development of drug policy.
- The new drug strategy should be relocated back in the Department of An Taoiseach and a super junior minister reappointed reporting directly to cabinet.
- The Cabinet Sub Committee should be re-designated as the Cabinet Sub Committee on Drugs.
- It is essential that Community and Voluntary Groups are adequately resourced so they can participate as equal partners in all structures and at all levels of the new National Drug Strategy.
- Community and Voluntary groups need to be supported to remain at the forefront of services delivery providing innovations and best practice approaches.
- It is essential that there are clear formal mechanisms for ongoing consultation with drug users and users of drugs service.
- The timely reporting of data submitted to the National Drug Treatment Reporting System (NDTRS). In addition, Needle exchange should be included and counted as a treatment intervention within the NDTRS.
- The establishment of the Drug Trend Monitoring system should happen as a matter of priority.
- It is essential that all policy changes/developments are proofed to ensure that they will not impact negatively on the lives of problem drug users and their families and to better manage the interface between the National Drug Strategy and other policy areas.
- The following are essential in regards to funding the new National Drug Strategy; The National Drug Strategy should be the single funding channel, there should be annual funding for RDTF's and LDTF's to fund projects for 3 years, there should be ring fence budgets for each pillar of the National Drugs Strategy, full cost recovery for projects, paid in advance and a commitment to multi annual funding to facilitate proactive service planning and delivery.
- The benchmarking issue requires immediate resolution.
- Establishment of a Cross Task Force mechanism of funding.
- Regular reporting on progress of the strategy.
- The All Party Oireachtas Committee on Drugs should link into existing National Drug Strategy Structures.

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Section 2: Expanding the Range of Harm Reduction Services

Many drug users are unwilling or unable to give up drugs. Of the estimated 14,500 opiate users in Ireland over 9000 are involved in treatment of some form, most of these being involved in methadone maintenance treatment. Those not involved in treatment are at significant risk of suffering drug related harm, especially in light of the patchiness of relevant service provision in Ireland. The review of harm reduction initiatives in Ireland, published by the NACD concludes that "there is significant scope to expand drugs services role in delivering flexible and responsive initiatives to target shared use of drug taking paraphernalia…the restricted opening hours and limited number of needle exchanges may contribute to continued sharing of equipment". The report argued further that where comprehensive harm reduction programmes exist, lower rates of infection are reported suggesting that harm reduction has a role in managing and limiting some of the negative outcomes associated with sustained problem drug use (Moore et al:2004). Put simply, harm reduction works. Participation in syringe exchange programmes is linked to a decrease in HIV risks and a reduction in injecting risk behaviour (Farrell et al: 2000, Moore et al: 2004). Syringe exchanges are also effective in attracting drug users into services. Forty-eight percent (*n*=642) of new attendees at the Merchants Quay Ireland syringe exchange had never previously been in contact with any drugs service. Participation in the Merchants Quay Ireland needle exchange programme is associated with a reduction in needle sharing and other injecting risk behaviour. It is also associated with reduced frequency of injecting and movement away from injecting drug use (Cox & Lawless: 2000).

Research indicates that the main benefits of Safer Injecting Facilities (SIF's) have been reduction of public nuisance (associated with drug users congregating on the streets and other public places) and improvement of health in very vulnerable and unhealthy injecting drug users (Dolan& Wodak: 1996). Broadford et al argue that those most likely to use SIF's are those injecting drug users who are "at the highest risk for contracting or spreading blood-borne diseases such as HIV and hepatitis, and for experiencing overdose" (2003). A study undertaken in Ireland revealed that the majority of drug users were injecting in public places, had a surprising level of knowledge of SIF's, and indicated a willingness to use such facilities (OShea:2007).

Harm reduction approaches have been successful in reducing the amount of direct sharing (sharing of needles and syringes) however they have been less successful in reducing levels of indirect sharing (sharing of other paraphernalia e.g. spoons, water or solvents, filters and pipes) which pose obvious risks to the health and well-being of the user and have implications for the spread of diseases including Hepatitis C Virus, Hepatitis B Virus and HIV/AID's. There are also implications for the spread of bacterial and viral infections (Moore et al: 2004; Taylor et al: 2004).

Needle Exchange Services

There is a need to ensure that needle exchange services are widely available and accessible in all communities. In addition, the provision of low cost needle/syringe vending machines in urban areas or other areas where they are high concentrations of IV drug users and homeless drug users should be considered. There should be the immediate roll -out of pharmacy needle exchange (see action 63 of the current strategy).

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Low Threshold Services
Improve the number and the accessibility of low threshold services especially services catering for out of home drug users in the evenings and at weekends. Accessible crèche facilities for drug using parents and their children are also needed (O'Sullivan, 2007).

Syringe Collection, Disposal and Community Sharps Bins
Public Sharps Bins should be piloted as an additional way of reducing the number of used needles being disposed in public places (Action 69) in all Task Force areas and other areas where there is evidence of IV drug use. It is imperative that training is provided for Local Authority Hygiene Operatives in the collection and disposal of hazardous waste. This could all form part of a wider Syringe Management Action Plan similar to the one developed for the City of Sydney, Australia in 2005[2].

Explore and Pilot New Harm Reduction Initiatives
Drug trends and patterns of drug use are always changing therefore it is essential that harm reduction services and initiatives, including those relating to safer sex, are innovative, 'cutting edge' and reflexive. There must be ongoing exploration and development of innovative approaches for working with problematic drug users and learning from what's working in other jurisdictions e.g. Heroin Assisted Treatment (HAT). A Safer Injecting Facility/ies should be established on a pilot basis in Dublin city centre with a view to assessing the impact of such a service on drug related harm.

Ensure Harm Reduction Messages
Ensure harm reduction messages are more relevant and effective in reducing Hepatitis C virus (HCV) and other blood borne virus risk by providing more information about the risks associated with direct and indirect sharing. The dangers associated with indirect sharing need to be highlighted amongst IV drug users. It is essential that all such messages are culturally sensitive and appropriately targeted.

Overdose Prevention
Overdose Prevention should be a key action in this strategy exploring options such Overdose Prevention Training including CPR for drug users, the families of drug users and staff of drugs and homeless services, naloxone provision etc.

