Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Clondalkin
Drug & Alcohol Task Force

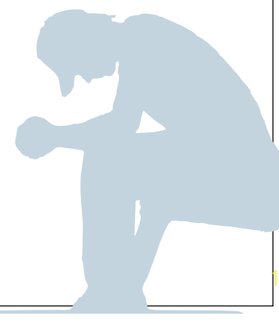
Clondalkin Tús Nua

Street Based Harm Reduction Service

Service Activity Report

2011 - 2015

By Gary O' Heaire



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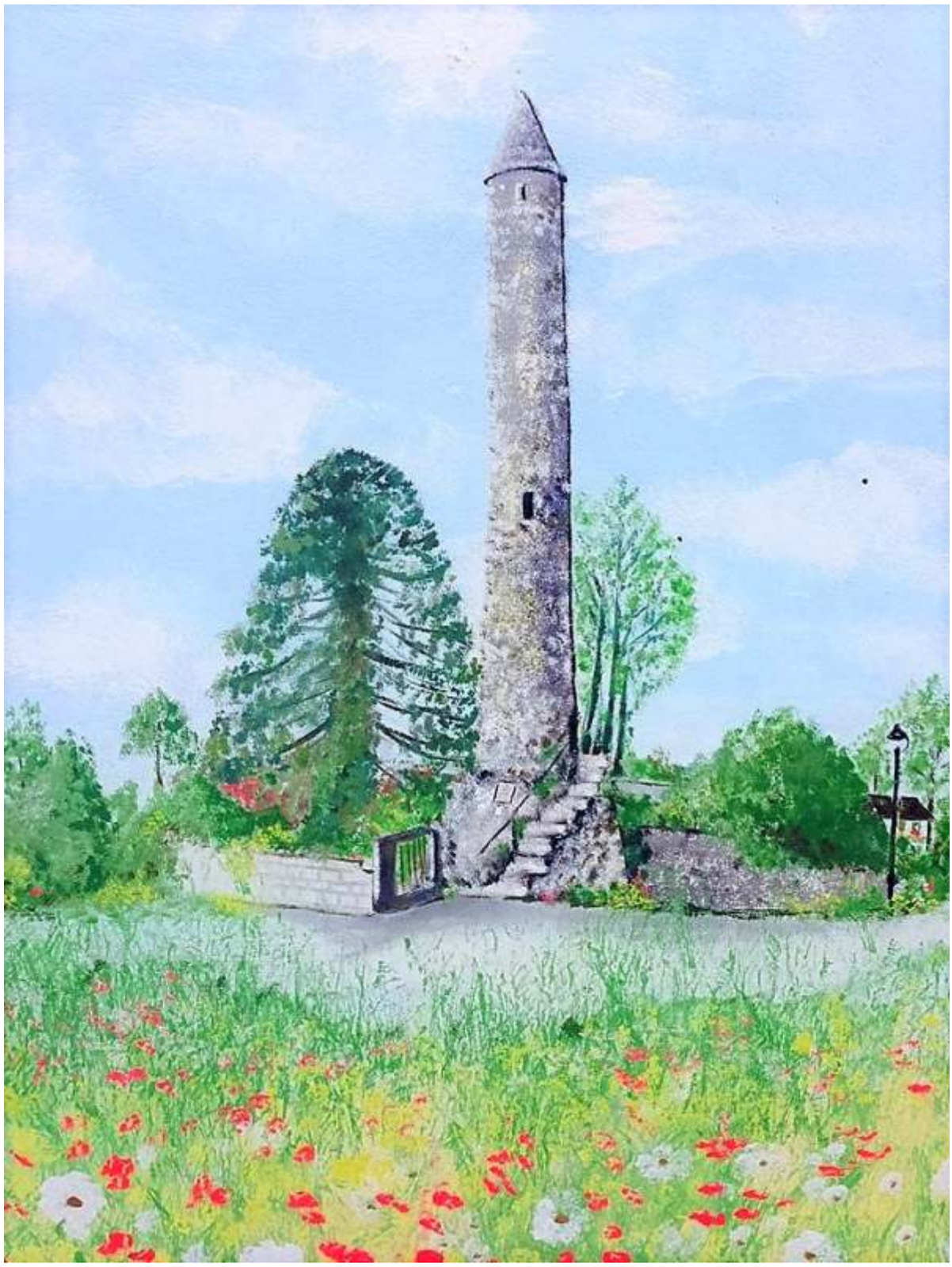

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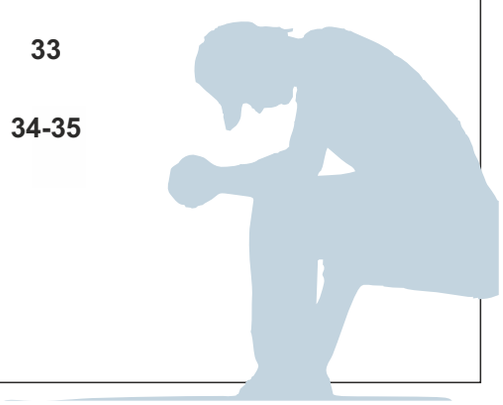


Introduction

Considering the high risks associated with injecting drug use, and the sharing of other drug using paraphernalia, the Clondalkin Tús Nua (CTN) street based outreach service was developed to engage with active drug users by offering them an easy access *harm reduction approach* that is entirely street based.

"*A harm reduction approach aims to reduce the transmission of HIV, HCV, HBV and other infectious diseases and also helps to maximise service users' and their families' health. Hence harm reduction carries significant HIV prevention potential for both injecting drug users and the general population*" (WHO, 2003)

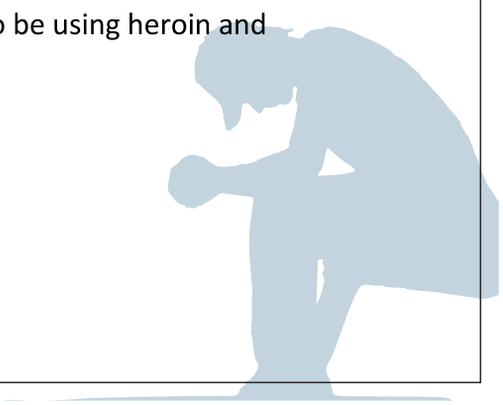
Furthermore according to 15 years of evaluation studies, epidemics of HIV among injecting drug users can be prevented, slowed, and even reversed by community based outreach interventions. (WHO, 2004)

The following service activity report provides a profile of client demographics and drug using behaviours over a five year period from 2011 to 2015.

Summary

This street based outreach model has been extremely successful in making contact with active drug users within the Clondalkin area. Over the reporting period 311 service users availed of this harm reduction service. A total of 68 **(22%)** clients linked in to our low threshold drop in service. The number of harm reduction interventions increased each year with a total of 3310 interventions recorded over this time. Client engagement increased as trusting relationships were formed. The majority of clients over this five year period (78%) were male. A total of 65% of clients were aged between 35 and 55.

Heroin and crack cocaine were the most common drugs used over this reporting period. A total of 72% of clients reported to be using heroin. A total of 57% of clients reported to be using crack cocaine. The ratio of female clients (64%) using crack cocaine was higher than the ratio of males (55%). On average one in every 3 clients reported to be using heroin and crack cocaine.



A total of 17% of clients reported to be homeless with 46% of homeless clients reporting to be rough sleeping. Information was collected regarding the locality of 233 clients, 91% reported to be living locally. A total of 55 clients identified whether or not they had linked in with a service for addiction support over the last 12 months, the majority **(58%)** said that they had.

The most common route of administration was smoking with 72% of clients reporting to have administered drugs in this way. A total of 40% of clients reported smoking as their only route of administration. The ratio of female clients (49%) who smoked and did not inject was higher than the ratio of males (38%).

Although 60% of clients reported to be injecting only 27% of clients reported injecting as their only route of administration. A total of 31 clients identified how long they had been injecting, the majority of those clients **42%** had been injecting for 11 years or more.

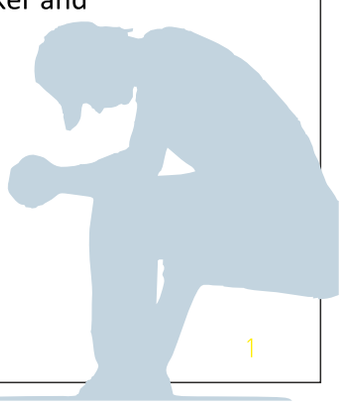
A total of 32% of clients reported that they injected and smoked. The most common injecting site used was the arm/hand area. A total of 36% of injectors reported to be groin injecting. The majority of groin injectors 59% also injected in other injecting sites.

