Homeless & Drugs Services

Submission to the Mid-Term Review of the National Drug Strategy 2004

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Summary of Main Recommendations

1: Improving the Structures and Reporting Mechanisms Underpinning the Strategy

Recommendations

- *Improve structures underpinning the strategy*
  Reprioritise the drugs issue by Government restoration of a dedicated drugs portfolio and by the reappointment of a Super Junior Minister with responsibility for this dedicated portfolio reporting directly to the Cabinet. Establish a dedicated drugs subcommittee of the existing Oireachtas Committee on Community, Rural & Gaelteacht Affairs which would meet at least three times a year. Increase community and voluntary representation on the NDST. Enhance ways of consulting with drugs service users. Ensure that the organisations tasked with developing the Alcohol and Drug Strategies work more closely together. Ensure 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.

- *Improve funding mechanisms*
  Ensure annual funding for Regional Drugs Task Forces and Local Drugs Task Forces is dispensed through annual funding rounds offering support to 3 year projects. Ring fence budgets for each pillar of the National Drugs Strategy. Establish a special fund to support innovative service development. Ensure that service providers receive sufficient funding to allow them to meet increased costs associated with wage rises and inflation.

- *Improve reporting on progress of the strategy*
  Ensure regular and adequate reporting of all the 100 actions.

2: Expanding the Range of Harm Reduction Services

- *Ensure needle exchange services are available where and when needed.*
  Ensure needle exchange services are widely available and accessible in all communities especially in urban areas. Provide low cost needle/syringe vending machines in urban areas.

- *Pilot new harm reduction initiatives*
  Establish a safer injecting room 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 are relevant and effective*
  Ensure harm reduction messages are more effective in reducing HCV risk by provide more information about the risks associated with direct and indirect sharing.

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

3.1 Substitution Treatments

- *Reduce waiting lists*
  Ensure that waiting times for treatment are reduced.

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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.

- *Improve range of treatment available*
  Establish a wider range of substitution treatment options for drug users to include buprenorphine,loflexidene, injectible morphine, diamorphine etc.

3.2 Detoxification, Drug Free Treatment, Rehabilitation and Integration

- *Improve quantity and quality of drug free treatment services*
  Double the number of detox beds by the end of 2008 particularly through the development of non-hospital based detox to improve access and reduce waiting lists. Develop mechanisms to allow community and voluntary agencies to employ their own medical staff.

- *Improve quantity and quality of reintegration services*
  Ensure maintenance of ring fenced places for drug users on FAS community employment projects. Establish a dedicated unit in FAS with responsibility for drug related projects. The head of this unit to sit on the NDST. Extend the 3 year time limit on CE places where appropriate.

3.3 Use of Other Drugs

- *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 of the Benzodiazepine Working Group. Provide targeted harm reduction services for poly drug users and those using prescription drugs.

- *Develop responses to meet the needs of cocaine users*
  Provide targeted harm reduction services for cocaine users. Provide training for drugs workers, drugs counsellors and medical practitioners on working with cocaine users.

4: Attracting Hard-to-Reach and Special Needs Drug Users into Treatment

4.1 Homeless Drug Users

- *Ensure adequate links between homeless services and drugs services*
  Representatives from drug services to 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.

- *Improve access to and range of harm reduction services for homeless drug users*
  Equip and train staff of Homeless Outreach Services to offer needle exchange to homeless drug users. Provide additional harm reduction materials and services

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targeted at homeless drug users including needle exchanges, safer injecting rooms, and heroin prescription where appropriate.

- *Improve access to and range of 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.

- *Improve access to and range of emergency and move-on accommodation for homeless drug users*
  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.

- *Ensure measures are in place to prevent 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.

4.2 Non-Nationals

- *Improve accessibility of services for non-nationals*
  Support drug services to produce culturally sensitive materials in different languages, which clearly highlight the confidentiality of and range of services provided. Develop images and posters for display 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.

- *Establish targeted services*
  Establish drugs outreach teams in Dublin specifically targeting drug users from new communities.