The establishment of the Drug Related Death Index is very welcome and we anticipate the publication of the first figures from this index later this year. However, we still have no idea how many individuals suffer from non-fatal overdoses annually, anecdotal evidence indicates that these figures are high thus an examination of this phenomenon is required this would require liaison between drugs and homeless services, accident and emergency departments, and emergency personnel. It is also worth exploring the links between overdose, non-fatal overdose and suicidal ideation

Detached Outreach Services
In order to make contact with the most hard-to-reach groups e.g. young IV drug users and drug users engaging in sex work it is essential to have out of hours detached outreach service (who can provide a needle exchange services) operating in the evenings

[2] The following principles underpin the Sydney Syringe Management Plan 1. Commitment to Harm Reduction, 2. Commitment to Public Health, 3. Commitment to capacity building. Enabling all community members to participate in syringe management, 4. Commitment to shared responsibility. For more information see Syringe Management Plan 2005-2010. City of Sydney www.cityofsydney.nsw.gov.au

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and at weekends. This working method is detached as the outreach workers contact clients in their 'natural' setting i.e. in the streets and local estates (Corr: 2003).

Primary Health Care

Access to Primary Health Care for drug users and out of home drug users is critical both as part of mainstream health service delivery and in specialist settings, the SafetyNet service targeting homeless people is a good example of this. The SafetyNet services aims to provide comprehensive primary healthcare services targeted at people who are homeless making health services more accessible by locating medical and social support services in the agencies and services where homeless people attend for support and live.

Immediate access to mental health services for drug users experiencing acute mental health issues should be made available in order to meet the needs of this group, and in particular, the needs of homeless drug users. Also, catchment based access to community mental health services continues to present challenges for drug users who are out of home. Most homeless drug users do not meet the criteria set by the Assertive Community Care Evaluation Service (ACCES) as this requires the presence of a 'severe and enduring mental health illness'. Many drug users experience episodic problems with their mental health which can be related to the stresses and strains associated with drug use and the attendant lifestyle, which can be further exacerbated by homelessness although this may not be severe and enduring mental illness it still requires support, intervention and possibly treatment. Such stringent criteria require urgent review and adjustment.

Access to HCV treatment: The requirement that drug users are stable to access hepatitis C treatment should be removed as it is essential that those currently using also have access in an effort to reduce damage in the longer term.

***Merchants Quay Ireland's Recommendations:
Expanding the Range of Harm Reduction Services***

- Needle exchange services should be widely available in all communities'. (Actions 62 & 63 of the current strategy).
- Needle exchange services should be open in the evenings and at weekends
- (Action 62 of the current strategy).
- The immediate roll -out of pharmacy needle exchange (see action 63 of the current strategy).
- Low cost needle/syringe vending machines should be provided urban areas or other areas where they are high concentrations of IV drug users and homeless drug users.
- Provision of adequate resources for the safe collection & disposal of injecting
- paraphernalia (Action 69 of the current strategy).
- Explore and pilot new harm reduction initiatives including those in relation to safer sex practices.
- All needle exchange services should provide the full range of drug using paraphernalia including disposable spoons and filters, pipes, condoms and any other relevant harm reduction materials.
- A Safer Injecting Facility/ies should be established on a pilot basis in Dublin city centre with a view to assessing the impact of such a service on drug related harm.

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- Harm reduction messages must be targeted and culturally specific.
- Overdose prevention should be a key target of harm reduction services and messages.
- Improve the number and the accessibility of low threshold services especially services catering for out of home drug users in the evenings and at weekends.
- A full spectrum of outreach service is required to access hard-to-reach groups.
- Access to Primary Health Care for drug users and out of home drug users is critical both as part of mainstream health service delivery and in specialist settings the SafetyNet programme is a good example of this.
- Immediate access to mental health services for drug users experiencing acute mental health issues should be made available in order to meet the needs of this group, and in particular, the needs of homeless drug users.
- It is essential that those currently using drugs have access to hepatitis C treatment in an effort to reduce damage in the longer term.

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3. Improving the Overall Range, Quality and Accessibility of Treatment

Substitution Treatments

The main emphasis in the development of substitution treatments in Ireland has been on Methadone. Methadone is just one of a range of substitution treatment options and is not necessarily the best option for all drug users. Some are undoubtedly more suited to other substitution treatment options i.e.loflexidine, buprenorphine or morphine.
In an evaluation of a methadone prescribing service in Dublin's inner city Lawless found that there was "a limited range of treatment modalities within which a reliance on one type of opiate replacement therapy is employed, caters little for the total drug using population. The way forward is to ensure that a broad approach is taken to both drug use and treatment making a range of options available for drug users at varying stages of their drug using career and treatment process" (2003).

While methadone treatment is much more widely available here then in the past there are still problems in relation to waiting lists and access to treatment. Treatment waiting lists do not currently count those awaiting assessment thus waiting list figures may be slightly deceptive. Many clients report that GP's often appear reluctant to take them onto a methadone programme but that once on a methadone programme they have great difficulty convincing the GP to reduce their dosage and/or provide a detox.

The methadone bus was introduced as one method of "fast tracking" drug users into the treatments system however it does not appear to operate as such in reality. Clients still have to attend a drug treatment clinic for assessment and are put on a waiting list for this assessment.

Actions 74, 75 and 76 of the National Drug Strategy advocate reintegration and employment opportunities for drug users in treatment. However, people who are in employment and on methadone are often frustrated by the rules and opening times of the clinics.

Another issue we are concerned about is the length of time people are on methadone – indefinitely in some cases. It may be worth considering the provision of residential stabilisation services to get people to the point where they are only using prescribed medication and are considering drug free treatment.

Outcomes from the Research Outcome Study in Ireland (ROSIE)[3] indicate that engagement in treatment has a positive impact on individuals in terms of physical and mental health, co-reductions in drug use and criminal activity. This study explores three treatment types' maintenance/reduction, detoxification and abstinence treatments.

Waiting Lists

Ensure that waiting times for treatment are reduced to bring waiting times for assessment down to a maximum of four weeks, two weeks for initial assessment followed by commencement of treatment within a further two weeks.

Access to Methadone

Improve access to methadone treatment on regional basis so drug users do not have to travel outside of their locality to access treatment.

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[3] Cox, G Dr, et al (2006) ROSIE Findings 1: Summary of 1 Year Outcomes. National Advisory Committee on Drugs. The Stationary Office

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Improve Treatment Protocols
Ensure that the practice of reducing medication dose, threatening treatment withdrawal and actual treatment withdrawal as a sanction for non compliance or challenging behaviour is ended. Improve the services offered by the methadone bus so drug users are "fast tracked" into treatment. Ensure drug counselling is more easily available to all those seeking this service. People should be supported to reduce their dose or detoxify altogether if that is their wish.

Improve Range of Treatment
Establish a wider range of substitution treatment options for drug users to include buprenorphine,loflexidene, subutex, injectable morphine, diamorphine etc.

Drug Users Presenting to General Hospitals
Drug users presenting to general hospitals not already on methadone are not being offered methadone. There needs to be some standard regulation to facilitate this to reduce the effects of withdrawal and also to encourage drug users to present to hospitals when required.

