

THE CITY CLINIC

**20 YEARS OF REFLECTIONS
REMEMBRANCES AND
RECOLLECTIONS
1993 - 2013**



ACKNOWLEDGEMENTS

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City Clinic 2013

Sincere thanks to all the staff past and present who contributed to this work, to the service users and the community in Amiens Street.

This book is dedicated to all those who have ever needed to use our service, and to their friends, families and loved ones.

In memory of our dear friend and colleague
John O'Reilly 08/08/57 - 28/02/09



“Staying alive all these years. Being clean. That’s what I’m most proud of now.”
A.K. Age 43

INTRODUCTION

City Clinic Methadone Maintenance treatment centre is situated in two co-joined buildings in 108/109 Amiens Street. The 1911 census recorded that a large number of families lived in both houses, similar to the many tenement dwellings that dotted the City. They had come from places like Donegal and Cork to find work in Dublin and there were yeast merchants, waitresses, travelling sales men, dressmakers and tailors.

Eventually like many of the tenements in Dublin City, 108/9 Amiens Street became uninhabitable. In an attempt to address the housing shortage the former Dublin Corporation built large flat complexes to house tenants. And although the tenements were for the most part torn down, these two houses were left standing, neglected and abandoned.

The North Inner City was recognised as an area of acute disadvantage and it was acknowledged that “drug problems in Dublin were largely explicable in terms of the poverty and powerlessness of a small number of working class areas” (Special Government Task Force on Drug abuse 1983). A grass root level response from the community, resulted in angry parents and activists taking to the streets and demanding better treatment services. They later formed a group naming itself Concerned Parents against Drugs (CPAD).

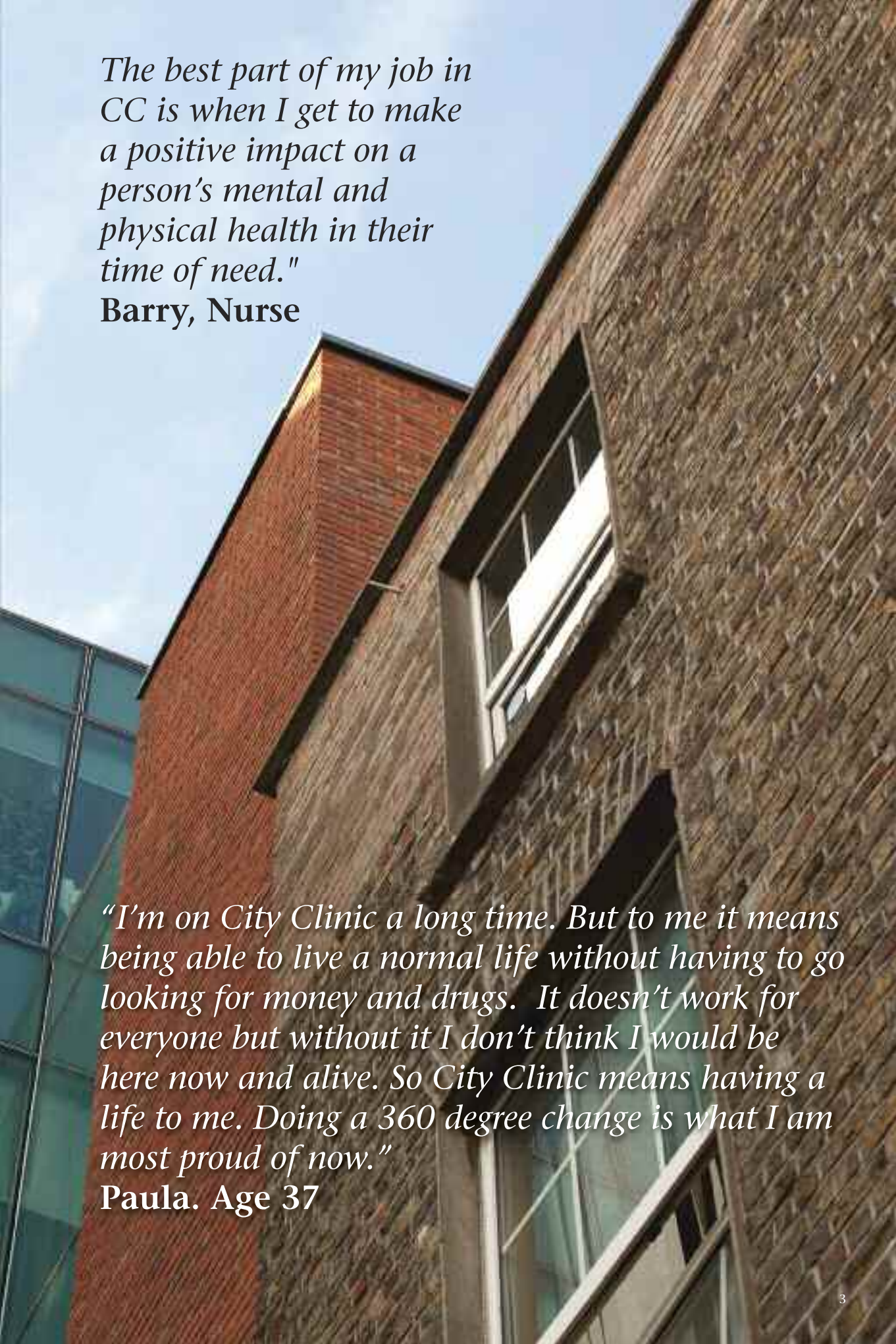
It was a difficult time and forced evictions of heroin users by some community groups caused ugly scenes across Dublin.

In 1993 City Clinic Methadone Maintenance treatment centre was set up. In some quarters this was seen in a hostile light and there were protests and marches against Methadone treatment being provided within the community. But the then Health Board persevered and by educating and funding small groups like ICON they eventually managed to bring the community organizations on board.

City clinic opened in 1993 with a staff of a counsellor, doctor, outreach worker and General assistants.

Today there is a staff of 25 including Admin staff, Doctors, Pharmacists, Counsellors, Nurses, Outreach, General assistants, Rehab and Integration worker and a Midwife. There is also direct access to the service of a Psychiatrist and a Hepatitis C Nurse Specialist. The City Clinic building is now designated as a listed building. It could be said that these walls have seen it all and hold the history of an enduring community. A community that continues to respond to many difficulties within this old and historical neighbourhood.

Ava Stapleton
Counsellor City Clinic 2013



The best part of my job in CC is when I get to make a positive impact on a person's mental and physical health in their time of need."
Barry, Nurse

"I'm on City Clinic a long time. But to me it means being able to live a normal life without having to go looking for money and drugs. It doesn't work for everyone but without it I don't think I would be here now and alive. So City Clinic means having a life to me. Doing a 360 degree change is what I am most proud of now."

Paula. Age 37



CITY CLINIC

City Clinic is a HSE funded drug treatment centre located in Dublin North inner city. It was established in 1993 as a public health and harm reduction response to the heroin injecting and HIV epidemics that were devastating the community at that time. It was set up in the backdrop of local community activism directed at local drug dealers and anger at the lack of treatment facilities for those affected by opioid addiction and HIV and the numbers of young people dying of AIDS.

The Centre opened its doors in April 1993 and started dispensing in June 1993. Initially the patient cohort were from existing treatment facilities (Trinity Court and Baggot St). The treatment demand was overwhelming and long waiting list established very quickly. The cohort of patients attending for treatment had high levels of drug related morbidity and the early days of the service were marked by high levels of mortality particularly associated with AIDS.

The approach to treatment from the start was a multidisciplinary one, recognising the need for both medically prescribed substitution therapy and psychosocial support. The initial approach to prescribing was conservative and patients were often on sub therapeutic doses of methadone. This was further exacerbated by a punitive approach towards urine drug screening.