- *Build capacity of drugs service providers to work with non-nationals*
  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*
  The Habitual Residency Condition with regards to drug treatment should not be implemented. Further research on the link between ethnicity, social exclusion and drug use is needed to support 'new communities' in Ireland

4.3 Drug Users Engaged in Prostitution:

- *Improve services available to drug users engaged in prostitution*
  Development a structure to co-ordinate service delivery. Develop dedicated outreach services for drug users engaging in prostitution.

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4.4 Prisoners and Offenders

- *Ensure prisoners have access to the full range of drug treatment and harm reduction options as available in the wider community.*
  Provide needle exchange services and condoms for prisoners. Improve the opportunities available to prisoners to become drug free or to access methadone or other substitution treatments.
- *Develop measures to divert 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.

4.5 Under 18s

- *Ensure that younger drug users can access treatment and harm reduction services*

4.6 Families Affected by Drug Use

- *Develop support services to promote the involvement of drug users with children in treatment services*
  Ensure the provision of user friendly childcare facilities and family support services to improve the uptake by parents of drug treatment services 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

Introduction

Merchants Quay Ireland have been working in partnership with the Health Boards, the Probation and Welfare Services and Fas over the last fifteen years to develop services for individuals, families and communities experiencing drug related harm.

Some of the services we provide include health promotion and syringe exchange, supportive day programmes, methadone prescribing, two residential drug free programmes and a resettlement and integration service.

We also provide a wide range of day-care services for homeless persons, many of whom are drug users, through our "Failtiu Resource Centre for Homeless Persons".

In all more than 4,000 persons avail of our services each year.

Our submission for the Mid-Term Review of the National Drugs Strategy begins with a commentary on progress to date and then focuses in on the Treatment Pillar with which we are primarily concerned.

In this submission we identify significant gaps in drug treatment provision and in the provision of harm reduction services. We also focus on emerging issues that need to be addressed as part of the review, and a range of recommendations on further developing a network of co-ordinated services aimed at reducing the impact problem drug use has on individuals, families and society and assisting people to become drug free.

Progress to Date

The overall Strategic Objective for the National Drugs Strategy 2001-2008 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*".*

In general terms the Drugs Strategy to date does not seem to have had any considerable impact on the supply of drugs in Ireland. Cannabis, heroin, ecstasy, cocaine and so on are easily available, especially in Dublin. Recent research by the Health Research Board indicates that heroin use is becoming more widespread in the counties surrounding Dublin thus showing that if anything the network of supply of heroin has extended beyond the Dublin region. The HRB concluded that "the increase in new problem opiate users at treatment services indicates a spread of heroin use in the seven health board areas, indicating the need to expand the number and range of treatment services." (2004).

There's growing evidence the cocaine use is becoming more widespread over recent years and indeed research carried out at Merchants Quay Ireland in January 2004 showed that 17% (*n*=17) of attendees at the needle exchange service cited cocaine as their primary drug of choice. All were poly drug users (NACD).

Undoubtedly some progress has been made in the area of drug treatment. The overall number of people engaged in treatment has continued to increase albeit at a slower rate than during the course of the previous drug strategy. In this submission we identify significant gaps in drug treatment provision and in the provision of harm reduction services.

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Finally, there has also been a big improvement in the amount of research been carried out on the drugs issue. The NACD has commissioned a number of very important studies which will significantly contribute to our knowledge on the drugs issue in Ireland and should shape our future responses to it.

The specific overall aims of the Strategy are:

- To reduce the availability of illicit drugs - *As stated above to date the Strategy does not appear to have been successful in reducing the supply of illicit drugs.*

- To promote throughout society a greater awareness, understanding and clarity of the dangers of drug misuse - *The recent drugs awareness campaign run by the NACD was an important step in this regard but there is certainly a lot more to be done.*

- To enable people with drug misuse problems to access treatment and other supports in order to re-integrate into society - *In general terms there are more treatment places available and there has been therefore increased access to treatment and other supports. We are nonetheless concerned that there are still issues regarding waiting lists and regarding the provision of drug treatment for homeless clients and other hard to reach groups. There is an over reliance on methadone maintenance as a "one size fits all" treatment response.*