Merchants Quay Ireland's Recommendations: Substitution Treatments

- The existing waiting lists for treatment must be reduced to bring waiting times for assessment down to a maximum of four weeks, two weeks for initial assessment followed by commencement of treatment within a further two weeks (Action 44 of the current strategy).
- Waiting list figures should include not only those waiting to access treatment following assessment but also those awaiting assessment.
- Improve access to methadone treatment on regional basis so drug users do not have to travel outside of their locality to access treatment.
- End the practice of reducing medication dose, threatening treatment withdrawal and actual treatment withdrawal as a sanction for non compliance or challenging behaviour.
- Standardisation of treatment processes and protocols which relate to the provision of methadone are required and represent good clinical practice.
- Drug counselling should be more easily available to all those seeking this service.
- The implementation of the "continuum of care" model and a "key worker" approach to provide a seamless transition between each different phase of treatment (Action 47 of the current strategy).
- There should be a wider range of substitution treatment options available to drug users (Action 54 of the current strategy). An the basis of the positive findings of the study undertaken on behalf of the NACD exploring Buprenorphine as a treatment intervention[4] it should be introduced as a substitution treatment option.
- Improve the services offered by the methadone bus so drug users are "fast tracked" into treatment.
- Methadone should be an option offered to drug users presenting to general hospitals.

[4] The Working Party, the National Medicine Information Centre (2002) Use of Buprenorphine as an Intervention in the Treatment of Opiate Dependence Syndrome. National Advisory Committee on Drugs. The Stationary Office

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Detoxification, Drug Free Treatment, Rehabilitation and Integration

Over the last number of years the emphasis in treatment has been towards the expansion of methadone maintenance programmes. A prevalence study undertaken by Kelly et al (2003) commissioned by the NACD estimated that there were 14,452 opiate users in Ireland, with 12,456 of those being located in the Greater Dublin area yet there are less than fifty dedicated detoxification residential places and fewer than 100 residential drug free treatment places.

It is argued that 'stepped care approaches' may be most appropriate for working with drug users, here treatment is a "dynamic process" moving in different directions dependent on the needs of the individual therefore if initial care is not sufficient the then "…then the intensity of care is increased (i.e. stepped up) or alternative care offered" (Sobell & Sobell:1995:1152). This is the approach favoured by the National Treatment Agency in the UK and in fact is the approach identified in Ireland for working with drug users under 18, this approach should be extended to work with adult drug users nationally[5].

Detoxification programmes were previously available at community level however this service option now appears to have been phased out. Difficulties engaging GP's and pharmacists with the strategy have been identified with the obvious impacts on treatment availability and waiting lists. Developing non-hospital based detoxification options and facilitating voluntary & community organisations to employ medical staff would expedite access to treatment and reduce waiting lists.

For some former drug users and those engaged in treatment the limit of 3 years for a Community Employment place is too short thus it may be appropriate to extend the place where appropriate to facilitate their treatment and rehabilitation.

As stated above, outcomes from the ROSIE indicate that engagement in treatment has a positive impact on individuals in terms in a range of areas measured.

Dual Diagnosis, Mental Health Issues and Complex Needs

Services need to be more responsive to the needs of those with dual diagnosis and future service development should be informed by the research on this issue undertaken on behalf of the NACD[6]. Support, intervention and in some cases treatment is required for drug users with mental health issues who do not have a dual diagnosis, e.g. those coping with depression, anxiety and eating disorders.

Medical Cards

Difficulties experienced by drug users' particularly homeless drug users in accessing medical cards are found to persist. Feedback from primary health care providers (O'Sullivan, 2008) highlights how difficulties accessing medical cards has a number of

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[5]Department of Heath and Children (2005) Report of the Working Group on Treatment of Under 18 year olds Presenting to Treatment Services with Serious Drug Problems 2005. The Stationary Office
National Treatment Agency for Substance Misuse (2006) Models of Care for Treatment of Adult Drug Misusers: Update 2006

[6] MacGabhan, L et al (2004) Mental Health and Addiction: Services and Management of Dual Diagnosis in Ireland. National Advisory Committee on Drugs. The Stationary Office

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negative knock on effects for the individual in terms of accessing a range of health services, not only GP services. As a group that experience high rates of health complaints unnecessary systemic barriers to health care should be tackled for drug users generally, and homeless drug users more specifically. A system of medical card service access should be considered for this group that is not GP registration dependent to improve accessibility to general health care for drug users.

Training

It is important to have consistent and accredited training across the board to ensure all drug users receive high quality treatment no matter which service they attend – statutory, community, voluntary or private.

Rehabilitation Report

The Rehabilitation Report is a welcome comprehensive response to many of the issues outlined above and we would endorse it's full implementation as a matter of urgency with involvement of the Community & Voluntary Sectors as treatment and rehabilitation service providers in their own right and also their representation on all appropriate structures e.g. National Drug Rehabilitation Implementation Committee (NDRIC).
We particularly support those actions in relation to

- Improving the quantity and quality of drug free treatment services and reintegration services. In addition exploring the issue of 'Quality standards' in treatment especially in relation to residential drug treatment.
- It is important to have a wide range of detoxification options available from inpatient to community based (including home based detoxification options). The High Park Detoxification Model is a good example of partnership working between a voluntary drug service and community GP's.
- The immediate implementation of the interim measure to increase residential detoxification beds by 25 (from 23 to 48) pending the outcome of the Working Group on Residential Treatment/Rehabilitation committed to in the Rehabilitation Report.
- The involvement of more GP's in drug treatment.
- Ensuring treatment options are accessible to female drug users, with childcare facilities.
- The introduction of high quality standardised case management and assessment protocols.
- Increasing transitional housing options following treatment episodes.
- Improving access to education and training.
- The development of interagency protocols to facilitate better interagency working between and within drugs services, between drugs services and homeless services, and drugs services and health services including mental health services.

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Merchants Quay Ireland's Additional Recommendations:
Detoxification, Drug Free Treatment, Rehabilitation and Integration

- More resources are necessary for development of residential and community based drug free treatment services There is an over reliance on substitution treatment options.
- Community and voluntary agencies should be supported to employ their own medical staff (Action 56 of the current strategy).
- It is essential that services are cognisant of the needs of those detoxifying from benzodiazepines taking into account the recommendation from the Report of the Benzodiazepine Committee[7] and the findings of research into benzodiazepine use in Ballymun funded by the NACD[8] .
- Support for drug users with mental health issues who do not have a dual diagnosis e.g. depression, anxiety, eating disorders.
- Easier access to medial cards for drug users and homeless drug users to facilitate access to primary and continuing health care services.
- Consistent and accredited training for the staff of drug services and those who come in contact with drug users in the course of their work.