Along with the mainstream services two unique services were established. A low threshold interim program to provide basic low dose methadone for those waiting for treatment and a stand alone service for young people (initially under 18's).

“I love this job; it has its ups and downs. I have great respect for clients as they have for me.”
15 years in City Clinic



The community continued to play a very active role in the development of services and ongoing liaison ensured support for the clinic locally and also led to changes in treatment provision that improved service user's satisfaction and treatment outcomes.

With commitment from both HSE management and staff waiting lists were eliminated and the punitive approach to urine drug screening discontinued. Progress with HIV treatment and therapy improved survival outcomes and HIV disease could now be managed as a chronic disease.

The emergence of cocaine injecting in the mid 2000s led to a rise again in new HIV diagnosis and brought a new set of challenges for the clinic.

Over the last twenty years the pattern of drug use and service user profile has changed. The early cohorts of patients were long established injectors and had very high levels of drug related morbidity when accessing treatment. There was a separate cohort of very young people both injectors and smokers with relatively short histories of use. Often patients have a poly substance pattern of drug abuse and significant numbers developed alcohol dependency once stabilised on methadone.

High levels of Hepatitis C infection (80%) among injecting drug users attending the clinic along with high levels of alcohol use has changed the morbidity and mortality profile of our patient group. The commonest cause of death is now alcohol and hepatitis C related liver disease.



“City Clinic has helped me out a lot but I’m here 18 years now and would love to move on. I got help in City Clinic and got clean. Only for City Clinic this wouldn’t have happened. I could probably be dead now. The staff is very helpful.”
Joanne. Age 42



“When I started in City Clinic 10 years ago I was very enthusiastic about my work as a counsellor. I still am enthusiastic. My job description didn’t prepare me for the extra tasks I was taking on. Making tea for clients, ringing a furniture company about a settee, filling in forms for the medical card or social welfare. Sadly sometimes attending funerals and listening to the most difficult life stories imaginable. These are just some of the things that happen in my office. I’m proud to say that I have never lost my sense of humour and still enjoy working with each and every client of City Clinic.”

**Ava Stapleton,
Counsellor**

The number of first time presentations has reduced dramatically in the past five years and those that present tend to be heroin smokers rather than injectors. This reflects national and European trends.

Those in treatment are an aging population and their health and treatment needs are changing. There are very significant levels of dual diagnosis among our patient group and their treatment and social needs are substantial.

Over the 20 years City Clinic has treated over 1300 individual patients and provided in excess of 3,200 treatment episodes to these patients. The number of treatment episodes per patient range of 1 to 34 with an average of approximately two treatment episodes per patient. There have only been two new HIV diagnoses since 2008. This followed a peak of seven new diagnoses in 2007 which were related to cocaine injecting. The level of new hepatitis C infection has reduced with only six new diagnoses in the past four years.

The success of City Clinic is substantial. Drug treatment services have changed radically over the last twenty years and the clinic has been in the forefront of these changes. The immediate access to treatment and the retention rates for those

in treatment (over 98%) are very impressive outcome measures. The success in almost eliminating the spread of HIV infection among the drug injecting community is testament to the success of a harm reduction and public health approach to drug addiction and the significant curtailment of new hepatitis infection is very encouraging. The very low levels of morbidity of those in treatment are a further indication of success. The development of care planning and risks assessment has significantly improved patient outcomes across a range of measures.

There is a very unique therapeutic environment in City Clinic. The relationship between staff, service users and the North Inner City context makes for a very special treatment interface. The richness of expression and unique sense of humour of our patients makes the clinic an energetic, complex, authentic and rewarding environment to provide care.

Thanks to the colleagues I have worked with and the patients I have met, working in City Clinic over the past two decades has been a privilege.

Dr Des Crowley
GP Coordinator at City Clinic since 1995

CITY CLINIC 1993...THE BEGINNING

When the Eastern Health Board began its Drugs/HIV programme in the late 1980s it had only one location, Baggot St Community Hospital, 19 Haddington Road. It was clear that the demand and need for services was massive and it was one of my roles to identify where need was greatest, to source premises and to work with local communities. This last role was the most important as it was the best demonstration the Health Board could give that it was committed to working with communities most affected by drug use and HIV.

The team in Baggot St began networking and outreaching throughout the city, from 1991 onwards and more intensely from 1992. Public attitudes to drug use and drug users were different in 1992 compared to now. The Eastern Health Board at its February 1993 meeting debated on the following motion:

“That the Eastern Health Board, acknowledging that drugs are the root cause of crime escalation, accepts at the same time that drug addiction is a serious problem causing grave dangers to every responsible person in the country, particularly Dublin, calls on the Government to hospitalize through army involvement all persons so affected by placing them in restrictive care custody until their affliction is satisfactorily cured”.

The motion was not passed!

These sentiments made it difficult for the staff in their efforts to gain support in the local communities. Typical headlines from the time included:

SYRINGE TERROR IN MOUNTJOY; ROW RAGES ON JAIL DEATHS and from the STAR

“The clinic is my life. And I’m grateful for all the help I get from Staff. Proud that I have come off tablets.”

Tanya. Age 40



of Monday November 22nd 1993, GPs ANGRY AT DRUGS FOR ADDICTS SCHEME; PLAN WILL SCARE AWAY PATIENTS.

Sometime in 1992 I got a call from Mary Cotter to say she had organised a meeting with some public health nurses and a fella called Paddy Malone and would I come and meet them to hear what they had to say and give an account of what the Health Board planned. We met in the Red Parrot and from that day on I knew that it would be possible to develop a service in the North Inner City.

There was widespread community support for what the Health Board wished to do. In a briefing note to the Health Board CEO Kieran Hickey on March 31st 1993 I stated

“The Amiens Street Clinic opened for counselling at the end of January. The current situation is that a HIV counsellor, an addiction counsellor, a community welfare officer and four outreach workers have their office base in the clinic together with a receptionist and porter. The Inner City Renewal Group also has their office in the clinic. The counsellors have been seeing clients in the premises since early February. Construction work is being completed for the methadone dispensing and it is planned to transfer those in the immediate vicinity from Baggot Street to Amiens Street commencing the week after Easter”.

It wasn't all plain sailing. Objections from a local businessman and a local solicitor were also noted in that briefing note. Objections from a small minority of politicians came later but were overcome. The Inner City Renewal Group mentioned above morphed into ICON which was always very supportive and proactive. The sense of community development in the North Inner City was very instrumental in the development of services then and that continues.

Many of the staff who pounded the streets in the 1990s so that services could develop are still working in the area and in City Clinic and great credit is due to all for their resilience and long-term commitment.

Since my first involvement in the North Inner City and that meeting in the Red Parrot I have learnt a lot from the residents of Dublin's North Inner City and the community has a lot to teach the people of Ireland. I was particularly delighted to be asked to become Chair of the North Inner City local drugs task force and to renew acquaintance on the task force with people who played a major part in the development of City Clinic and drug responses over the past 20 years – Joe Dowling, Bernie Howard and Tony Dunleavy.

Joe Barry

Professor of Population Health Medicine
Trinity College Dublin

THE EARLY OUTREACH TEAM

The Aids Resource Centre was set up in Baggot St in 1988, and I joined the outreach team in February 1992. The Aids Resource Centre in Baggot Street Hospital already had nine Outreach Workers/Counsellors, a director (Dr Louise Pomeroy), and the Eastern Health Board Aids/Drugs Coordinator (Dr Joe Barry), later to be joined by a deputy coordinator (Dr Mary Scully).