Information was collected from 81 clients in relation to HIV/HEPC status, 38% reported to be HEP C positive and 15% reported to be HIV positive. A total of 79% of all clients who accessed the service for harm reduction supplies were on Methadone Maintenance Treatment.

Data Collection

The CTN Street Outreach Worker gathered information on an anonymised card recording basic client information. This information was then transcribed onto a computer as soon the street outreach worker returned to his office. The street outreach worker was mindful that his method of collecting information contained non-identifying data, and that all information was given with informed consent.

To uphold client anonymity client information is coded by the street outreach worker and each client is given an individual harm reduction number.



The rationale for collecting this data is to increase knowledge and understanding of client drug using trends and behaviours so that service provision can be improved for this client group. Up to date and relevant research data can also be extremely beneficial for both service providers and policy makers alike.

However contemporary research within low threshold services and needle exchange programmes in Ireland is relatively sparse. Consequently there is an insufficient amount of relevant data available to policy makers. (Jennings, 2013)

Having regular access to a large number of active drug users within their own environment greatly increases the potential for collecting such data. This places street based outreach workers in an ideal situation. Report writing and data collection and analysis are therefore a crucial part of any low threshold street based outreach service.

The data presented in this report is of paramount importance as it has informed service provision and will continue to do so. This report has also highlighted some important areas that require further research and investigation.

Recommendations for further research:

- This report has highlighted the need to investigate the correlation between crack cocaine use and female clients, especially those who smoke and do not inject.
- The findings that suggest that some clients smoke when the drug is of good quality and inject when the quality of the drug is diminished needs further consideration. Further research should examine the relationship between drug quality and route of administration
- As this report has indicated that the majority of groin injectors also injected in other sites, further research should focus on the rationale for groin injecting and the premise behind groin injecting as a primary or alternative injecting site
- Further research is required on Methadone Maintenance Treatment and the continuation of illicit drug use

The Service

The Clondalkin Tús Nua (CTN) Street Based Outreach service was set up in October 2011 after a gap in services was identified by the Clondalkin Drug and Alcohol Task Force Treatment and Rehabilitation group. The main purpose of this service was to identify and engage with active drug users within the Clondalkin area. According to Wolfe and Csete, 2015,

"*Street-level outreach and low-threshold services reach more people than those requiring abstinence as a condition of entry*".

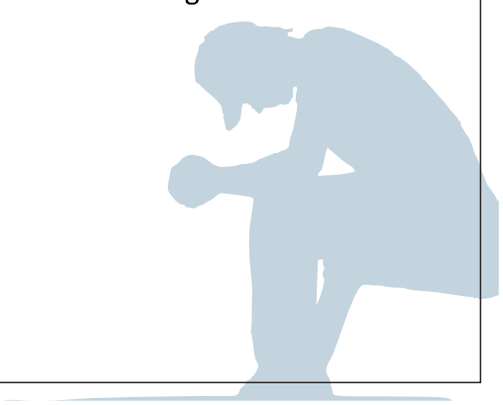
It was hoped that trusting relationships could be formed with this client group with the purpose of encouraging and promoting the importance of safety while actively using drugs.

It was also expected that this service would identify and engage with hard to reach drug users, identify new and emerging drug trends, and respond to these emerging trends were possible with a professional and timely harm reduction intervention.

"*The timely identification of new trends in drug consumption may allow a more rapid response to the potential health and social problems that can accompany such changes*" (EMCDDA, 2000)

Within the first year of the service, anecdotal evidence began to emerge in relation to an increase in the number of drug users taking crack cocaine. Crack use as an increasing problem had also been highlighted in the Clondalkin Drug and Alcohol Task Force strategy plan 2009-2016. In relation to this new and emerging drug trend responses to crack cocaine use from a harm reduction perspective were then researched both nationally and internationally. Based on the best available research evidence, crack cocaine pipes were then distributed as part of a harm reduction strategy.

The rationale was to attempt to limit the spread of infectious diseases contracted through the sharing of homemade pipes. In 2013 an ethnographic survey concerning crack cocaine users in the Clondalkin area was published by this service known then as The Bawnogue Youth and Family Support Group.



The service began as a twenty hour per week service and in 2013 was increased to 39 hours. It is now operated by one full time outreach worker and one Community Employment support worker. The street based outreach team operates 5 days per week and offers a street based backpack harm reduction service. A comprehensive range of harm reduction supplies are distributed including needle exchange, tin foil, crack cocaine pipes, condoms, sharps bins, and harm reduction DVD's and information leaflets.

Numerous hidden drug using sites within the Clondalkin area have also been identified through this service. A regular weekly clean up of these sites is an important role undertaken by the street based outreach team.

For this service to operate effectively it was imperative that trusting relationships with active drug users could be formed. Key to this relationship building process was the guarantee that client confidentiality would always be respected with due reference to ethical policies and procedures.

In order to maximise client engagement this street based service needed to make contact with this client group in the locations that were most visited by them.

According to (WHO, 2004):

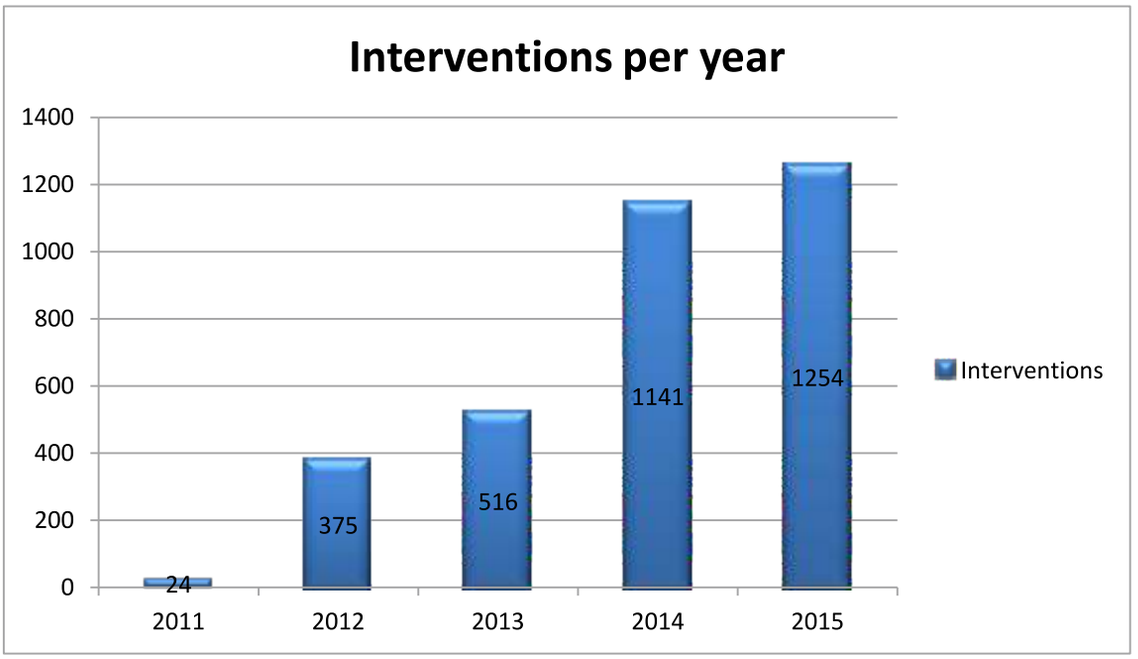
"*Areas where drugs are bought and sold fairly openly on the street or elsewhere are often a strategically important place to make contact because there may be many IDUs in a small geographical area. Other vulnerable groups at risk of HIV often congregate in areas where drugs are being used and sold*"

After much trial and error this was without doubt the best method available to the outreach team to increase maximum client engagement. This Street Outreach service has proven to be effective in helping to identify and interact with hard to reach clients and in providing a non judgmental intervention that suits the individual needs of each client. As a result many clients have also accessed the CTN low threshold drop in service where they have been introduced to addiction support workers. Trusting relationships have been formed with active drug users and a contact and referral point has been established at a street level.

Service Activity

Client Interventions

Every time a client availed of this harm reduction service it was recorded as one harm reduction intervention. From 2011 to 2015 there were a total of 3310 harm reduction interventions. The chart below provides a breakdown of the number of harm reduction interventions recorded each year.



This chart clearly shows that from 2011 to 2015 there was a significant increase in the number of interventions. As previously discussed the service had just been set up in October 2011 and this accounts for the small number of interventions recorded in that year. In 2012, 375 interventions were recorded as this was the first complete 12 month period. The outreach worker was not yet well known in the area and the service operated for just 20 hours per week in both of those years.

The operational hours increased to 39 hours per week in 2013 and this may account for the increase in harm reduction interventions by almost 38% in that year. In 2014, 1141 interventions were recorded increasing to 1254 in 2015, an increase of 143% since 2013.