Use of Other Drugs

At Merchants Quay we have seen an increase in numbers of clients presenting at our services with problems with prescribed medication especially anti depressants. We are concerned that there may be over prescription of these medications and doctors need to be aware of the potential to misuse such drugs.

Poly drug use appears to be an ever growing trend among drug users. In a study undertaken by MQI on cocaine use for the NACD all respondents (n=100) reported being poly drug users. Although heroin was the most common primary drug for this group (59%) three-quarters of the sample were using methadone, this was prescribed for most 82% (n=61), two thirds reported using benzodiazepines (65%) and over half (52%) reported alcohol use. (NACD: 2003). Furthermore, recent research undertaken by the NACD (2007) indicates increases in cocaine use amongst the drug treatment population.

Merchants Quay Ireland's Recommendations: Use of Other Drugs

- Essential that the new National Drug Strategy is a poly drug strategy.
- Improve responses to persons with problems associated with prescribed medication & poly drug use
- Develop measures to ensure increased awareness of problematic use of prescription drugs and poly drug use.
- Provide training for drugs workers, drugs counsellors and medical practitioners on working with theses issues.

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[7] Benzodiazepine Committee (2002) Report of the Benzodiazepine Committee. Department of Health and Children. The National Stationary Office.

[8] Ballymun Youth Action Project (2004) Benzodiazepines - Whose Little Helper: The Role of Benzodiazepines in the Development of Substance Misuse Problems in Ballymun. Ballymun Youth Action Project/National Advisory Committee on Drugs. The Stationary Office.

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- Implement recommendations from the Report of the Benzodiazepine Committee[9] and the findings of research into benzodiazepine use in Ballymun funded by the NACD[10] .
- Provide targeted harm reduction services for poly drug users and those using prescription drugs.

Cocaine

The use of cocaine in Ireland has been increasing over the past few years. As mentioned above MQI carried out research for the NACD looking specifically at cocaine. This research showed that 17% (*n*=17) of attendees at our needle exchange service had used cocaine in the past month and 40% (*n*=40) had used crack (NACD, 2003).The Drug Treatment Centre Board reported an increase in the number of people they were treating for problematic cocaine use for the third consecutive year from 0.8 % (*n*=10) in 2001 to almost 3.3% (*n*=30) in 2003. Cocaine use is not dealt with in the existing drugs strategy.

Merchants Quay Ireland's Recommendations: Cocaine

- Develop responses to meet the needs of cocaine users
- Provide targeted harm reduction services for cocaine users.
- It is important is to have highly skilled multi staff team to deal with the range of issues that may present therefore training for drugs workers, drugs counsellors and medical practitioners on working with cocaine users is required.

[9] Ibid.
[10] Ibid.

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Section 4: Attracting Hard-to-Reach Drug Users into Treatment

Homeless Drug Users

Drug use is both cause and effect of homelessness. Incidence of drug taking among homeless people in Dublin is high with surveys showing figures for drug dependency ranging from 25% to 45% (O'Gorman, A: 2002). Drug use is also a contributing factor in over 28% of households becoming homeless (Houghton & Hickey: 2000). Cox and Lawless (1999) in a study undertaken for Merchants Quay Ireland indicated that there were high levels of homelessness among a sample of problem drug users. A massive 93% of the 190 individuals interviewed reported having experienced homelessness at some point in time and 63% (*n*=120) reported being homeless at the time of interview. These figures are supported in a study of a similar low threshold drugs service in London, which utilised a similar definition of homelessness, illustrating that 84% of their 1,221 new presenters were classified as being homeless at the time of first contact (Flemen: 1997). Out of home drug users are more likely to use more drugs (including alcohol) more often and less safely than their settled counterparts (Cox & Lawless: 1999; Corr: 2003). Sixty-six percent of homeless clients who participated in the MQI study reported that their drug use had changed since being out of home, the majority stating that they were using more frequently and less safely. Almost half (49%) of the respondents reported sharing injecting equipment (Cox & Lawless: 1999).

The Homeless Agency advocates working closely with the Office of Social Inclusion to ensure that in the further development and application of poverty proofing of government policies specific account is taken of their impact on homelessness and in addition to monitor the impact of Government policies on homelessness. In light of the negative impact homelessness and insecure housing have on the risk behaviour of drug users we would be very anxious that this would continue.

Links between Homeless Services and Drugs services

Representatives from drug services should be included in each local Homeless Forum. Regional and Local Drugs Task Force should appoint a key Homeless-Drugs Link worker to co-ordinate with individuals and agencies in their area.

Harm Reduction Services for Homeless Drug Users

Research carried out by Lawless & Corr indicates that homelessness impacts negatively upon patterns of drug use and risk behaviours of drug users (NACD, 2005). Therefore it is essential to equip and train staff of Homeless Outreach Services to offer needle exchange to homeless drug users. In addition the provision of additional harm reduction materials and services targeted at homeless drug users including needle exchanges, safer injecting rooms, and heroin prescription where appropriate.

Treatment Services for Homeless Drug Users

Ensure rapid access to detoxification programmes and drug free treatment for homeless drug and alcohol users. Provide additional residential detoxification programmes that can accommodate homeless women and their children.

Emergency and Move-On Accommodation for Homeless Drug Users

It is important that there are localised homeless services so those experiencing homelessness can maintain contact with their families and other social support networks (Breen: 2007). Ensure an adequate supply of appropriate and flexible emergency and "move-on" accommodation to meet the needs of homeless drug users. Agree protocols

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with local authorities and other housing providers to ensure that drug users successfully completing transitional housing programmes can secure long-term accommodation. Increase the number of tenancy sustainment services so that they have the capacity to support greater numbers of drug users to remain in their homes during challenging periods in their lives

Preventing Homelessness among Drug Users
Ensure that Housing policy in relation to estate management and anti-social behaviour avoids creating homelessness. Develop alternatives to eviction. Provide tenancy support services for drug users.

Access to Primary and Continuing Healthcare
Access to primary and continuing healthcare options is essential for homeless drug users considering the high levels of physical and mental health problems amongst this group. This operation of a catchment area for people who are homeless is inoperable and should be halted as a matter of urgency.