- To reduce the risk of behaviour associated with drug misuse - *The number of needle exchange and harm reduction services in Dublin and elsewhere remain insufficient to meet demand. More needs to be done to ensure that needle exchange is available seven days a week in all urban areas.*

- To reduce the harm caused by drug misuse to individuals, families and communities - *In this regard there has been some progress but there remains much more to be done.*

- To have valid, timely and comparable data on the extent and nature of drug misuse in Ireland - *The NACD has made great inroads to improving the availability of data on problem drug use in Ireland.*

- Strengthening existing partnerships in and with communities and building new partnerships to tackle drug misuse. *The development of regional drugs task forces was a welcome move, but for partnerships to be effective they must be adequately funded. And this is not yet the case.*

The Drug Strategy has been successful in attracting a large proportion of opiate users into treatment. The fact that 7,000 of the estimated 14,500 opiate users in Ireland are now involved in methadone treatment marks significant progress over the last number of years. Similarly the fact that the estimated number opiate users in Dublin has declined from 13,500 to 12,500 is very encouraging. The focus of the Strategy going forward should move to the following areas;

1: Improving the structures and reporting mechanisms underpinning the strategy
2: Expanding the range of Harm Reduction Services
3: Improving the Overall Range, Quality and Accessibility of Treatment
4: Attracting Hard-to-Reach and Special Needs Drug Users into Treatment.

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1: Improving the Structures and Reporting Mechanisms Underpinning the Strategy

The current structure supporting the National Drugs Strategy has in our view worked very well, but nonetheless is in need of review.

1.1 Reporting

Action 2 of the strategy promised "to establish an evaluation framework for the Strategy, incorporating the performance indicators against which progress under the four pillars will be assessed. Annual reports and mid-term evaluations would facilitate progression towards key strategic goals". This has not happened. The recently published Critical Implementation Path maps out the path fairly well, but does not really give the reader any idea of where on the path we are right now. It is hard to evaluate the successes and failures of the strategy without adequate reporting.

1.2 Voluntary / Community Representation on the National Drug Strategy Team

Currently there is only one community representative and one representative from the voluntary sector on the team. We believe that representation for the community and voluntary sector should be increased to strengthen the team, and improve it's legitimacy as a genuine partnership mechanism for addressing the drugs crisis. This is particularly important in the context of major growth in provision of services by the community and voluntary sector over the past four years. We recommend that that voluntary representation should be increased by two and community representation should also be increased by two.

1.3 Funding the strategy

The establishment of the regional drugs task forces was a very welcome development. However, it is of considerable importance that these task forces are given funds to develop regional initiatives. It is essential that annual funding for Regional Drugs Task Forces and Local Drugs Task Forces is dispensed through annual funding rounds offering support to 3 year projects. In addition it is important to identify and ring fence budgets for each pillar of the drugs strategy and to establish a fund to support innovative service developments. Finally, drugs service providers have suffered effective cutbacks since 2001 with health boards failing to provide services with funding to cover cost of living increases and benchmarking costs for their staff. These cuts need to be reversed.

1.4 Consultation with 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 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 consultation with users of drugs service.

1.5 Alcohol and Drugs Strategies

It is imperative that the organisations tasked with developing the Alcohol and Drug Strategies work more closely together.

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1.6 Dedicated Drugs Portfolio & Ministerial Responsibility

Over the last few years there has been a diminution of the focus of the Cabinet Sub Committee on Social Inclusion which is evidenced in the dilution of ministerial responsibility for the drugs portfolio. When initially the task forces were established there was a Super-Junior Minister of State with sole responsibility for the drugs issue, the current minister has other areas of huge responsibility namely Housing and Urban Renewal and reports to the Cabinet Committee on Social Inclusion who in turn report to Cabinet.

1.7 Policy Proofing

A criticism often levelled at the government is the lack of "joined up thinking" and that policy changes as a result often have adverse and unintended negative consequences impacting the most vulnerable members of the community. No change in government policy should have adverse affects on the lives drug users, their families and communities. For example recent changes in the eligibility criteria for Supplementary Rent Allowance may actually increase the vulnerability of drug users to homelessness as well as other high risk groups. 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.