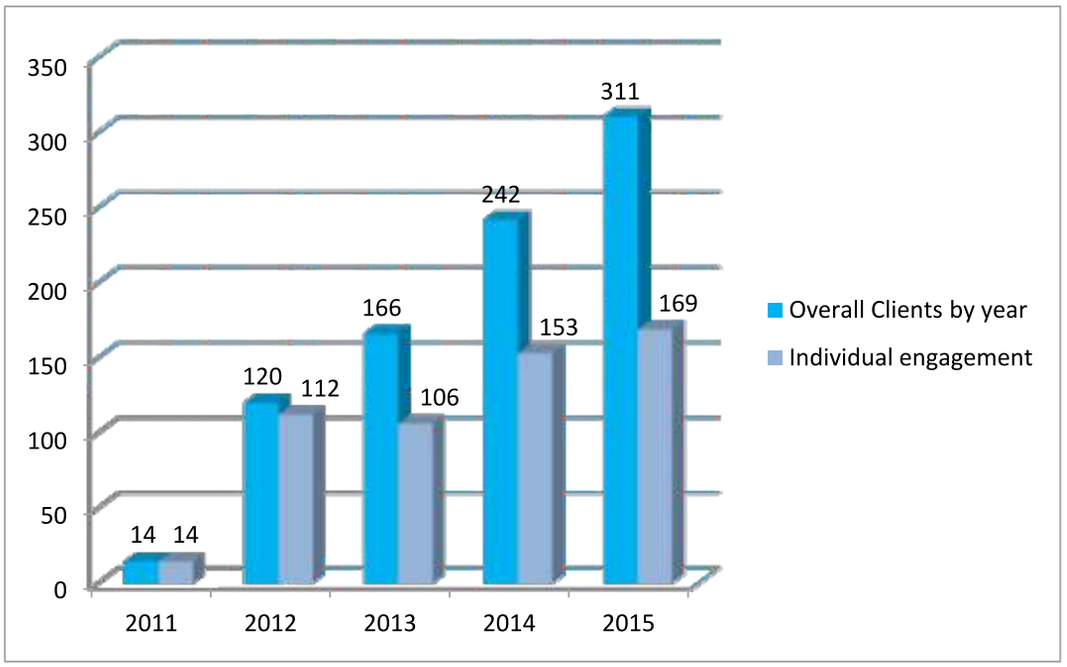
This rise in interventions from 2013 to 2015 may also be related to the level of trust that had now been built up between the outreach worker and the client group. The client group had by this time become more and more familiar with this service.
Also some clients suggested to the outreach worker that they preferred to use a street based service as it provided more anonymity than a static needle exchange. As one client put it,
"*it's much better to get harm reduction supplies from a street based outreach worker, that way nobody in the clinic needs to know your business*" (Male Client, Age 37, 2012)

Overall Client Numbers

Overall client numbers refers to the overall number of clients who had accessed this service 'by that year'. In 2011, 14 clients had engaged with this street based service. In 2012, 106 new clients were added bringing the total client number to 120. By 2013, 46 new clients engaged with this service bringing the total client number to 166. In 2014, 76 new clients were added, bringing the total number of clients to 242. In 2015, 69 new clients had accessed this service bringing the total number of clients who engaged with this service over a 5 year period to 311.

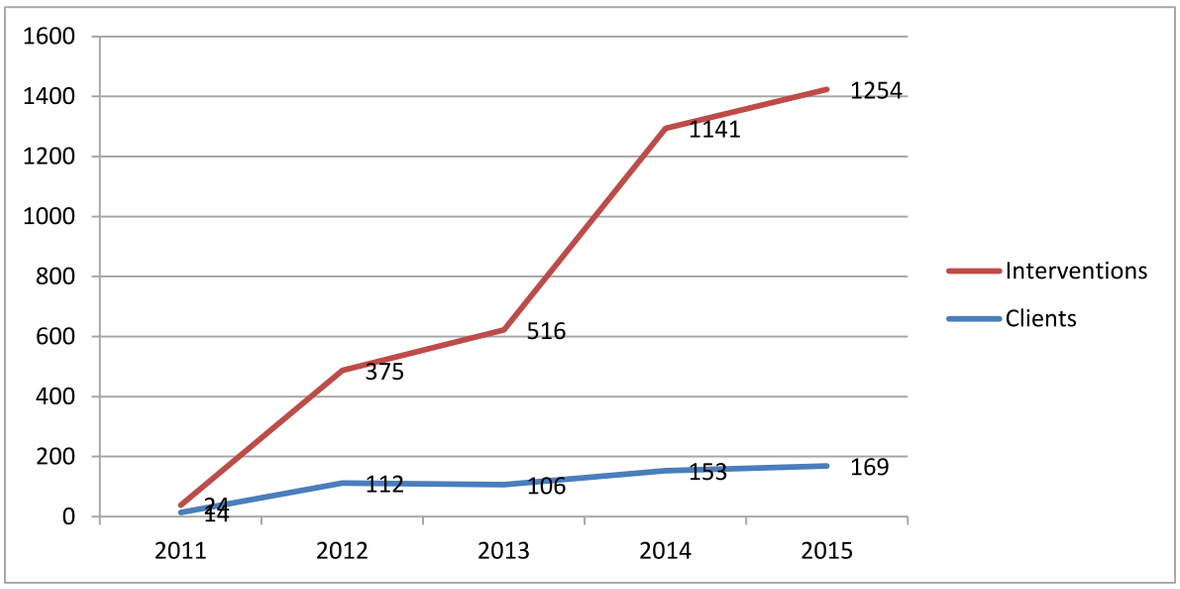
Individual Client Engagement

Individual client engagement refers to the number of individual clients who accessed this service 'each year'. As the following chart clearly shows not all clients were active each year. Over this 5 year period there was a steady increase in individual client engagement except for a small decrease in 2013. In 2011, 14 clients linked in for harm reduction supplies. In 2012, 112 clients linked in for harm reduction supplies, dropping to 106 in 2013, increasing to 153 in 2014 and to 169 in 2015. Between the years 2012- 2015, the number of clients linking in each year increased by just over 50%**.** See chart.



A clearer picture of the increase in client engagement can be seen when the number of individual clients who used the service each year are compared with the number of interventions recorded for that same year. The chart below clearly shows the number of clients and their increasing level of engagement as this street based service developed over the reporting period.

The frequency of client engagement varied from weekly, to monthly, to every few months.



Of 311 clients, 55 identified whether or not they had linked in with a service for addiction support over the last 12 months. The majority 32 **(58%)** said that they had and 23 **(42%)** said that they had not. Information was collected relating to the locality of **233** clients. From 233 clients, 212 **(91%)** reported that they lived locally. A total of 68 **(22%)** clients linked in to our low threshold drop in service.

Harm Reduction Packs

Evidence from national and international research suggests that by supplying needle exchange equipment the amount of used equipment in circulation is reduced and therefore decreases the likelihood of sharing. (Cox, Robinson, 2008)

In order to minimize the risk of viral and bacterial infection associated with drug use best practice guidelines recommend that, needle exchange programmes must supply a comprehensive range of injecting equipment. This range of injecting equipment should consist of, sterile needle and syringes, sterile water, single-use cookers, filters, acidifiers, sterile alcohol swabs and foil. (Strike et al., 2006)

"*Although crack can be injected, crack is most commonly smoked. Some of the dangers associated with smoking crack are: Transmission of various infectious diseases such as Hepatitis C, HIV, Tuberculosis (TB) and pneumonia due to sharing of drug paraphernalia*". (BCCDC, 2011) Crack pipes are therefore also distributed as part of this harm reduction service.

From 2011 to 2015, a total of (3310) harm reduction interventions were recorded. The amount of harm reduction packs distributed with each intervention varied depending on the client's needs and route(s) of administration. Harm reduction packs were either for injecting use or for smoking.

Needle exchange packs:

Over this 5 year period **2451** Needle Exchange packs were distributed. Needle Exchange packs varied depending on the clients injecting site and their preference of needle/syringe size.

Needle exchange packs consisted of: 5 needles, 3 syringes, 8 sterile swabs, 4 citric acid, 3 sterile water, 2 disposable single use spoons (stericups), and 1 condom. Table below represents the number of needle exchange packs distributed each year.

Year	**2011**	**2012**	**2013**	**2014**	**2015**
No. of needle exchange packs distributed	23	204	394	855	975

Smoking packs where either Crack Cocaine pipe packs or Tin foil packs.

Crack pipe packs:

Over this 5 year period **1258** Crack pipe packs were distributed. The pipes that are distributed were found to be the most effective type of crack pipe which met the requirements of drug users, while at the same time minimising the risks of blood borne virus and other disease transmission. (O' Heaire, 2013)

Crack pipe packs consisted of: 1 glass crack cocaine pipe, 2 sterile swabs, 5 metal gauzes, 1 harm reduction card, 1 condom. The table below represents the number of crack cocaine pipe packs distributed each year.