The focus of the team was primarily HIV prevention. HIV testing was offered to the general population 1989 and in 1990 a low dose Methadone programme was commenced as a harm minimisation option for intra-venous drug users (IVDUs).

The first needle exchange programme in Ireland began in the Aids Resource Centre or “Baggot Street Exchange” as it became known in 1990. This was an anonymous and confidential service aiming to encourage safer drug use but certain information was documented with consent such as drug use practises, sexual behaviours and postal address codes to help identify needs and priorities of future services. It quickly became apparent that many individuals travelled from various parts of Dublin to access clean injecting equipment, and most were not receiving treatment.

This needle exchange programme developed rapidly, from one afternoon to three afternoons per week. Meanwhile the Outreach team were deployed to the various areas of Dublin where it was known numbers of intravenous drug users were living.

I was assigned to Dublin’s North Inner City with David Wyse Outreach Worker/Counsellor and we prioritized intensive



“Nice Staff who care about you. Given me stable time and cut down on my tablets. But it’s like a ball and chain.”

Kerion. Age 26

“City Clinic has saved many lives. No need to rob anymore.”
G.A.B. Age 43

“street work” to gain an understanding of the numbers of intravenous drug users who lived in this area. We did this by attending the main “dealing” areas. This predated mobile phones, so the selling of mainly heroin and other drugs was very open. The people we had met in the Baggot Street Needle Exchange programme were very helpful, introducing us to their “buddies” and making our work on the street safer and more productive. They informed their peers we were not undercover police but wanted to learn about drug use in the area and the needs of drug users. Most already knew people who had died or were “sick” from the Virus, and many were afraid of knowing about their own HIV status and so felt motivated to engage with us. They often commented that they found it strange to be approached in known “dealing” areas by Health Board staff and to have discussions about their health and the difficulties they were having in particular with their drug use. We also distributed condoms which was greeted with some amusement. Ireland was not liberal in the early 1990s but this also gave us a little “kudos” on the street.

As well as approaching drug users we organised various meetings with local community leaders, local residents, public health nurses, community welfare officers, Gardaí stationed in the area, GPs, clergy, EHB porters and receptionists from the local health centres at Summerhill and North Strand, as well as staff from the Neighbourhood Youth Projects, the Talbot Centre and the Ana Liffey Drug Project. All confirmed that there was a large intravenous drug using population in the area. Many of them either directed us to individuals and



*"I'm down to 8mls
and clean"*

L.B. Age 39

families they were concerned about, or directed and introduced them to us.

It also became evident that many people who were injecting drugs and living in the North Inner City were reluctant to travel too far from the area for services and that the option of local drug treatment services was required. This was also in line with policy which recommended that drug treatment services needed to be placed in areas of evidential need around the city to avoid "ghettoizing" of certain areas. With this in mind, and with the support of the above groups, a drop-in service was opened in September 1992 in North Strand Health Centre offering support, advice, condoms and a cup of tea. Within 6 weeks it became apparent that sharing injecting equipment was a serious health issue and a needle exchange programme began in both local health centres on two separate afternoons per week.

It was also decided that a treatment facility was needed locally for people living in the area, and a discreet search began for a suitable building close to where people lived but not in the middle of a flat complex or beside a school. A building was required to deliver drug treatment options to what was naively believed to be between 40 and 60 people. This search included viewing the "Monto" building in Foley Street which was too derelict, the "Arches" on Sherrard Street (too small), and the old postal sorting office in Amiens Street which looked large from the outside was small on the inside and also a listed building.





In September 1992 a local community leader called Seánie Lambe called into North Strand Needle exchange programme. We often met Seánie at local community meetings and out on the street so he had an understanding of our work. He had heard we were viewing buildings and wanted to help us. He understood that a treatment facility such as this would not be without opponents, so he made a suggestion that the group he worked with (Inner City Renewal Group, ICRG) also needed a premises and perhaps it would be helpful that when a building could be located, the two agencies could share the building. Two agencies sharing the building would also help to protect the confidentiality of those using the treatment services, as they could also be accessing either service. Seánie also suggested two joined buildings on Amiens Street that had been renovated and were to be advertised to rent, numbers 108 and 109. This information was relayed appropriately and followed up with meetings and negotiations.



City Clinic was the third drug treatment clinic to be opened by the Eastern Health Board. The two previous Eastern Health Board treatment clinics were named the Aisling Clinic which was in Ballyfermot and Baggot Street Clinic. The thinking at the time was to name them alphabetically and so it was decided that City Clinic was a simple and appropriate name with no reference to drugs or HIV in the hope that it would help reduce any stigma for those attending. The clinic opened its doors in April 1993 and the first clients to attend were those who were living in the Dublin 1 area who were already being prescribed and administered Methadone in Baggot Street Clinic. The Outreach team began gathering names for a waiting list for treatment.

A small protest was held early in the Summer of 1993 involving local business people and a small number of local residents gathering outside City Clinic. This appeared to be mainly motivated by fear about the consequences of a treatment clinic in the area. Community leaders and relevant senior EHB staff met with the protesters and spoke with them about their issues. Many believed that the clinic was only going to “distribute needles” and that it would be open to anyone regardless of where they lived so when they were informed it was primarily for treatment of those addicted to heroin and living in the area and that it would be monitored, they appeared somewhat reassured.