Merchants Quay Ireland's Recommendations: Homeless Drug Users

- Representatives from drug services to be included in each local Homeless Forum.
- Regional and Local Drugs Task Forces should appoint a key Homeless-Drugs Link worker to co-ordinate with individuals and agencies in their area.
- Homeless outreach services need to be equipped and trained to offer needle exchange to homeless drug users (Action 64 in current strategy).
- Prioritisation of drug treatment services to drug users with no fixed address, and that have client-centred opening hours are essential (Action 48 & 55 in current strategy).
- Provision of additional harm reduction materials and services targeted at homeless drug users including needle exchanges, safer injecting rooms, and heroin prescription where appropriate (Action 55 & 62 in current strategy).
- Ensure rapid access to detoxification programmes and drug free treatment for homeless drug and alcohol users (Action 44 & 57 in current strategy).
- Provision of additional residential detoxification programmes that can accommodate homeless women and their children (Action 54 in current strategy).
- Provision of programmes that address the issue of poly-drug use among drug users who are homeless.
- Ensure an adequate supply of appropriate and flexible emergency and "move-on" accommodation to meet the needs of homeless drug users.
- Agree protocols with local authorities and other housing providers to ensure that drug users successfully completing transitional housing programmes can secure long-term accommodation.
- Provision of tenancy support services for drug users.
- Provision of an adequate supply of long-term social and voluntary housing.
- Housing policy in relation to estate management and anti-social behaviour needs to avoid creating homelessness and isolating drug users from their families/support networks. Developing alternatives to eviction must be a priority.
- Implementation of the commitment to Homeless Proof Government Policy.

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- Access to primary and continuing healthcare options is essential for homeless drug users considering the high levels of physical and mental health problem amongst this group.

Ethnic Minority Groups and Travellers

An exploratory study on drug use amongst new communities in Ireland, conducted by the MQI Research Department and funded by the NACD concluded that problematic drug use is taking place amongst small numbers of members of ethnic minority groups in Ireland and that many of these drug users are unaware of the services that exist or are deterred from attending them because of cultural barriers. The implementation of the Habitual Residence Condition with regards to drug treatment may have serious consequences for the health of returned emigrants and members of ethnic minority groups engaging in problematic drug use. This may also have public health implications in relation to HCV, HBV and HIV/AID's. In addition, research looking at drug use amongst the traveller community indicates that "the social exclusion of Travellers puts them at risk of problematic drug use, and there are indications that this is already occurring in this community" (Fountain: 2006:p11)

We welcome the inclusion of an ethnic identifier in National Drug Treatment Reporting System (NDTRS) to facilitate monitoring of this phenomenon.

Accessibility of services for Ethnic Minority Groups and the Traveller Community

Drug services need to be culturally and socially appropriate to ensure that they are inclusive of migrants, ethnic minority groups and the travellers living in Ireland. In particular, it is essential to ensure that drugs outreach workers are resourced so that they have the capacity to include people from ethnic minority groups in their services, and refer them onwards.

There is a need for ongoing access to resources for the production of information materials in a range of languages, keeping literacy issues in mind, to ensure that drug users from ethnic minority groups and the traveller community are being informed about harm reduction and are made aware of the range of services available to them.

Build capacity of Drug Services to Work with Ethnic Minority Groups and the Traveller Community

Provide anti-racist training for staff and clients in drug services to enable them to become more aware of issues surrounding race and ethnicity. Develop active measures to ensure inclusion of non-nationals in staff of drugs services.

Improve Policy and Research

Further research on the link between ethnicity, social exclusion and drug use is needed to inform policy development.

Merchants Quay Ireland's Recommendation:
Ethnic Minority Groups and Travellers

- Improve accessibility of services for ethnic minority groups and the traveller community.
- Build the capacity of drugs service to work with ethnic minority groups and the traveller community.

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- Support drug services to produce culturally, sensitive material in different languages, which clearly highlight the confidentiality of and range of services provided.
- Images and posters should be displayed in drug services which promote diversity and which clearly show that an agency is there to meet the needs of a wide range of users.
- The provision of anti-racist training for staff and clients in drug services to enable them to become more aware of issues surrounding race and ethnicity.
- The National Drug Strategy needs to set specific targets in relation to developing drug services for ethnic minority groups and travellers.
- Active measures to ensure inclusion of members of ethnic minorities and travellers amongst the staff of drugs services.
- The Habitual Residency Condition with regards to drug treatment should not be implemented.

Drug Users Engaged in Sex Work

It is generally accepted that there are significant numbers of drug users engaging in sex work. It is difficult to know the exact numbers involved and the risk behaviours due to the dearth of empirical data in Ireland. A study looking at drug users working in prostitution undertaken by the Women's Health Project in 1999 identified a number of worrying trends. Eighty-three per cent (*n*=64) of participants were intravenous drug users (IVDU), 45% (*n*=34) were currently homeless with 27% in insecure accommodation. The link between homeless and high risk drug use has been discussed above. However, another worrying feature was the high numbers of women 83% (*n*=64) with an intravenous drug using partner, this has implications for sharing drug paraphernalia and also sexual risk behaviour. The report noted that despite the fact that safer sexual practices were being implemented in their work environment, many women were putting themselves at risk in their private relationships while over 92% (*n*=71) of the women interviewed reported always using condoms with their clients only 15% (*n*=12) reported always using condoms with their partners in their private lives (O'Neill et al: 1999). This finding is supported by findings in international studies. O'Donnell et al (1998) found in their study that 75% (*n*=113) of the sample of women working in prostitution were intravenous drug users. Those who were identified as being intravenous drug users were younger and had the least favourable health risk profile among all those included in the study.

Although the existing research on prostitution and drug use amongst women in Ireland is inadequate there is an absence of literature exploring the relationship between male prostitution and problem drug use. We await the findings for the current study being undertaken by the NACD to examining the nature, extent and context of drug use among those engaging in prostitution, including males and would advocate that resources are made available to implement the forthcoming recommendations.

Merchants Quay Ireland's Recommendations:
Drug Users Engaged in Sex Work

- Improve the services available for drug users engaging in prostitution
- Development of a structure to co-ordinate service delivery.

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- Harm reduction approaches/materials must also incorporate information on safer sexual practices.
- Dedicated outreach services targeting drug users engaging in prostitution.
- Training and skills enhancement for those working across the wide range of services that come into contact with this target group.
- Availability of resources to implement the recommendations of the NACD research on drug use among sex workers.

Drug Using Prisoners and Offenders
Many drug users are incarcerated as a consequence of their drug use. A 1999 survey of drug users in prison revealed that 21% of injecting drug users first injected drugs while in prison. Overall the study found that 52% of prisoners had used heroin at one time or other (Allwright et al: 2000). While drug treatment services in prison have improved it is still difficult for prisoners to access the range of treatment options available to non prisoners. There are often few post prison options and many drug users go back to the street scene upon release. National and international research highlights the fact that both drug use and criminal behaviour are successfully reduced as a result of involvement in drug treatment.

Equivalency of Care in Prison as Available in the Community.
Ensure prisoners have access to the full range of drug treatment and harm reduction options as available in the wider community this includes the provision of needle exchange services and condoms. Improve the options available to prisoners ranging from detoxification to drug free to methadone or other substitution treatments. Drug using prisoners should have equal access to treatment regardless of the prison location. We welcome the development of the National Prison Counselling Services which is a collaborative project between Merchants Quay Ireland and the Irish Prisons Service.