Year	**2011**	**2012**	**2013**	**2014**	**2015**
No. of crack pipe packs distributed	0	317	181	288	472

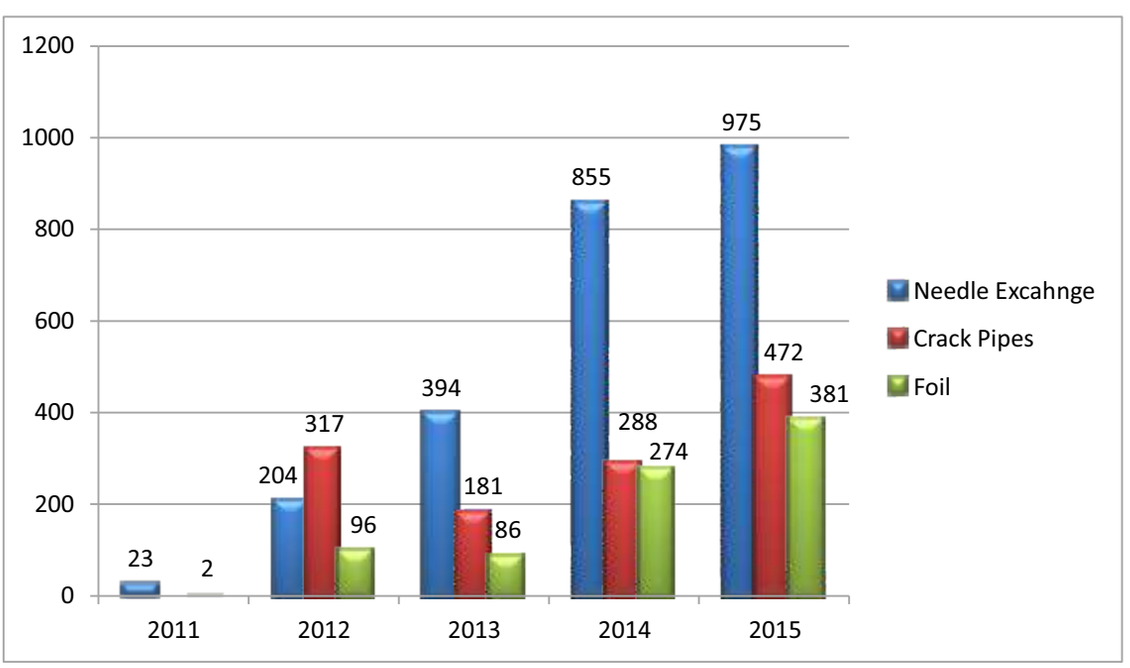
Tin Foil packs:

Over this 5 year period **839** Tin Foil packs were distributed.

Tin foil packs consisted of: 20 sheets of tin foil. The table below represents the number of foil packs distributed each year.

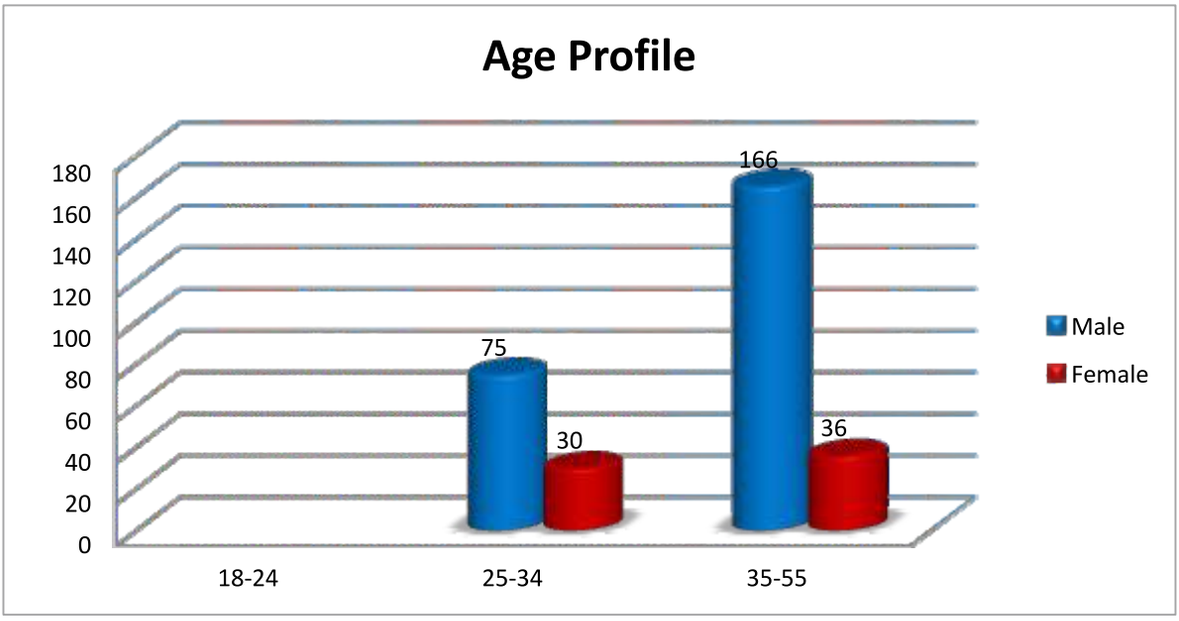
Year	2011	2012	2013	2014	2015
No. of foil packs distributed	2	96	86	274	381

The following chart represents the number and variation of harm reduction packs distributed over this reporting period.



2011-2015 Client Demographics

From 2011-2015, 311 clients accessed this service for harm reduction supplies. A total of 245 clients were male and 67 were female. The majority of clients **(54%)** were male aged between 35 and 55. Female clients of this same age group accounted for **(11%)** of the overall client numbers. In total, the 35 and over group accounts for **65 %** of all clients. See chart below.



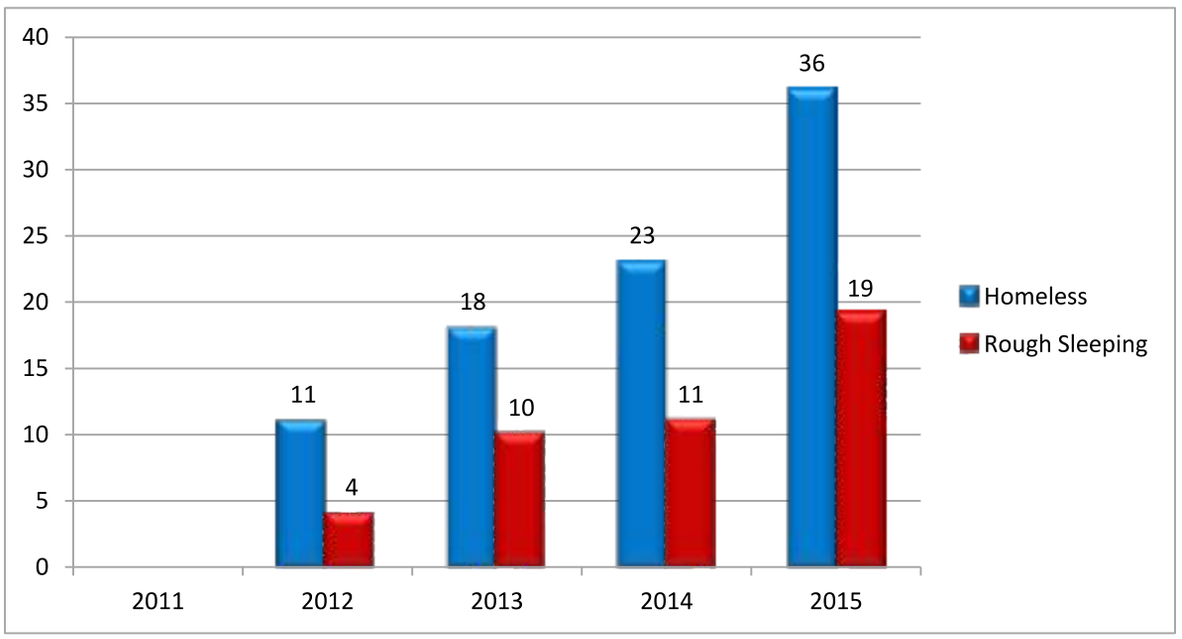
* The number of 18-24 year olds that accessed the service were too small to be reported

Homeless/ Rough Sleepers

From 2011 to 2015, 17% of all clients that accessed this street based service were homeless. Over this 5 year period **54** homeless clients accessed this street based service with 25 **46%** reporting to be rough sleeping.