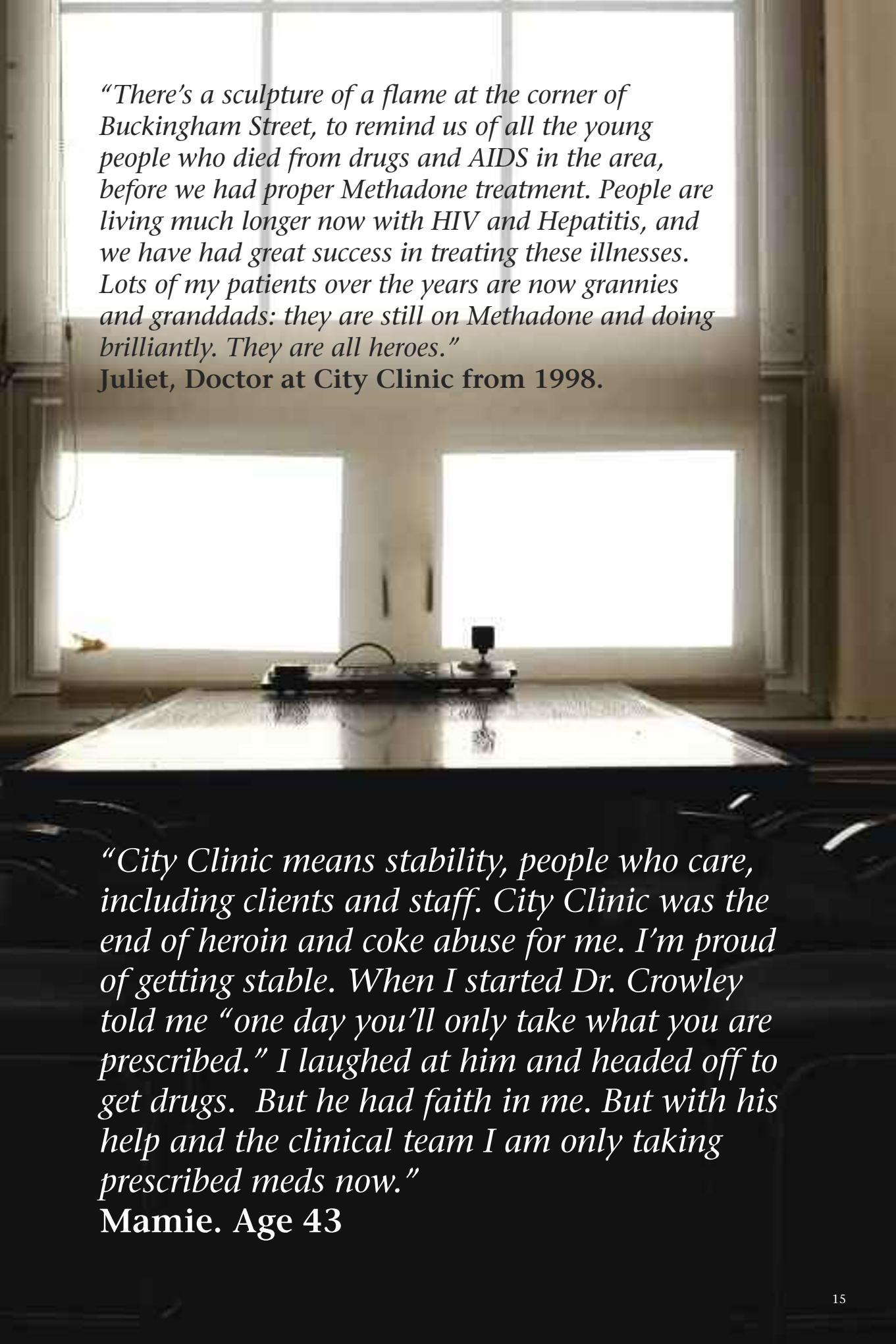


During the summer of 1993 and in response to the growing need and to service development, staff disciplines grew, with firstly General Assistants, and then, Counsellors, G.P's, a Psychiatrist, a Community Welfare Officer, a Nurse and a Pharmacist. The treatment service had initially opened in 109 Amiens Street and the ICRG operated from the ground floor of 108. Treatment was later offered in both buildings as numbers and needs grew.

This is a brief piece describing some of my memories of the beginning of City Clinic. Many people contributed to its beginning, too many to name. It was opened out of need, following a strategy and a belief that it would improve life for those who attended. Many service users saw it as an opportunity to live a "normal" life and to attempt to overcome their addiction in a paced way. Unfortunately some people have died and are remembered at a time like this. Thankfully many individuals developed some level of stability in their lives and some moved out of drug use totally. Medical advances in the late 1990s meant that the focus of work with drug users changed from primarily HIV prevention to drug treatment and this work continues in City Clinic today.

Mary Cotter

Project Leader The Talbot Centre
(formerly EHB Drug/Aids Outreach Team
1992 to 2002)

A photograph of a medical examination room. In the foreground, a gurney is partially visible, with a computer monitor and keyboard on it. The room is brightly lit by a large window in the background. The text is overlaid on the upper portion of the image.

“There’s a sculpture of a flame at the corner of Buckingham Street, to remind us of all the young people who died from drugs and AIDS in the area, before we had proper Methadone treatment. People are living much longer now with HIV and Hepatitis, and we have had great success in treating these illnesses. Lots of my patients over the years are now grannies and granddads: they are still on Methadone and doing brilliantly. They are all heroes.”

Juliet, Doctor at City Clinic from 1998.

“City Clinic means stability, people who care, including clients and staff. City Clinic was the end of heroin and coke abuse for me. I’m proud of getting stable. When I started Dr. Crowley told me “one day you’ll only take what you are prescribed.” I laughed at him and headed off to get drugs. But he had faith in me. But with his help and the clinical team I am only taking prescribed meds now.”

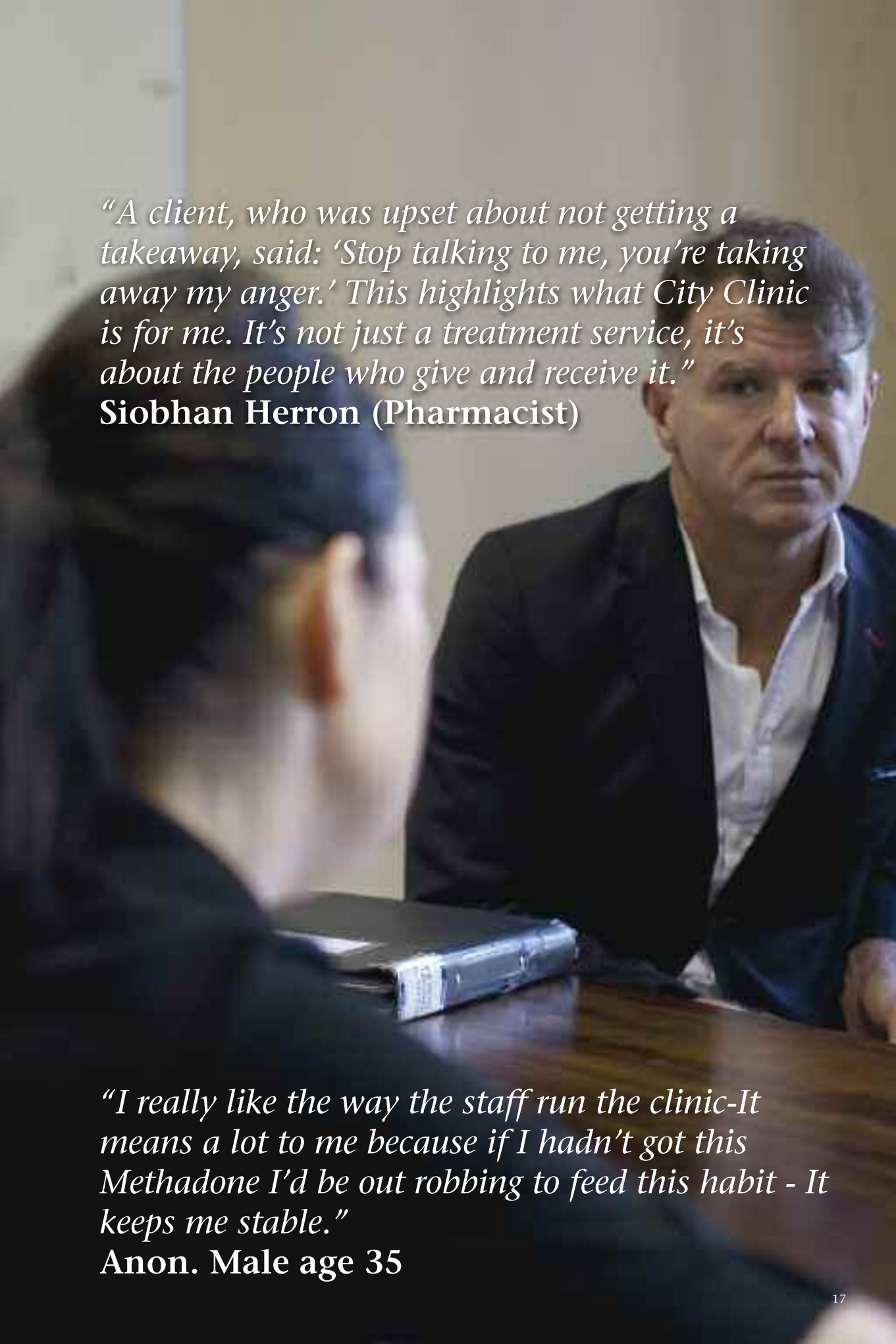
Mamie. Age 43



“I describe it as an “Addiction A & E” and not “just a methadone clinic”.

What we actually have is a very unique perspective on a highly complex and difficult area to work in, which is substance abuse and all the harsh realities of it. Days can be hard; can feel hopeless; helpless; lost; frustrated; isolated, over-whelmed...something which at times, seems to mirror the experiences of our clients. But there are reminders all the time of our compassion, capacity to survive, drive to improve, “never give up” attitude, resilience, coping skills and resources, humour which gives enough of a boost to keep us going...very valuable lessons taught by our clients and colleagues.”