There is a need to specifically target remand/short sentence prisoners, this is particularly pertinent to female prisoners with options such as treatment, brief intervention and group-work.

In acknowledgement of the link between prison release and overdose there needs to be one-to-one and group work counselling offered pre release and there should be a post release link into the community offering appropriate aftercare and follow up.

There should be ongoing adherence to and monitoring of the Irish Prison Services Drug Treatment Policy (2008). Prison drugs strategy and policy should take its lead of from the new National Drug Strategy therefore there should be more consistency in terms of aims and objectives, treatment approaches, language etc.

Diverting Offenders from Drug Use and Prison
Develop arrest referral schemes across the network of Garda stations in conjunction with local drug treatment services. Expand the use of non custodial options for drug users before the Courts. Restoration of the Legal Requirement for Assessment and Treatment: In the past all drug users receiving custodial sentences were legally required to receive an assessment and treatment/rehabilitation. This was later modified to an option by the Judge which might or might not be applied (Cassin & O'Mahony, 2006).

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Rehabilitation of Offenders

Currently, in Ireland there is no facility for criminal convictions to become 'spent'. Many problematic drug users over the course of their drug use come into contact with the criminal justice system and acquire criminal convictions, either directly or indirectly related to their drug use. The absence of such a facility runs contrary to the spirit of the National Drug Strategy and specifically the new rehabilitation pillar, in fact we are one of the few European jurisdictions that have no such legislation in place.

We are aware that there is a Private Members Bill on this issue coming before the houses of the Oireachtas for ratification in the near future. Merchants Quay Ireland welcomes such an endeavour and has long advocated for such provision. However, there has little meaningful consultation as to the scope and application of such an instrument and without such engagement with all the relevant stakeholders this may be a missed opportunity to adequately address this issue in a thorough and effective manner.

Merchants Quay Ireland's Recommendations:
Drug Using Prisoners and Offenders

- Prisoners should have access to the full range of drug treatment options and harm reduction options as available in the wider community (Actions 22, 24, 47,48 and 62).
- Needle exchange services and condoms should be made available to inmates of Irish Prisons.
- Specific targeting of remand/short sentence prisoners, this is particularly pertinent to female prisoners with options such as treatment, brief intervention and group-work
- To reduce the risk of overdose there needs to be one-to-one and group work counselling offered pre release and there should be a post release link into the community offering appropriate aftercare and follow up.
- There should be ongoing adherence and monitoring of the Irish Prison Services Drug Treatment Policy (2008).
- Prison should be seen as an opportunity for people to become drug free, access methadone, education, accommodation etc (Actions 47 & 48).
- Reintegration into the community following a period of incarceration should be seen as a priority including discharge plans and links into appropriate services (Actions 22 & 24, 47, 48 of the current strategy).
- Develop arrest referral schemes across the network of Garda stations in conjunction with local drug treatment services (Actions 13 & 20 of the current strategy).
- Expand the use of non custodial options for drug users before the Courts that would facilitate direct referral to drug treatment services at both day and residential care level (Action 20 of the current strategy).
- Restoration of the Legal Requirement for Assessment and Treatment.
- Prison drugs strategy and policy should take its lead from the new National Drug Strategy.
- Rehabilitation of Offenders: Currently, in Ireland there is no facility for criminal convictions to become 'spent'. Merchants Quay Ireland advocate for meaningful engagement with all the relevant stakeholders on the Private Members Bill on this issue.

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Under 18's

Most drug users start taking drugs in their teens. Lack of knowledge, experience and maturity means that they are particularly vulnerable to experiencing drug related harm. The issue of providing harm reduction and treatment services for under 18's tends to be emotive, particularly in the context of their legal status as children. There is an increasing consensus that early intervention with this group is essential and services should be comprehensive, targeted and effective. The evidence available indicates low levels of educational attainment among problem drug users thus exploration of this causal relationship is essential.

Merchants Quay Ireland's Recommendations: Under 18's

- Full implementation of the Report of the 'Working Group on Treatment of Under 18 year olds Presenting to Treatment Services with Serious Drug Problems' 2005 and the four tier model contained therein.
- There should be a wider range of harm reduction treatment options for under 18's (Actions 49, 51 & 59 of the current strategy).
- There should be a wider range of treatment options for under 18's (Actions 49,
- 51 & 59 of the current strategy).
- Research to examine the nature, extent and context of drug use among early
- school levers to be undertaken (Action 98 of the current strategy).

Families Affected by Drug Use

Female drug users often find it difficult to avail of treatment and rehabilitation services because of childcare responsibilities. In a study, undertaken by MQI commissioned by the Heath Research Board, 65% (*n*=11) of the female participants who had children, the majority had primary childcare responsibilities for those children (Lawless: 2003). It may be the case that women will not access treatment facilities due to the fear that their children will be taken into care. There is undoubtedly a lack of dedicated services to deal with drug using parents and their often difficult lifestyles. Thus, services need to acknowledge and address the childcare needs of drug users in order to facilitate access.

The extent of the negative impact of problem drug use not only on the individual drug user but also on the whole family including the wider kin is increasingly acknowledged however responses are limited(Bancroft et al: 2002). The total number of individuals actually affected in Ireland is unknown but with an estimated 14,542 opiate users alone we can be sure that this figure is considerable. Effects of drug use on family members include depression, adjustment and behavioural disorder, deterioration in family relationships, increased likelihood of domestic violence, criminal behaviour, isolation, withdrawal, stigma and concealment. (Bancroft et al: 2002). Support must be made available to those coping with drug use in their family and/or their home.

Merchants Quay Ireland's Recommendations:
Families Affected by Drug Use

- Develop support services to promote the involvement of drug users with children in treatment services

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- There is a need to provide user friendly childcare facilities and family support services to improve the uptake by parents of drug treatment services (Action 54).
- There is a need to provide training for childcare workers on drug issues and training for drugs workers on childcare issues.
- Support must be made available to those coping with drug use in their family and/or their home (Action 60).
- Support for grandparents rearing grandchildren as a result of parental drug use.