Recommendations

- Regular and adequate reporting of all the 100 actions.
- Increase community and voluntary representation on the NDST.
- Annual funding for Regional Drugs Task Forces and Local Drugs Task Forces to be dispensed through annual funding rounds offering support to 3 year projects.
- Ring fence budgets for each pillar of the National Drugs Strategy.
- Establish a special fund to support innovative service development.
- Ensure that service providers receive sufficient funding to allow them to meet increased costs associated with wage rises and inflation.
- Enhance ways of consulting with drugs service users.
- Ensure that the organisations tasked with developing the Alcohol and Drug Strategies work more closely together (Action 80).
- Establish a dedicated drugs subcommittee of the existing Oireachtas Committee on Community, Rural & Gaelteacht Affairs which would meet at least three times a year (Action 77).
- Reprioritisation of the drugs issue by Cabinet Sub Committee on Social Inclusion which would be evidenced by the restoration of a dedicated drugs portfolio and by the reappointment of a Super Junior Minister with responsibility for this dedicated portfolio reporting directly to the Cabinet.
- It is essential all policy changes/developments are proofed to ensure that they will not impact negatively on the lives of problem drug users and their families.

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 only approximately half are involved in treatment of any 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, recently 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 rooms 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 safer injecting rooms are those injecting drug users who are "at the highest risk for contracting or spreading blood-borne diseases such a s HIV and hepatitis, and for experiencing overdose" (2003).

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/AIDs. There are also implications for the spread of bacterial and viral infections (Moore et al: 2004; Taylor et al: 2004).

Recommendations

- Needle exchange services should be widely available in all communities especially urban areas (Actions 62 & 63).
- Needle exchange services should be open in the evenings and at weekends (Action 62).
- Low cost needle/syringe vending machines should be provided in urban areas.
- Provision of adequate resources for the safe collection & disposal of injecting paraphernalia (Action 69).
- 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 room 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.

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- Harm reduction approaches must also incorporate information on safer sexual practices.
- Research examining the injecting practices of injecting drug users in Ireland is required.
- Drug users need more information about the ways in which all injection paraphernalia including the drug itself can become contaminated during the drug preparation process (information about direct and indirect sharing). This needs to be integrated into all harm reduction materials.
- Positive health messages should inform all harm reduction work particularly in relation to HCV, HBV & HIV/AIDs.

3: Improving the overall range, quality and accessibility of treatment

3.1 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 inner city Lawless found that the 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 no 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.

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Recommendations

- 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).
- 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.
- 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).
- There should be a wider range of substitution treatment options available to drug users (Action 54).
- Improve the services offered by the methadone bus so drug users are "fast tracked" into treatment.

3.2 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. 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 detox 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.

Recommendations

- More resources are necessary for development of residential and community based drug free treatment and detox services (Actions 47,48,55 & 57).
- The number of detox beds must be doubled by the end of the strategy (2008).
- The development of non-hospital based detox to improve access and reduce waiting lists (Action 56).
- Community and voluntary agencies should be supported to employ their own medical staff (Action 56).

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- Wider range of services to facilitate the reintegration of former drug users into the community and the labour force including education & vocational training are required (Actions 74, 75 & 76).
- Measures to promote the inclusion of former drug users and those engaged in treatment in public as well as private sector employment.
- In recent years community employment projects have been a source of valuable training and work experience for drug users. It is important that these ring fenced places for drug users are maintained (Actions 74 & 75).
- Establish a dedicated unit in FAS with responsibility for drug related projects. The head of this unit to sit on the NDST.
- Extend the 3 year time limit on CE places where appropriate.

3.3 Use of Other Drugs

3.3.1 Prescribed Medication & Poly Drug Use

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)

Recommendations

- Increase awareness of the problematic use of prescription drugs and poly drug use.
- Training for drugs workers, drugs counsellors and medical practitioners on working with theses issues.
- Implement recommendations of the Benzodiazepine Working Group (Action 41).
- Services need to be flexible and responsive to the growing trend of poly drug use.
- Targeted harm reduction services for poly drug users and those using prescription drugs.