Jo-Anne, Counsellor



"A client, who was upset about not getting a takeaway, said: 'Stop talking to me, you're taking away my anger.' This highlights what City Clinic is for me. It's not just a treatment service, it's about the people who give and receive it."

Siobhan Herron (Pharmacist)

"I really like the way the staff run the clinic-It means a lot to me because if I hadn't got this Methadone I'd be out robbing to feed this habit - It keeps me stable."

Anon. Male age 35

REPORT ON DRUG USE RISKS AND HIV RISKS IN UNDER 21 YEAR OLDS IN THE ICON CATCHMENT AREA

In the last year working in the North Inner City catchment area we have noticed an increase in young people who appear to be "scoring" drugs. This is particularly apparent around St. Joseph's Mansions, Sean McDermott Street, and Sheriff Street. In the Sean McDermott Street area the average age of those we have noticed would be 18 years but varying from fifteen years to twenty one years. In the Sheriff Street area the average age seems to be sixteen years but we have been offered drugs by some as young as ten and out with some resistance from the young group particularly to the idea of needle exchange. Clients attending our services in the area have expressed concerns about their young peers and their drug use. On average over 80% of our clients report using from a background which features addiction, mainly alcohol abuse. Many have spoken to us about the effects of being brought up with addiction and living with their own addiction.

Drug use reported to us includes the use of ecstasy by many at weekends. Up to recently ecstasy was used orally but clients are now reporting injecting intravenously. Many of those who report ecstasy as their first experience with drugs have talked about going on a "downer" after many weekends of use. The next stage seems to be snorting Heroin to bring one self "back up". Smoking Heroin costs twice as much as injecting it with young people soon find exchanges at the area just over half reported sharing needles in their initial injecting experiences. Data also suggests that 57% have reported multiple sexual partners although 20% only use condoms always. Many have told us they are sexually active from fifteen years of age. Those who have not started drug use with ecstasy have opted for "safer" drugs "hash" and/or alcohol. It is now being reported to us that "hash" joints are being mixed with Heroin and other parties appear to be very evident in the area with reports of teenage sexual activity accompanying same but it is difficult to collect data re safer sex practises from this group.

The numbers of young people we are talking about is difficult to document other than from Needle Exchange data. It comes mainly from our observations during street work or outreach. Our estimates would suggest we are talking about an apparent group of 25-30 young people at risk in the Sean McTernan street area and 30-40 in the twenty one year olds in the Sheriff Street area. Local Gardaí, Social workers, youth workers and the Talbot Centre have reported to us concerns about teenage drug use and have agreed to forward figures etc. to us by the middle of July 1993.

With the opening of the New Clinic in Amiens Street in February 1993 came some community based objections particularly towards the harm reduction part of our work. Needle exchange brings obvious misunderstanding and fears to a community dogged by opiate drug use since the early 80's and a community obviously grieving at the number of deaths through HIV and AIDS and drug related. To counteract concerns about needle exchange we would like to suggest an intensive additional prevention programme geared specifically towards teenagers in consultation with an Intensive forum. HIV prevention education programme. This would need to be a high profile in the area so that the Eastern Health Board is seen as committed to prevention in a way the community understands it and that young people in the area will get collectable using the City Clinic facilities.

Mary Cullen
Karen Flynn
Outreach Co-ordinators.

NEEDLE EXCHANGE DATA LOOKING AT OUTLINED TARGET GROUP

Total Clients 44

Male 31
Female 13

INJECTING PRACTICES

- 11 Clients reported on last contact at Needle Exchange to injecting Heroin for one year
- 11 clients reported on last contact at Needle Exchange to injecting Heroin for two years.
- 2 clients reported on first contact at Needle Exchange to injecting Heroin for three years.
- 2 clients reported on first contact at Needle Exchange to injecting Heroin for four years.
- 1 client reported on first contact at Needle Exchange to injecting Heroin for six weeks.
- 1 client reported on first contact at Needle Exchange to injecting Heroin for three weeks.
- 16 clients reported on first contact at Needle Exchange to injecting Heroin for a period of three to seven months.

SHARING PRACTICES

25 clients reported needle sharing on last visit.

DETOXIFICATION PATTERNS

29 clients reported on first contact at Needle Exchange never to have had an Opioid detox.
13 clients reported on first contact at Needle Exchange to have been detoxified once.
The remainder of our clients (four in total) had more than one detox.

HEPATITIS

2 clients have reported to have had Hepatitis C.
40 clients reported never to have had Hepatitis B/antibody or tested for same.

SEXUAL PRACTICES

- 2 clients reported no sexual partners in past year.
- 23 clients reported one sexual partner in past year.
- 11 clients reported 2 sexual partners in past year.
- 8 clients reported having 3 sexual partners in past year.
- 1 client reported 4 sexual partners in past year.
- 2 clients reported having 5 sexual partners in past year.
- 2 clients reported having 10 sexual partners in past year.
- 1 client reported having 12 sexual partners in past year.

CONDOM USE

- 13 clients reported to using condoms sometimes on first visit.
- 11 clients reported to using condoms always on first visit.
- 18 clients reported never using condoms on first visit.
- 2 clients reported exclusive heterosexual relationships therefore N/A was written under condom use.

HIV TESTING

- 75 clients reported on first contact at Needle Exchange to never have had a HIV test.

MISCELLANEOUS

- 23 clients reported using Ecstasy orally as a first experiment with drugs.
- Ecstasy use among this group targeted from one month to one year.
- 8 clients reported using methadone orally before injecting.
- Heroin: 25 clients reported snorting Heroin from between two months to one year before injecting practices began.

Karen Flynn
Mary cutter
Outreach Counsellors
June 1993.

Etymology of words and other Chinese words

This one will be discussed by the speaker. It was agreed that a resolution would be passed regarding the club's future.

Read minutes from the club

Minutes will be discussed and approved by the club members. The minutes will be read and approved.

Lecture on Republic C.

Dr. Lee will give a lecture on the history of the Republic of China. The lecture will be held in the club room. The lecture will be held on Tuesday, September 12th, at 12 noon.

Date of next meeting:

Tuesday 7th September, 1993 at 12 noon.

CITY CLINIC: A VERY PERSONAL VIEW

The outreach team who were at that time the scouts/outriders/community workers for the Drug Aids Service as it was then called had identified the possibility of opening a clinic in one of the hotspots for "drug misuse, iv drug use and HIV" the North Inner City. A building was identified by Joe Barry and his management team including Mary Scully and Isabel Somerville alongside Mary Cotter and David Wyse on the outreach side. This required considerable community negotiation skills and a willing group at community level ably led by Seanie Lambe of ICON. The Eastern Health Board rented a building 108/ 109 Amiens Street, and the community agreed (well, some of them did and some of the community didn't). On the day of opening there was a local protest. It was like that in most areas that the Drugs aids Service tried to open a clinic. Ballymun was a nightmare as was Blanchardstown, taking years to negotiate. The protest got a bit dramatic one evening with the lighting of a barrel in front of City Clinic. The Evening Herald had the dramatic pictures of Joe Barry trying to enter the building against a backdrop of the lighting barrel. Anyway, fire is a symbol for transformation and change and so despite these protests it opened. City Clinic opened!

"City" was and is a bit of a rabbit warren with all those stairs and two mirror buildings. But besides that, the vibrant lively and informative weekly clinical team meeting stands out as does the continued dedication of staff. The detailed discussions on those attending who were causing the most concern for staff happened again and again. Staff cared and took time. We even had a Community Welfare Officer, and later we got



"The late John O'Reilly and Martin Evans were instrumental in assisting me in my early education of the role that I play in the MDT of an addiction clinic... They were a very good group of people and clinic and their care for the clients was top class."