There was a steady increase in homeless client engagement each year and a significant increase in homeless clients and rough sleepers in the year 2015. From 2014 to 2015 there was a 57% increase in homeless clients and a 73% increase in rough sleepers**.**

The chart below represents the number of homeless and rough sleeping clients accessing the service each year.



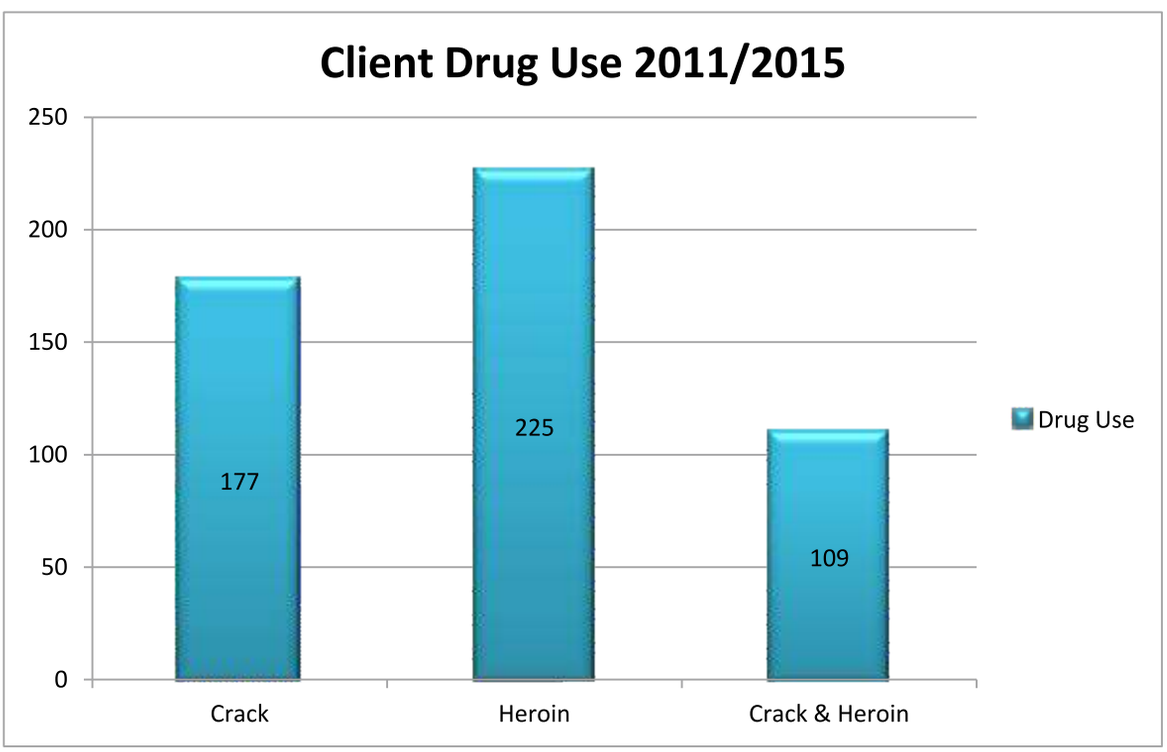
* The number of homeless and rough sleeping clients who accessed the service in 2011 were too small to be reported

Client Drug Using Behaviours

Drug use

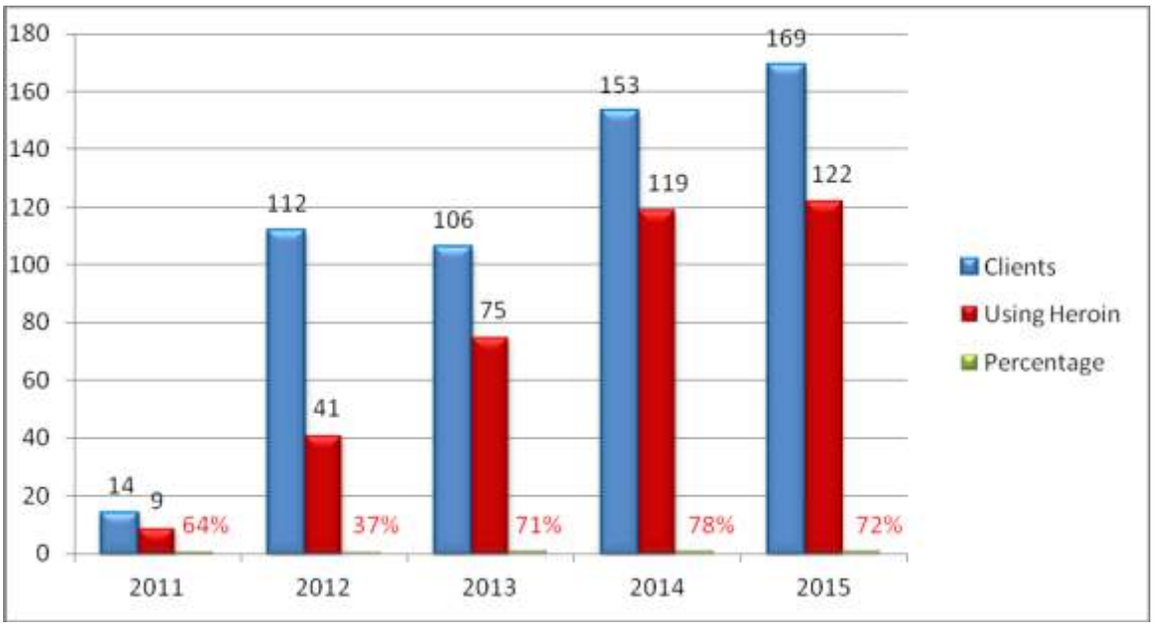
The main drugs used by clients over this reporting period were crack cocaine and heroin. Drugs used to a lesser extent included cocaine powder, crystal methamphetamine, and synthetic stimulants (snow blow). Therefore, the following account will focus on crack cocaine and heroin. This account is separated into three separate categories, those who use crack, those who use heroin, and those who use both. They have been categorised this way to provide a clearer picture of clients' drug using behaviours.

Over this five year period, 225 clients reported that they were using heroin, 177 reported that they were using crack cocaine, and 109 clients reported that they were using both.



Heroin

Between 2011-2015**, 225 (72%)** clients reported to be using heroin. In relation to the gender breakdown, **75% (184)** of all male clients and **61% (41)** of all female clients are using heroin. The following chart represents the number of clients, who attended the service from 2011 to 2015, and the number and proportion of clients who were using heroin.



* The data in 2011 will not be discussed due to the low number of clients who had engaged with the service in this year.

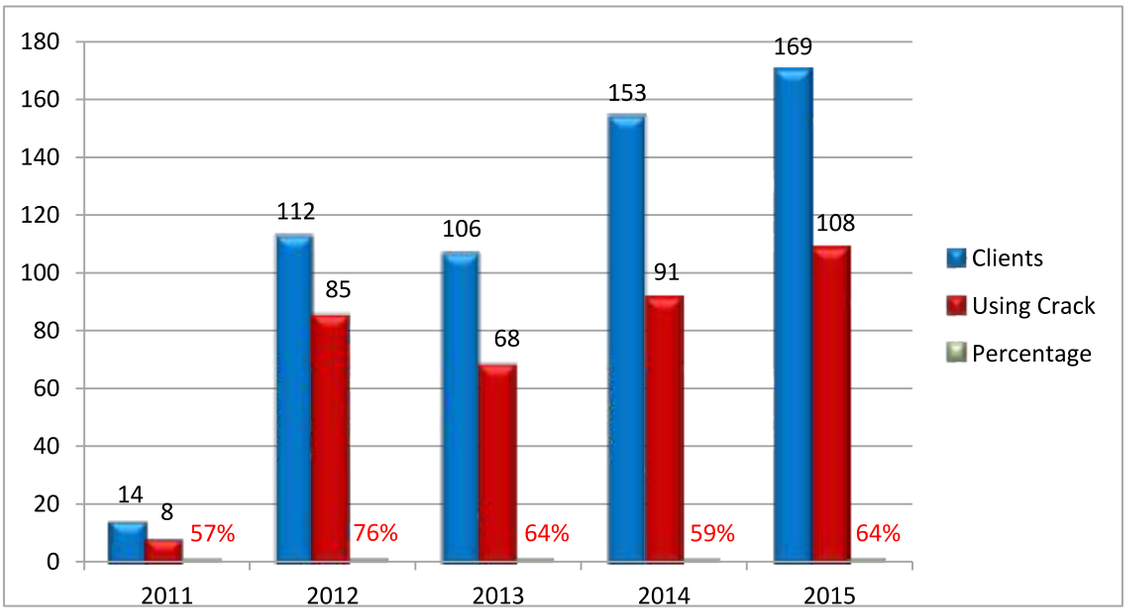
The data identifies a significant increase in the amount of clients using heroin from 37% in 2012 to 71% in 2013. The highest proportion of clients using heroin (78%) was recorded in 2014. Although the number of clients using heroin increased year on year the proportion of clients only increased by 7% from 2013 to 2014 and decreased by 6% from 2014 to 2015.