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Summary of Merchants Quay Ireland's Recommendations

Improving Structures and Reporting Mechanisms

- Merchants Quay Ireland would welcome the inclusion of alcohol into a single National Drug Strategy provided there is the appropriate resource and funding allocation to facilitate the service development and staff up-skilling that such an inclusion would require.
- There should be streamlining of all drug strategy roles, structures and functions to ensure that they are both appropriate and effective.
- The National Drug Strategy Team should take a stronger lead in regards to the development of drug policy
- The National Advisory Committee on Drugs should take a more proactive role in relation to the development of drug policy.
- The new drug strategy should be relocated back in the Department of An Taoiseach and a super junior minister reappointed reporting directly to cabinet
- The Cabinet Sub Committee should be re-designated as the Cabinet Sub Committee on Drugs.
- It is essential that Community and Voluntary Groups are adequately resourced so they can participate as equal partners in all structures and at all levels of the new National Drug Strategy.
- Community and Voluntary groups need to be supported to remain at the forefront of services delivery providing innovations and best practice approaches.
- It is essential that there are clear formal mechanisms for ongoing consultation with drug users and users of drugs service.
- The timely reporting of data submitted to the National Drug Treatment Reporting System (NDTRS). In addition, Needle exchange should be included and counted as a treatment intervention within the NDTRS.
- The establishment of the Drug Trend Monitoring system should happen as a matter of priority.
- It is essential that all policy changes/developments are proofed to ensure that they will not impact negatively on the lives of problem drug users and their families and to better manage the interface between the National Drug Strategy and other policy areas.
- The following are essential in regards to funding the new National Drug Strategy; The National Drug Strategy should be the single funding channel, there should be annual funding for RDTF's and LDTF's to fund projects for 3 years, there should be ring fence budgets for each pillar of the National Drugs Strategy, full cost recovery for projects, paid in advance and a commitment to multi annual funding to facilitate proactive service planning and delivery.
- The benchmarking issue requires immediate resolution.
- Establishment of a Cross Task Force mechanism of funding.
- Regular reporting on progress of the strategy.
- The All Party Oireachtas Committee on Drugs should link into existing National Drug Strategy Structures.

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Expanding the Range of Harm Reduction Services

- Needle exchange services should be widely available in all communities'. (Actions 62 & 63 of the current strategy).
- Needle exchange services should be open in the evenings and at weekends
- (Action 62 of the current strategy).
- The immediate roll -out of pharmacy needle exchange (see action 63 of the current strategy).
- Low cost needle/syringe vending machines should be provided urban areas or other areas where they are high concentrations of IV drug users and homeless drug users.
- Provision of adequate resources for the safe collection & disposal of injecting
- paraphernalia (Action 69 of the current strategy).
- Explore and pilot new harm reduction initiatives including those in relation to safer sex practices.
- All needle exchange services should provide the full range of drug using paraphernalia including disposable spoons and filters, pipes, condoms and any other relevant harm reduction materials.
- A Safer Injecting Facility/ies should be established on a pilot basis in Dublin city centre with a view to assessing the impact of such a service on drug related harm.
- Harm reduction messages must be targeted and culturally specific.
- Overdose prevention should be a key target of harm reduction services and messages.
- Improve the number and the accessibility of low threshold services especially services catering for out of home drug users in the evenings and at weekends.
- A full spectrum of outreach service is required to access hard-to-reach groups.
- Access to Primary Health Care for drug users and out of home drug users is critical both as part of mainstream health service delivery and in specialist settings the SafetyNet programme is a good example of this.
- Immediate access to mental health services for drug users experiencing acute mental health issues should be made available in order to meet the needs of this group, and in particular, the needs of homeless drug users.
- It is essential that those currently using drugs have access to hepatitis C treatment in an effort to reduce damage in the longer term.

Improving the Overall Range, Quality and Accessibility of Treatment Substitution Treatments

- The existing waiting lists for treatment must be reduced to bring waiting times for assessment down to a maximum of four weeks, two weeks for initial assessment followed by commencement of treatment within a further two weeks (Action 44 of the current strategy).
- Waiting list figures should include not only those waiting to access treatment following assessment but also those awaiting assessment.
- The practice of reducing medication dose, threatening treatment withdrawal and actual treatment withdrawal as a sanction for non compliance or challenging behaviour should be ended.

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- Standardisation of treatment processes and protocols which relate to the provision of methadone are required to represent a collective view of good clinical practice.
- Drug counselling should be more easily available to all those seeking this service.
- The implementation of the "continuum of care" model and a "key worker" approach to provide a seamless transition between each different phase of treatment (Action 47 of the current strategy).
- There should be a wider range of substitution treatment options available to drug users (Action 54 of the current strategy). An the basis of the positive findings of the study undertaken on behalf of the NACD exploring Buprenorphine as a treatment intervention it should be introduced as a substitution treatment option.
- Improve the services offered by the methadone bus so drug users are "fast tracked" into treatment.
- Methadone should be an option offered to drug users presenting to general hospitals.

Detoxification, Drug Free Treatment, Rehabilitation and Integration Rehabilitation Report

The Rehabilitation Report is a welcome comprehensive response to many of the issues outlined above and we would endorse it's full implementation as a matter of urgency with involvement of the Community & Voluntary Sectors as treatment and rehabilitation service providers in their own right and also their representation on all appropriate structures e.g. National Drug Rehabilitation Implementation Committee (NDRIC). We particularly support those actions in relation to

- Improving the quantity and quality of drug free treatment services and reintegration services. In addition exploring the issue of 'Quality standards' in treatment especially in relation to residential drug treatment.
- It is important to have a wide range of detoxification options available from inpatient to community based (including home based detoxification options). The High Park Detoxification Model is a good example of partnership working between a voluntary drug service and community GP's.
- The immediate implementation of the interim measure to increase residential detoxification beds by 25 (from 23 to 48) pending the outcome of the Working Group on Residential Treatment/Rehabilitation committed to in the Rehabilitation Report.
- The involvement of more GP's in drug treatment.
- Ensuring treatment options are accessible to female drug users and childcare facilities.
- The introduction of high quality standardised case management and assessment protocols.
- Increasing transitional housing options following treatment episodes.
- Improving access to education and training.
- The development of interagency protocols to facilitate better interagency working between and within drugs services, between drugs services and homeless services, and drugs services and health services including mental health services.

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Additional Recommendations:

Detoxification, Drug Free Treatment, Rehabilitation and Integration

- More resources are necessary for development of residential and community based drug free treatment services There is an over reliance on substitution treatment options.
- Community and voluntary agencies should be supported to employ their own medical staff (Action 56 of the current strategy).
- It is essential that services are cognisant of the needs of those detoxifying from benzodiazepines taking into account the recommendation from the Report of the Benzodiazepine Committee and the findings of research into benzodiazepine use in Ballymun funded by the NACD.
- Support for drug users with mental health issues who do not have a dual diagnosis e.g. depression, anxiety, eating disorders.
- Easier access to medial cards for drug users and homeless drug users to facilitate access to primary and continuing health care services.
- Consistent and accredited training for the staff of drug services and those who come in contact with drug users in the course of their work.