Gerard, GA (1998)



a Drug Liaison Midwife service which took a lot of the worry about pregnant women off the table at the weekly meeting. The staff at “City” have gone on, providing a week-in-week out, year after year, a service for so many people who have so needed it. So many of these patients are at the margins, ostracised and the discarded of our society. There is still a moral ambivalence in our society about drug use, but the work of the Health Research Board shows otherwise. This a disease within society itself. A cure or at least a remedy for HIV arrived in 1996, but not before we lost many to the dreaded disease. More recently, overdoses and liver cirrhosis have taken more. Now the clients, service users, patients are getting to middle age and have to watch their cholesterol, “God damn it!”

Hardly wonder then of my next abiding memory of escorting Pat Mc Loughlin incoming CEO to Mackushla Hall at the height of the civil unrest with drugs marches on the Dail. If anyone has read Sarkan, it spells out this stage well: when you have nothing, you don't even know you don't have it. Then you realise after you're given something that you have had nothing. Walking into Mackushla with maybe 300-400 people in somewhat angry mood was a fire baptism for Pat . . . ! We opened numerous satellite clinics over the next 2 years and finally broke the log jam on waiting lists. Fair dos to Des Crowley and Mary Fanning who relentlessly followed a policy of any treatment is better than none, which was true then. Quality initiatives would come later. I remember having to file questions on our waiting lists and this meant a lot of them, with people dying of HIV in these communities. The Pat Rabbit Report on the Task Force Areas ensued acknowledging the societal dimension and deprivation in particular, and parties vied to redress the social



“People were desperate to be treated for their addictions. I had the gift of desperation which lead me to the doors of City Clinic. . . Going into Counselling for me was the way forward. Trust was so important and boundaries as well. Each week something from the wreckage would have been shared. Tears, sadness, anger, injustices, misunderstood, abuses, and getting drug-free became a dream and yes, eventually my dream came true, I became drug free . . . I travel the world, I work my socks off helping Addicts, guiding them to the City Clinic where counselling would become part of their journey. I am so grateful . . . May the journey keep going forward.”

Male Counselling Client

imbalance. There is still a big issue here which is addressed by the Public Health Report in which Joe Barry was involved, “The Hard facts”, and more recently the Lancet published articles on the effects of deprivation across the globe, which shows the effects on health generally.

Back at grassroots level in “City”, there were the Doctors and Pharmacists and General Assistants and Secretaries. I will not name one as then it will become a litany of the back bone of the clinic. They and we know who they are. Now it feels very much its own place, wary of outsiders like me and properly so!

But never to be completely asleep, we need to acknowledge that the work of such clinics is done. They have established drug treatment as mainstream. Now we need to de-ghettoise these large treatment centres and move our service users into main stream primary care. This is now urgent!

Dr Brion Sweeney

Consultant Psychiatrist and Clinical Director at City Clinic from 1998 to 2011

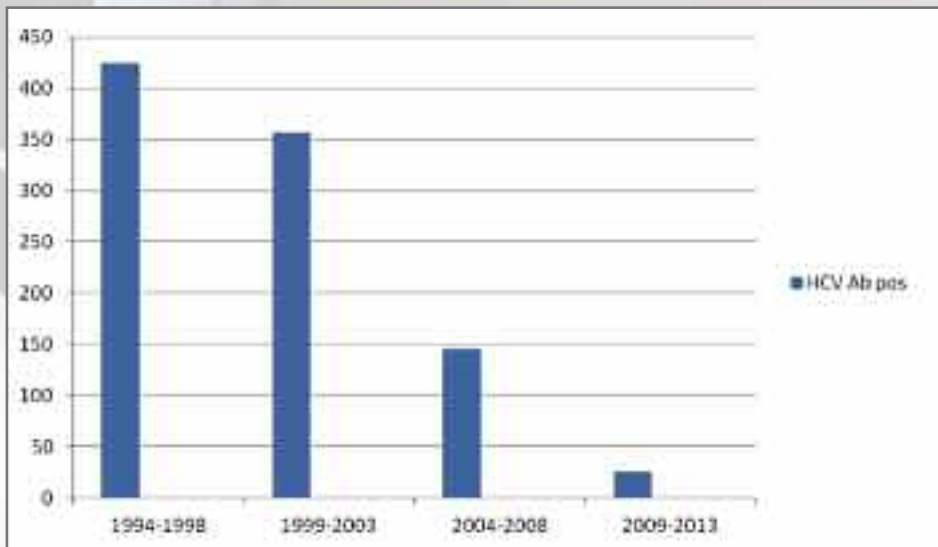


HIV, IV DRUGS AND HEPATITIS C

The 1990's saw an explosion of heroin addiction in Dublin and with it came concerns about a possible epidemic of blood-borne virus infections. Identifying, educating and managing patients with HIV and/or hepatitis C became paramount.

Hepatitis C virus was identified in the early 1980's and screening was initiated in the blood banks in 1990. In the two decades since City Clinic commenced testing, 945 samples have been identified as being Hepatitis C antibody (Ab) positive. The numbers of HCV Ab positive samples significantly increased in the first five years of testing at the clinic. This peaked in 1998 when 158 samples were HCV Ab reactive. However, since then the numbers have gradually tapered off, and no new HCV Ab positive patients were identified in 2012 (see Fig1.)

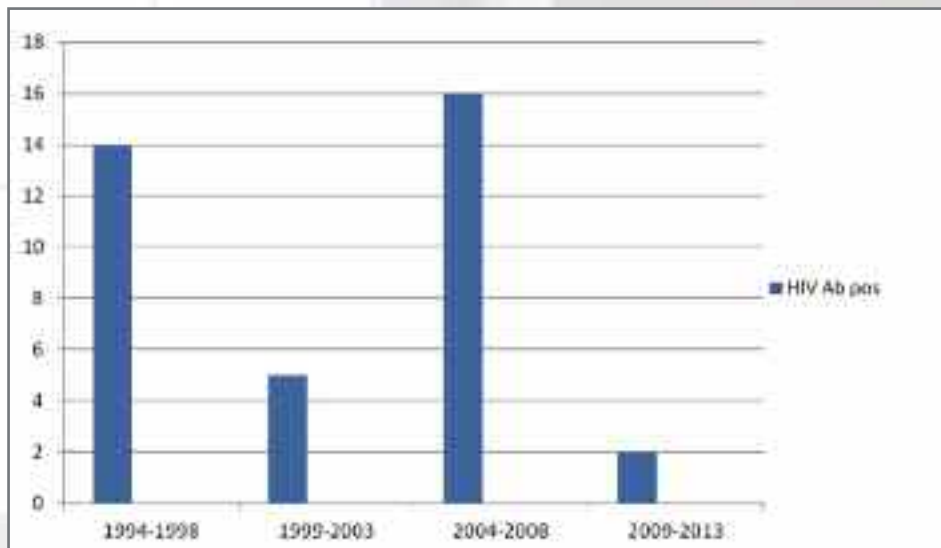
Fig 1 Numbers of HCV antibody positive samples, City Clinic 1993-2012
Numbers of patients HCV Ab +



Years 1994-2013

Parallel to concerns about Hepatitis C infection in this cohort were the concerns about HIV infection and AIDS. In 1993 HIV screening commenced in the City Clinic. Since then 36 people have been diagnosed with HIV.