There are a number of factors that may explain the lower percentage of heroin users attending the service in 2012. Firstly, the introduction of the crack cocaine harm reduction service brought a new client group to the service. This client group of crack cocaine users accounted for 76% of all clients who accessed the service in 2012. Secondly, December 2010 saw the beginning of a large scale heroin drought. By November 2011 this drought had still not completely subsided with only 18% of samples tested for drugs by The Drug Treatment Centre Board laboratory testing positive for heroin, compared to 37% in January 2010 (Stokes, 2012). In 2012 the heroin market had only began to recover.

It is possible that many heroin users may have switched to alternative substances such as crack cocaine over this period. Thirdly, service provision increased in 2013 and the street based team began to engage with a less disproportionate amount of crack users.

Crack Cocaine

Between 2011-2015, **177 (57%)** clients reported to be using crack cocaine. In relation to gender breakdown**, 64 % (43)** of all female clients and **55% (134)** of all males are using crack cocaine. It is interesting to note that although the number of male clients using crack cocaine is higher than the number of females, the ratio of female clients is higher at **64%.** The following chart represents the number of clients, who attended the service from 2011 to 2015, and the number and proportion of clients who were using crack cocaine.



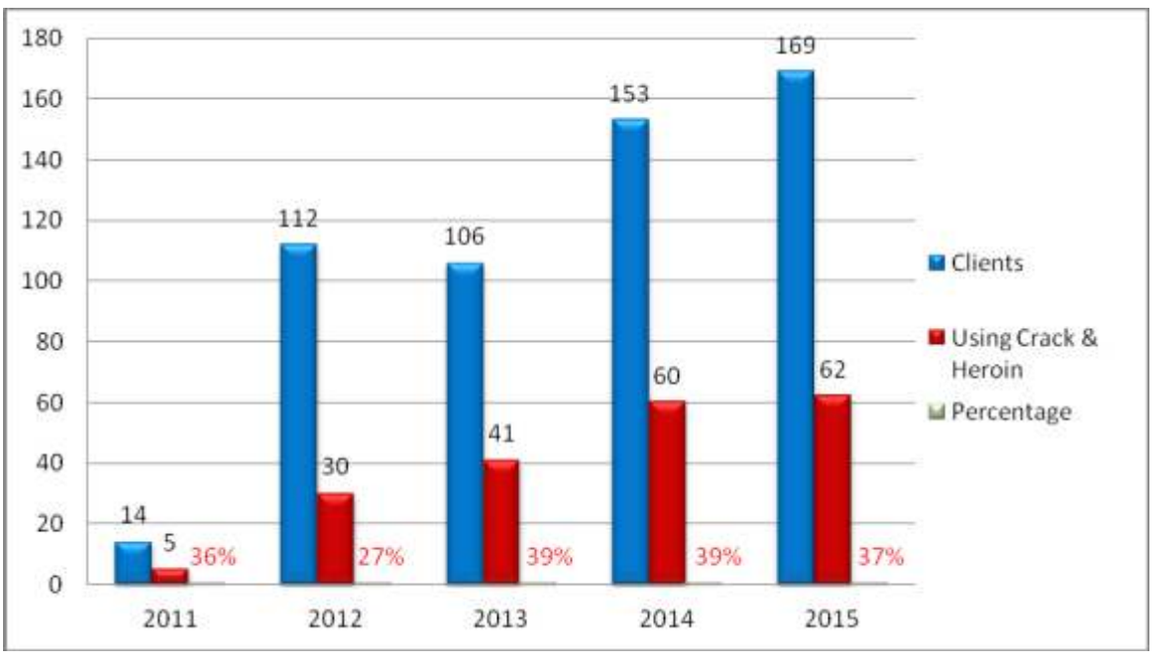
In 2012 the highest proportion of clients using crack cocaine was recorded with 76% of clients using this drug. As previously mentioned 2012 was the first year that the crack cocaine harm reduction service came into effect and many crack cocaine users accessed the service for the first time in that year.

From 2012 to 2013 there was a 12% decrease in the proportion of clients using crack cocaine. This 12% decrease in crack use coincides with a 34% increase in heroin use in that same year. From 2013 to 2014 there was a 5% decrease in the proportion of clients using crack cocaine increasing again by 5% in 2015.

From 2013 to 2015 the number of clients reporting to be using crack cocaine increased each year from 68 in 2013 to 108 in 2015. The number of overall clients accessing this service also increased during this time. From 2013-2015 the proportion of clients using crack cocaine remained more or less static except for a 5% decrease in 2014.

Crack & Heroin

Between 2011 -2015**, 109** (35%) clients reported that they were using both crack cocaine and heroin. In relation to gender breakdown**, 37% (90)** of all male clients and **28% (19)** of all female clients are using crack and heroin. The following chart represents the number of clients, who attended the service from 2011 to 2015, and the number and proportion of clients who were using both crack cocaine and heroin.



From 2011 to 2015, the number of clients reporting to be using both crack cocaine and heroin increased every year. Between 2012 and 2013, there was a 12% increase in clients reporting to be using both drugs. During the reporting period, the proportion of clients using both crack and heroin remained between 36% and 39%, except for 2012 which recorded the lowest proportion of 27%.

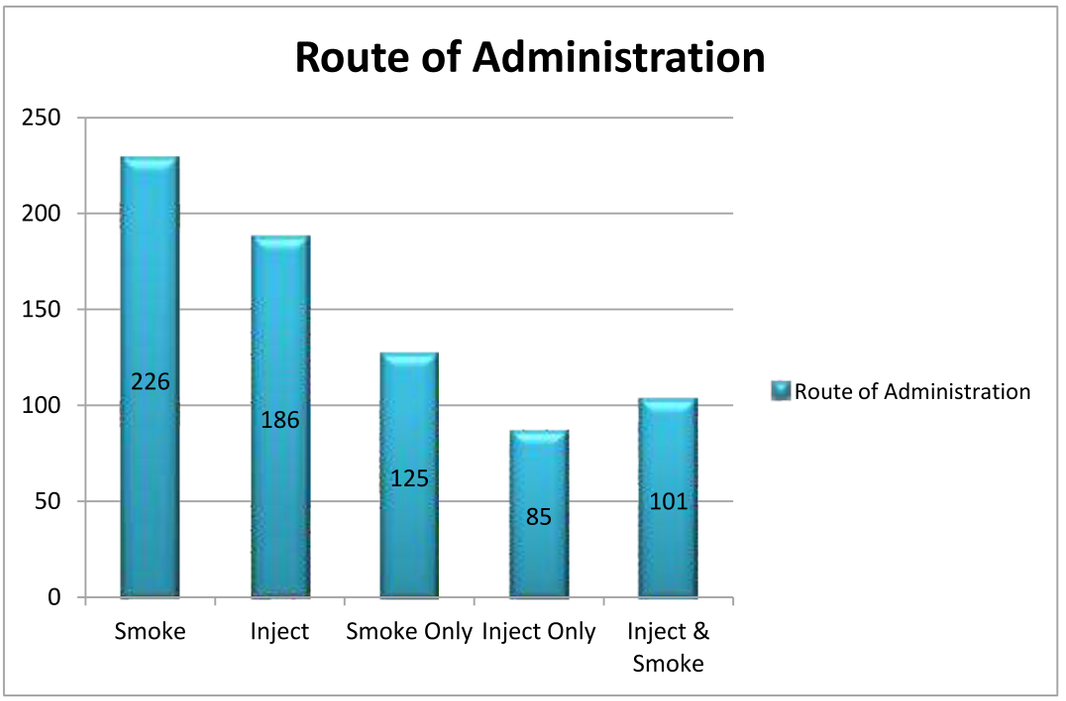
The highest proportion of clients (39%) reporting to be using crack cocaine and heroin was recorded in 2013 and 2014. Over this five year period one in every three clients reported to be using both heroin and crack cocaine.