Use of Other Drugs

- Essential that the new National Drug Strategy is a poly drug strategy.
- Improve responses to persons with problems associated with prescribed medication & poly drug use
- Develop measures to ensure increased awareness of problematic use of prescription drugs and poly drug use.
- Provide training for drugs workers, drugs counsellors and medical practitioners on working with theses issues.
- Implement recommendations from the Report of the Benzodiazepine Committee and the findings of research into benzodiazepine use in Ballymun funded by the NACD.
- Provide targeted harm reduction services for poly drug users and those using prescription drugs.

Cocaine

- Develop responses to meet the needs of cocaine users
- Provide targeted harm reduction services for cocaine users.
- It is important is to have highly skilled multi staff team to deal with the range of issues that may present therefore training for drugs workers, drugs counsellors and medical practitioners on working with cocaine users is required.

Attracting Hard-to-Reach Drug Users into Treatment

Homeless Drug Users

- Representatives from drug services to be included in each local Homeless Forum.
- Regional and Local Drugs Task Forces should appoint a key Homeless-Drugs Link worker to co-ordinate with individuals and agencies in their area.
- Homeless outreach services need to be equipped and trained to offer needle exchange to homeless drug users (Action 64 in current strategy).

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- Prioritisation of drug treatment services to drug users with no fixed address, and that have client-centred opening hours are essential (Action 48 & 55 in current strategy).
- Provision of additional harm reduction materials and services targeted at homeless drug users including needle exchanges, safer injecting rooms, and heroin prescription where appropriate (Action 55 & 62 in current strategy).
- Ensure rapid access to detoxification programmes and drug free treatment for homeless drug and alcohol users (Action 44 & 57 in current strategy).
- Provision of additional residential detoxification programmes that can accommodate homeless women and their children (Action 54 in current strategy).
- Provision of programmes that address the issue of poly-drug use among drug users who are homeless.
- Ensure an adequate supply of appropriate and flexible emergency and "move-on" accommodation to meet the needs of homeless drug users.
- Agree protocols with local authorities and other housing providers to ensure that drug users successfully completing transitional housing programmes can secure long-term accommodation.
- Provision of tenancy support services for drug users.
- Provision of an adequate supply of long-term social and voluntary housing.
- Housing policy in relation to estate management and anti-social behaviour needs to avoid creating homelessness and isolating drug users from their families/support networks. Developing alternatives to eviction must be a priority.
- Implementation of the commitment to Homeless Proof Government Policy.
- Access to primary and continuing healthcare options is essential for homeless drug users considering the high levels of physical and mental health problems amongst this group.

Ethnic Minority Groups and Travellers

- Improve accessibility of services for ethnic minority groups and the traveller community.
- Build the capacity of drugs service to work with ethnic minority groups and the traveller community.
- Support drug services to produce culturally, sensitive material in different languages, which clearly highlight the confidentiality of, and range of services provided.
- Images and posters should be displayed in drug services which promote diversity and which clearly show that an agency is there to meet the needs of a wide range of users.
- The provision of anti-racist training for staff and clients in drug services to enable them to become more aware of issues surrounding race and ethnicity.
- The National Drug Strategy needs to set specific targets in relation to developing drug services for ethnic minority groups and travellers.
- Active measures to ensure inclusion of members of ethnic minorities and travellers amongst the staff of drugs services.
- The Habitual Residency Condition with regards to drug treatment should not be implemented.

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Drug Users Engaged in Sex Work

- Improve the services available for drug users engaging in prostitution
- Development of a structure to co-ordinate service delivery.
- Harm reduction approaches/materials must also incorporate information on safer sexual practices.
- Dedicated outreach services targeting drug users engaging in prostitution.
- Training and skills enhancement for those working across the wide range of services that come into contact with this target group.
- Availability of resources to implement the recommendations of the NACD research on drug use among sex workers.

Drug Using Prisoners and Offenders

- Prisoners should have access to the full range of drug treatment options and harm reduction options as available in the wider community (Actions 22, 24, 47, 48 and 62).
- Needle exchange services and condoms should be made available to inmates of Irish Prisons.
- Specific targeting of remand/short sentence prisoners, this is particularly pertinent to female prisoners with options such as treatment, brief intervention and group-work
- To reduce the risk of overdose there needs to be one-to-one and group work counselling offered pre release in addition, there should be a post release link into the community offering appropriate aftercare and follow up.
- There should be ongoing adherence and monitoring of the Irish Prison Services Drug Treatment Policy (2008).
- Prison should be seen as an opportunity for people to become drug free, access methadone, education, accommodation etc (Actions 47 & 48).
- Reintegration into the community following a period of incarceration should be seen as a priority including discharge plans and links into appropriate services (Actions 22 & 24, 47, 48 of the current strategy).
- Develop arrest referral schemes across the network of Garda stations in conjunction with local drug treatment services (Actions 13 & 20 of the current strategy).
- Expand the use of non custodial options for drug users before the Courts that would facilitate direct referral to drug treatment services at both day and residential care level (Action 20 of the current strategy).
- Restoration of the Legal Requirement for Assessment and Treatment.
- Prison drugs strategy and policy should take its lead from the new National Drug Strategy.
- Rehabilitation of Offenders: Currently, in Ireland there is no facility for criminal convictions to become 'spent'. Merchants Quay Ireland advocate for meaningful engagement with all the relevant stakeholders on the Private Members Bill on this issue.

Under 18's

- Full implementation of the Report of the 'Working Group on Treatment of Under 18 year olds Presenting to Treatment Services with Serious Drug

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Problems' 2005 and the four tier model contained therein.

- There should be a wider range of harm reduction treatment options for under
- 18's (Actions 49, 51 & 59 of the current strategy).
- There should be a wider range of treatment options for under 18's (Actions 49,
- 51 & 59 of the current strategy).
- Research to examine the nature, extent and context of drug use among early school levers to be undertaken (Action 98 of the current strategy).

Families Affected by Drug Use

- Develop support services to promote the involvement of drug users with children in treatment services
- There is a need to provide user friendly childcare facilities and family support services to improve the uptake by parents of drug treatment services (Action 54).
- There is a need to provide training for childcare workers on drug issues and training for drugs workers on childcare issues.
- Support must be made available to those coping with drug use in their family and/or their home (Action 60).
- Support for grandparents rearing grandchildren as a result of parental drug use.

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Conclusion

Merchants Quay Ireland welcome this opportunity to contribute to the development of the new strategy 2009-2016 and also reiterate our support and commitment to the NDS process and working with all of the key players - policy makers, statutory agencies, and community and voluntary groups in tackling and responding effectively to problem drug use in Ireland. To this end we would value an oral hearing as part of the process of developing a new National Drug Strategy to present, and discuss some of our policy recommendations.

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