Fig 2. Numbers of patients diagnosed with HIV between 1994-2013
Numbers of patients HIV +



Years 1994-2013

Addiction has a major impact on individuals, families and communities. Intravenous drug addiction has the added increased risks from transmission of blood borne viruses. Early diagnosis offered by City Clinic gives opportunities for education and treatment, improving the health and quality of life of the individual and importantly lowering the risk of transmission.

Dr Sara Woods

National Virus Reference Lab, University College Dublin
Doctor at City Clinic Amiens St from 2010 to 2011

THE DRUG LIAISON MIDWIFE

The amount of people accessing treatment services in Dublin's City Centre has increased steadily over the past 20 years. A large proportion of this population would comprise of women of childbearing age which has led to a large number of babies being born to women with a history of drug dependence. Maternal drug use in pregnancy is reported to cause higher rates of mortality and morbidity among babies. In addition to drug use, other factors such as lifestyle and social circumstances, physical and psychological health, nutrition, STI's and the lack of antenatal and postnatal care has contributed to the large proportion of adverse pregnancy outcomes for this population. To address the complex issues surrounding substance misuse in pregnancy the Eastern Health Board appointed the first Drug Liaison Midwife in 1999.

The role of the Drug Liaison Midwife is to integrate the maternity and addiction services and to provide education, support and specialised care to women who use drugs or who are drug dependent during pregnancy. The Drug Liaison Midwife moves between the obstetric services and the drug treatment services to ensure that the patient is followed comprehensively in both services and that good communication exists between both teams.

"My life has improved since I came on the clinic. It's a support to me. Getting of the gear is what I'm most proud of, and being on takeaways."
Jean

There are currently three Drug Liaison Midwives in the country linked with the three Dublin based maternity hospitals. Since their appointment, City Clinic has been the base for the DLM catering for all substance misusers accessing the maternity services of the Rotunda Hospital. This relationship between City Clinic and the Rotunda Hospital has evolved over the years, reducing the stigma associated with drug use in pregnancy by empowering women to address their problems, knowing that there is non judgemental and sympathetic support available to assist them. This close link through the Drug Liaison Midwife, has helped reduce the negative outcomes often associated with drug use in pregnancy, and has strived towards a more positive birth experience for all women weather they continue to use drug or not.

City Clinic's Drug Liaison Midwives

Ms Joan Deegan 2001-2006


Ms Jennifer Lee 2002-2007

Mr Justin Gleeson 2007- present



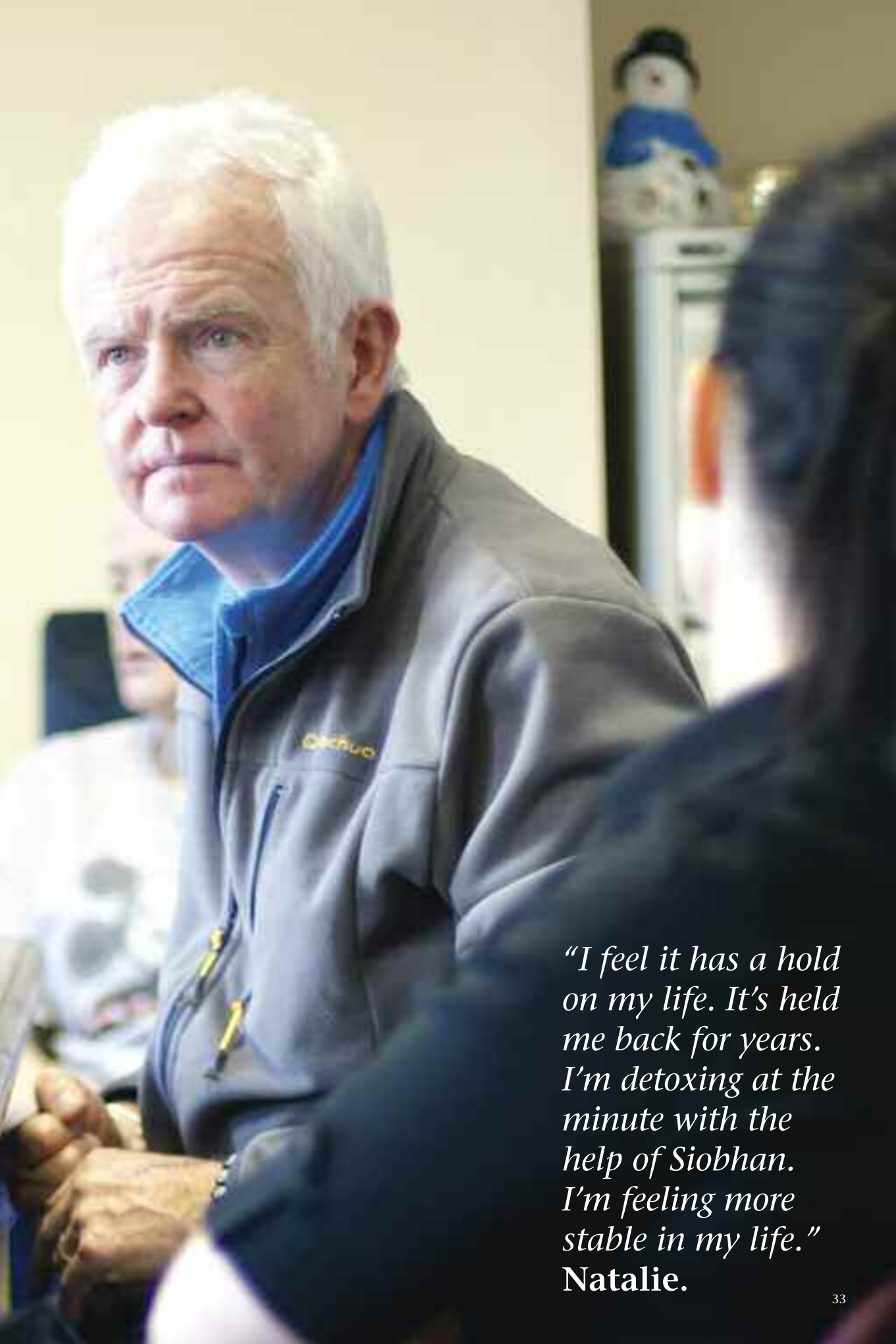
“City Clinic has supported me. It means a lot to me as it has helped me throughout the years with my addiction and my health. I’m most proud of the way my two boys Darren and Dean have grown up and supported me”
Anon. Female



A woman with dark hair tied back is seated at a desk. She is looking towards the left of the frame with a slight smile. On the desk in front of her are several stacks of papers and a white mug with a colorful design. The background is a plain, light-colored wall.

"I started in City Clinic in 1993, 20 years ago and I must say, since then City Clinic has done a lot for me. First they got me a little job in Saol, where I learned to read and write. Then my health started to weaken and this was because I was Hep C Positive. City Clinic got me in touch with the Centre for Liver Disease up in Eccles Street where I used to see my Professor. He took a liver biopsy from my liver and told me I had to go on the transplant list. So I went back to City Clinic crying to my Doctor and she said we will give you all the help you need. So she got me a patient liaison nurse down to City Clinic and after a few visits where I saw a Psychologist and a Psychiatrist, just to make sure that you're fit and well enough for treatment. So I passed all the tests, ticked all the boxes and then I got started on Interferon. O.M.G. It was hard going but if I wanted to be clean from Hep C, I had to stay on it for 12 months. So I did exactly what my Doctor and Nurse told me and here I, love life with my family and grandchild. 9 ½ years clean from Hep. C. Thank God and I'd like to thank my Doctor and all the staff at City Clinic."

Ada. July 2013



"I feel it has a hold on my life. It's held me back for years. I'm detoxing at the minute with the help of Siobhan. I'm feeling more stable in my life."
Natalie.