Route of administration

This section reports how each individual client administers their drug(s) of choice. The majority of clients reported more than one route of administration. The following variations are reported:

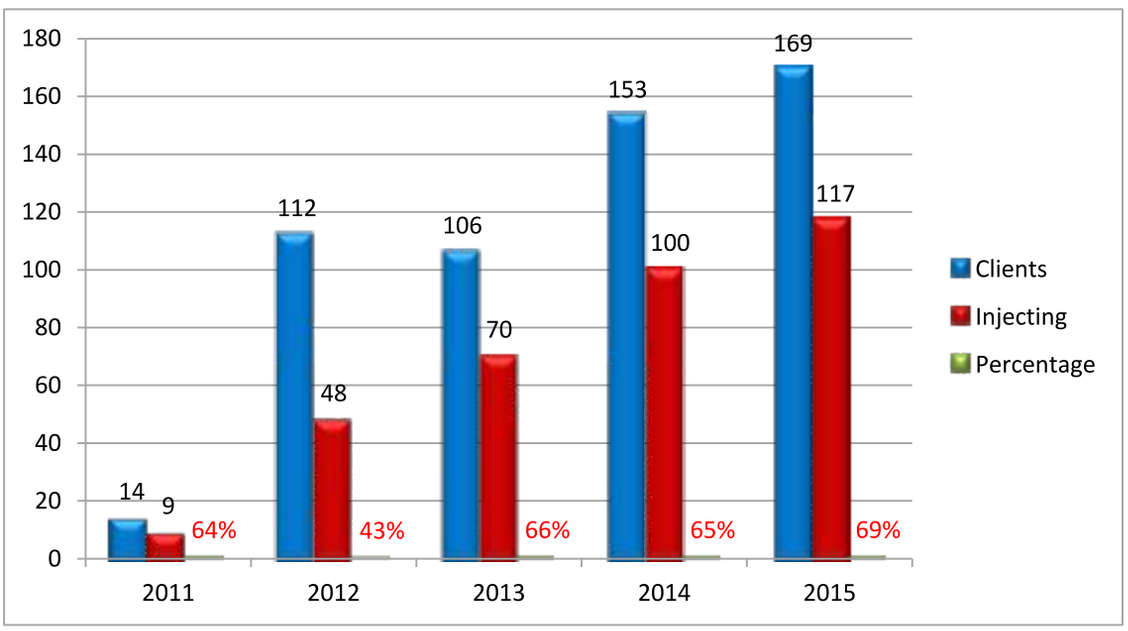
- Smoke
- Inject
- Smoke Only
- Inject Only
- Inject and Smoke

Overall, (226) **72%** reported that they smoked and (186) **60%** of clients reported that they injected. A total of (101) **32%** reported that they injected and smoked. In addition, (85) **27%** of clients reported that their only method of use was injecting, and (125) **40%** reported that their only method of use was through smoking. See chart below.



Injecting

Between 2011-2015, **186** (60%) clients reported that they were injecting. In relation to the gender breakdown, **62%** (152) of all male clients and **51%** (34) of all female clients are injecting. The following chart represents the number of clients, who attended the service from 2011 to 2015, and the number and proportion of clients who were injecting drug users.



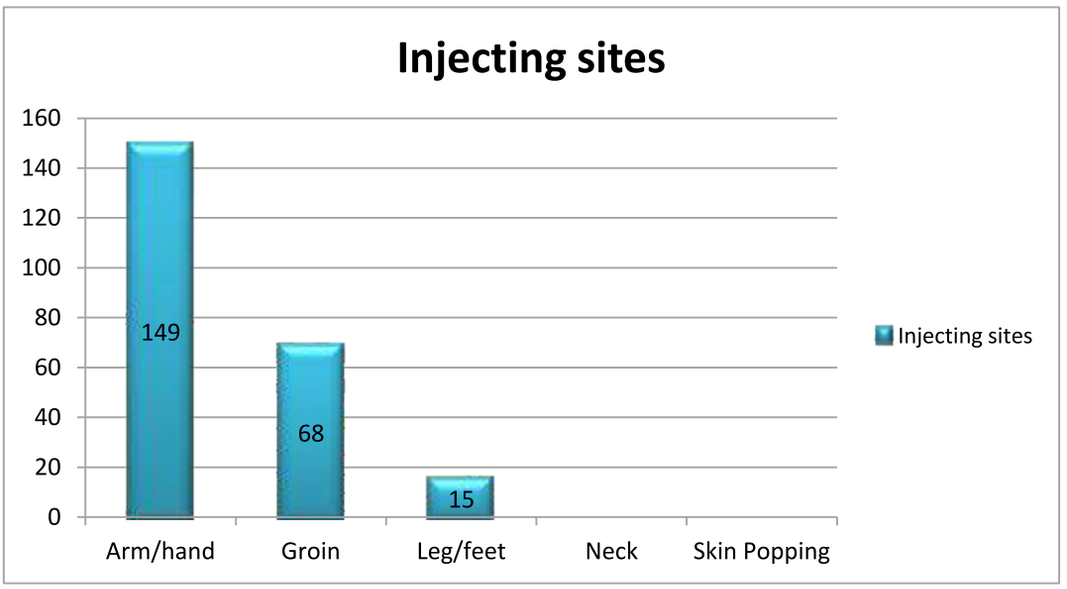
The number of injecting drug users accessing this service has increased significantly over this 5 year period. In 2012 the lowest proportion of injecting drug users (43%) accessed this service**.** Indeed, in 2012, the majority of clients were accessing the service for crack cocaine pipes. From 2012 to 2013 there was a 23% increase of injecting drug users from 43% to 66%. This increase may be related to the 34% increase in heroin use over this same time period. Service provision hours increased in 2013 and the client group were by now becoming familiar with this street based outreach service. The highest proportion of clients reporting to inject 69% was recorded in 2015.

Although the overall proportion of clients that reported to be injecting was 60%, it is important to note that only 27% clients reported that their only route of administration was through injecting.

A total of 31 clients identified how long they had been injecting. The majority of those clients (13) **42%** had been injecting for 11 years or more, with (9) **29 %** injecting between 1 - 5 years. 5 had been injecting from 6-10 years and 4 had been injecting for less than a year.

Injecting Sites

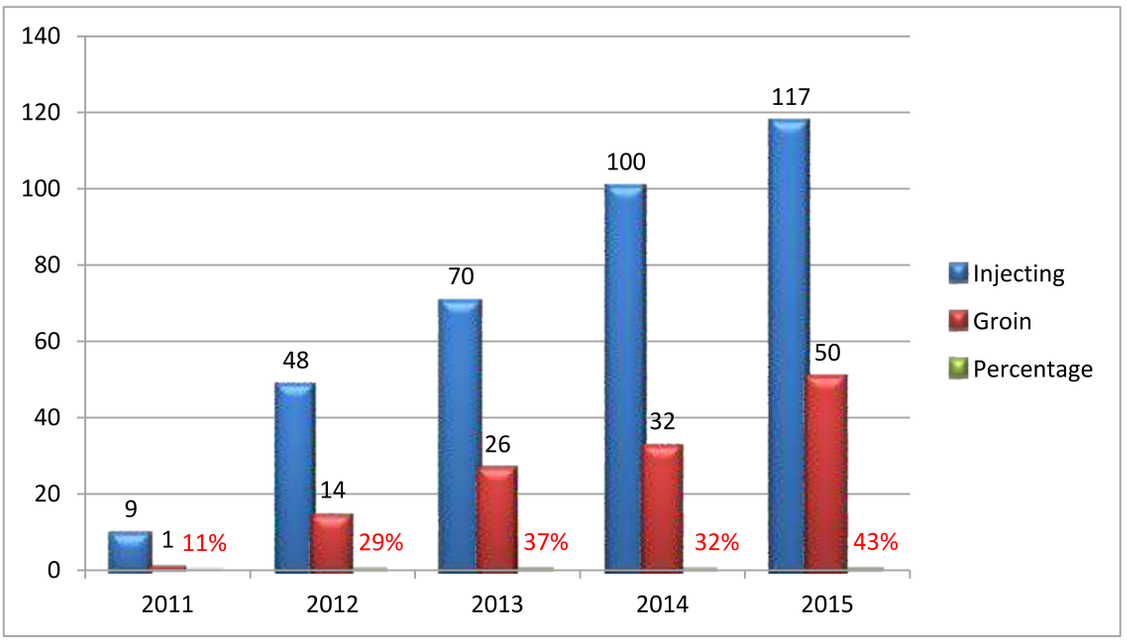
The majority of injectors 149 **(80%)** reported that they injected in their Arm/hand area. A total of 68 **(36%)** clients reported that they injected in their groin with 40 of those groin injectors also reporting injecting in other sites. Fifteen clients reported that they were injecting in their legs/feet with 10 of those clients reporting injecting in other sites. A number of clients reported injecting in their neck or skin popping. The numbers of clients reporting to use these injecting sites were too small to be reported. See chart below.



Groin Injecting

Groin injecting carries possibly one of the highest risks for injecting drug users as the femoral vein is situated right beside the femoral artery. If the femoral artery is hit instead of the vein, this can result in severe bleeding. Because of the high risk associated with this injecting practise the street based outreach team will always advise against it.