3.3.2 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 drugs strategy.

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Recommendations

- Targeted harm reduction services for cocaine users.
- Training for drugs workers, drugs counsellors and medical practitioners on working with cocaine users.
- Service to be supported to develop both harm reduction services and materials targeting cocaine users. These services may be integrated into existing services or they may be dedicated services within existing services.

4: Attracting Hard-to-Reach and Special Needs Drug Users into Treatment

4.1 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[1]. 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).

Making it Home- An Action Plan on Homelessness in Dublin 2004-2006 (2004) 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. The Homeless Agency will also 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 these recommendations would be implemented.

Recommendations

- 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 be equipped and trained to offer needle exchange to homeless drug users (Action 64).
- Prioritisation of drug treatment services to drug users with no fixed address, and that have client-centred opening hours are essential (Action 48 & 55).

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[1] These figures may not be not indicative of the extent of homelessness among the entire drug using population. They apply to a specific group of chaotic drug users, who utilised the Merchants Quay Ireland's low threshold services during a specific time period and agreed to participate in the study.

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- 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).
- Ensure rapid access to detoxification programmes and drug free treatment for homeless drug and alcohol users (Action 44 & 57).
- Provision of additional residential detoxification programmes that can accommodate homeless women and their children (Action 54).
- 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 commitments in Making it Home (2004) to Homeless Proof Government Policy.

4.2 <u>Drug Use amongst Non-Nationals</u>

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 new communities 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 Residency Condition with regards to drug treatment may have serious consequences for the health of returned emigrants and non-nationals engaging in problem drug use. This may also have public health implications in relation to HCV, HBV and HIV/AID's.

<u>Recommendations</u>

- 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.
- A drugs outreach team should be set up in Dublin specifically targeting drug users from new communities. The outreach team should incorporate a peer-based approach (Action 64 & 66).
- 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 individuals from new communities.
- Active measures to ensure inclusion of non-nationals in staff of drugs services.

- The Habitual Residency Condition with regards to drug treatment should not be implemented.

4.3 Drug Users Engaged in Prostitution

It is generally accepted that there are significant numbers of drug users engaging in prostitution. 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 over 92% (*n*=71) of the women interviewed reported always using condoms with their clients with only 15% (*n*=12) of women 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 favorable 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.

Recommendations

- Research to examine the nature, extent and context of drug use among those engaging in prostitution, including males to be undertaken (Action 98).
- 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.

4.4 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 highlight the fact that both substance use and criminal behaviour are successfully reduced as a result of involvement in drug treatment.

Recommendations

- 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).
- 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).
- Needle exchange services and condoms should be made available to inmates of Irish Prisons.

Diverting people who have been arrested into treatment services rather than prison services can be a very effective way of reducing drug related harm. Being arrested and taken into custody, can represent a crisis point that can be used positively to motivate change. Arrest referral schemes aimed at linking arrested drug users with local treatment services have been successful elsewhere. Similarly, the Courts can effectively turn crisis into opportunity through their power to refer drug users directly to both day and residential treatment options.

Recommendations

- Develop arrest referral schemes across the network of Garda stations in conjunction with local drug treatment services (Actions 13 & 20).
- 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).

4.5 Under 18's

Most drug users start taking drugs in their teens. Lack of knowledge, experiences and maturity means that they are particularly vulnerable to experiencing drug related harm. The issue of providing harm reduction and treatment services for under 18s 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 kevels of educational attainment among problem drug users thus exploration of this causal relationship is essential.

Recommendations

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

4.6 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 had children the majority of whom had primary childcare responsibilities for those children (Lawless: 2003). It may also be the case that women will not access treatment facilities due to the fear that their children will be taken into care. There are undoubtedly a lack of dedicated services to deal with drug using parents and their often chaotic 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.

Recommendations

- 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 for 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).

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Contact Details

Merchants Quay Ireland
Homeless & Drugs Services
4 Merchants Quay
Dublin 8

Ph: (01) 679 0044
Fax: (01) 671 3737
E: info@mqi.ie
W: www.mqi.ie

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