CONGRATULATIONS

Congratulations to our good neighbours, City Clinic on reaching your 20th birthday.

The SAOL Project is housed across the road from City Clinic; we have not strayed far from our original home (for a brief time, the then manager of SAOL, Joan Byrne, had an office in City Clinic). The staff of what was the Eastern Health Board City Clinic had been central to the idea of a women's recovery project being formed and, along with the local community and particularly ICRG, assisted in starting what was to become SAOL.

Since then, City Clinic have been our chief referrers (in our recent report, "I'll have what she's having", 43% of respondents were service users in City Clinic, by far our leading referral source) and our nearest neighbours. And they are good neighbours.

They are good neighbours because they care about the people who come for help and want recovery for them.

They are good neighbours because they support the work of the projects around them, encouraging the women who come to them to cross the road to see if we can be some help; and then follow-up by supporting our staff in responding to the needs of our shared clients. Indeed, staff have in the past joined together in running groups, working on committees and planning new initiatives.

They are good neighbours because they take on the difficult task of providing methadone. Methadone services are now the norm, but this was not the case in 1993 and it was an important development for this community that City Clinic opened. Back then there was great hope that Methadone would be a game-changer and that recovery would happen quickly.

Twenty years on and we know that Methadone is part of a solution but is not going to bring immediate changes in and of itself. There are a lot of people upset by this, particularly when they see people on long-term Methadone treatment. So we are fortunate to have neighbours willing to keep a service going that provides an important, if (at present anyway) an unpopular treatment for our service users. It is difficult to be the service that provides this now unloved medicine to the community. In SAOL we are grateful to City Clinic for continuing to provide Methadone services because we know that, when combined with other supports, Methadone is often key to recovery for people with opiate-based addictions.

They are good neighbours because services like City Clinic are ultimately about the people who operate them – the G.A.s, the Outreach Workers, the G.P.s, the Counsellors, a Midwife and the Pharmacists. The kindness that underpins their work; the flexibility to work with the



changes in the journeys of service users' lives; the willingness to work with projects like SAOL, in order to help people change, is what makes City Clinic a service that helps the community. I hope your commitment to helping our community continues; that you are central in developing the case management approach that will give service users the chance to better encourage change for their lives; and that you will continue to be staffed by good people.

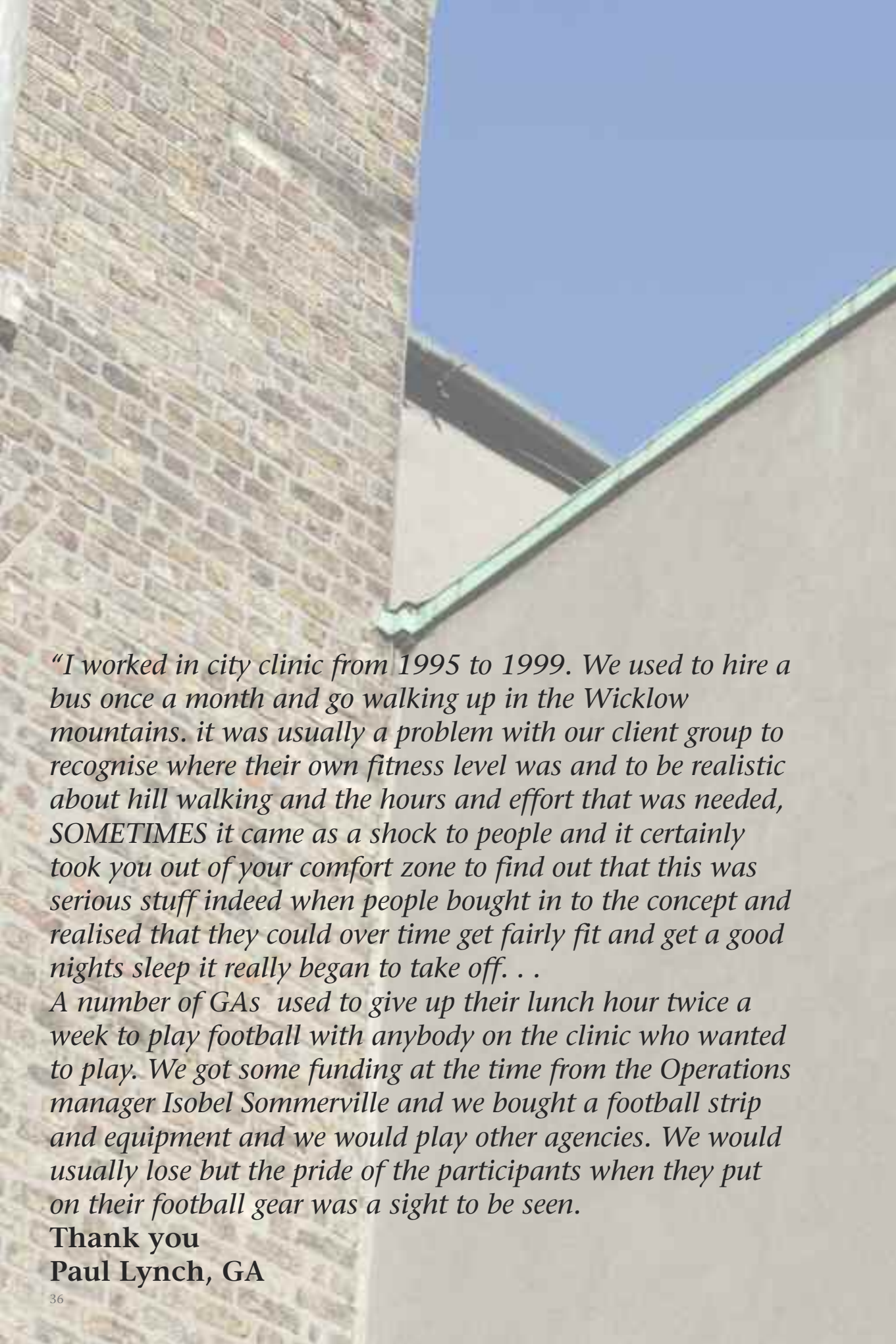
Most of all, I hope that, even though you are good neighbours, that there will be no need for you in another 20 years. I hope the same is true for SAOL too. I hope we can continue to work together to help such a hope become a reality.

Gary Broderick
Director
SAOL Project Ltd
58 Amiens Street
Dublin 1

“What does City Clinic mean to me? Support from staff. But I feel trapped. I am proud how far I’ve come.”

R. C. Age 30






"I worked in city clinic from 1995 to 1999. We used to hire a bus once a month and go walking up in the Wicklow mountains. it was usually a problem with our client group to recognise where their own fitness level was and to be realistic about hill walking and the hours and effort that was needed, SOMETIMES it came as a shock to people and it certainly took you out of your comfort zone to find out that this was serious stuff indeed when people bought in to the concept and realised that they could over time get fairly fit and get a good nights sleep it really began to take off. . .

A number of GAs used to give up their lunch hour twice a week to play football with anybody on the clinic who wanted to play. We got some funding at the time from the Operations manager Isobel Sommerville and we bought a football strip and equipment and we would play other agencies. We would usually lose but the pride of the participants when they put on their football gear was a sight to be seen.

**Thank you
Paul Lynch, GA**



A photograph of a sky with clouds and a dark structure with a glass roof in the foreground. The sky is a mix of blue and grey, with some white clouds. The structure in the foreground is dark and has a glass roof that reflects the sky. The text is centered in the upper half of the image.

In Memoriam
To those who have passed away
Service Users and Staff
Your contribution lives on and enriches our lives
We will remember you.

Our work continues