Between 2011 - 2015, 68 **(36%)** injectors reported that they were injecting in their groin. The following chart represents the number of injecting drug users who attended the service from 2011 to 2015 and the number and proportion of clients who were groin injectors.

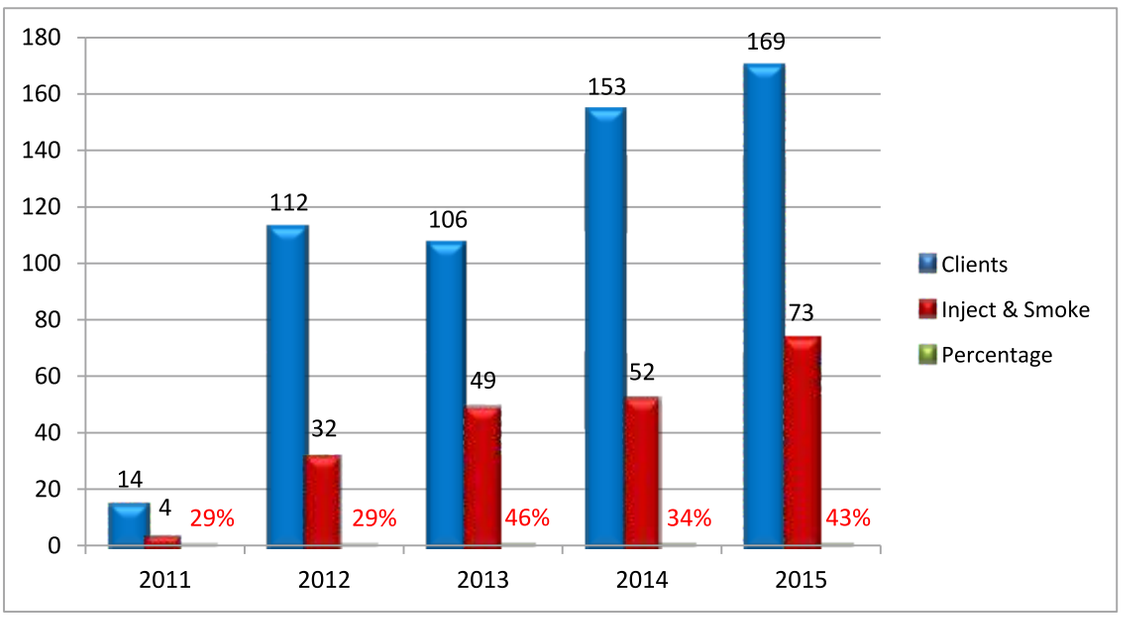


From 2011 to 2015 there was a steady increase in the number of groin injectors with the highest proportion of groin injectors 43% recorded in 2015. This may be related to various different factors but mainly to the increase in client numbers and to the deterioration of other injecting sites. A total of (59%) of the 68 clients who reported to be groin injecting also reported to be injecting in other sites. Some groin injectors mentioned that they felt that groin injecting was their only option as most other injecting sites were no longer usable. They reported that many veins had become damaged due to excessive injecting use over the years. Some clients also mentioned that they preferred to inject in their groin because it was easy to use and it intensified the pleasurable effects *'buzz '*of their drug taking experience. Research carried out in the UK, and in Malaysia also highlighted that the primary reason for using the groin as an injection site is that there are no other 'convenient' sites left for injection. (Maliphant and Scott, 2005) (Vicknasingam, Narayanan, and Singh, 2015).

Also 95% of groin injectors interviewed in the Malaysian study claimed that groin injecting delivered euphoria more speedily and more intensely. (Vicknasingam, Narayanan, and Singh, 2015)

Inject & Smoke

Between 2011-2015, **101 (32%)** clients reported that they were injecting and smoking. In relation to the gender breakdown, **34 % (84)** of all male clients and **25 % (17)** of all female clients smoke and inject. The following chart represents the number of clients who attended the service from 2011 to 2015 and the number and proportion of clients who were injecting and smoking.



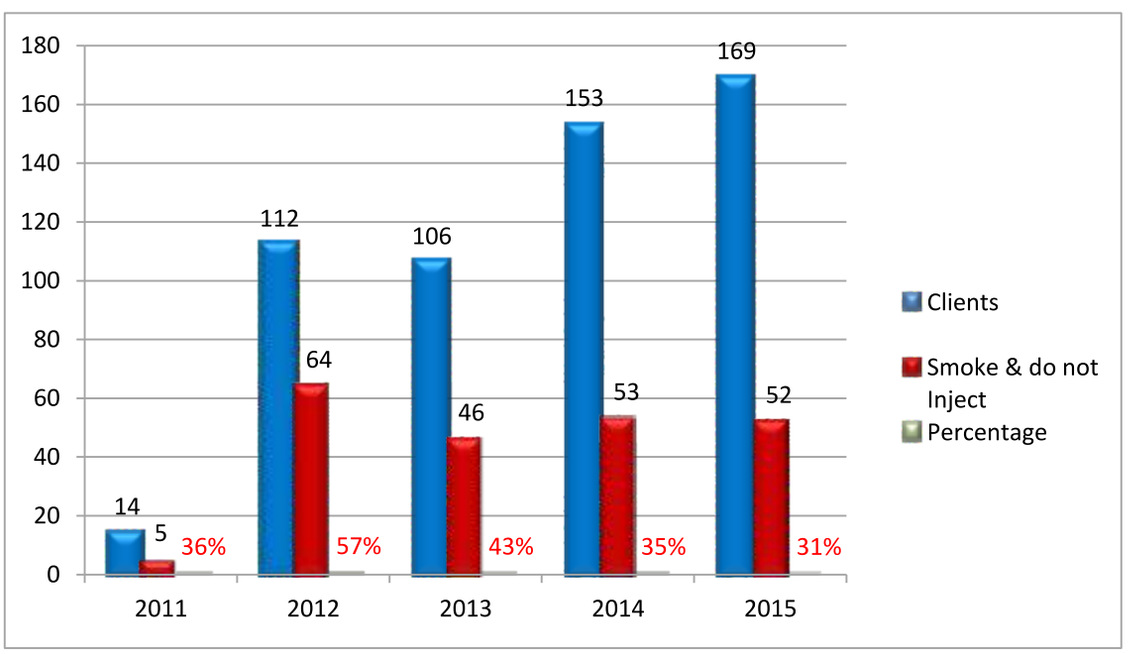
From 2011 to 2015, the proportion of clients that reported injecting and smoking ranged from almost a third to almost a half of all clients. The highest proportion of clients who injected and smoked (46%) was reported in 2013.

Many clients reported that they injected heroin but preferred to smoke crack cocaine. However, crack cocaine injecting began to be reported in the last six months of 2015. Some clients reported that when their drug is of good quality they will smoke it, and when the quality decreases they inject it. The purpose of this is to maximise the effect of the drug and to increase best value for money.

Smoke and do not inject

Between 2011-2015, **125 (40%)** clients reported that they smoked and did not inject. In relation to the gender breakdown, **49 % (33)** of all female clients and **38 % (92)** of all male clients smoke and do not inject. It is interesting to note that although the number of male clients who smoke and do not inject is higher than the number of females the ratio of females is higher 49%. It is encouraging to see that 40% of clients over this five year period smoke and do not inject as this greatly decreases the risk of overdose and blood borne virus infection.

The following chart represents the number of clients who attended the service from 2011 to 2015 and the number and proportion of clients who smoked and did not inject.



From 2012 to 2015, the proportion of clients reporting to smoke and not inject decreased each year from 57% in 2012 to 31% in 2015. This decrease of 26% coincides with an increase of 23% in injecting drug use over this same time period. It is interesting to note that the only other time a proportionate decrease was recorded for this same time period was in relation to crack cocaine use.

The harm reduction service will always encourage clients not to progress to injecting by highlighting the increased risk of overdose as well as the increased risk of HIV and HEP B and C infection.

However it must also be noted that the sharing of contaminated smoking equipment such as pipes and tutors may also lead to the increased risk of bacterial and viral infection. (NACD, 2004)

Health consequences of drug use

People who use drugs and especially those who inject are considered to be a high risk group in relation to contracting HIV and HEP C virus. (Hepatitis C virus infection among injecting drug users in Europe, 2005 to 2010, 2011)

These blood borne viruses can be transmitted through the sharing of drug using paraphernalia such as needles, syringes, and pipes, and also through risky sexual behaviour associated with the use of drugs.

Information was collected from 81 clients in relation to their HIV/HEP C status. A total of 31 clients reported that they had Hepatitis C and 12 clients reported they were HIV positive. A total of 38 clients reported that they were negative for both blood borne viruses. Less than 12 drug related deaths were recorded over this reporting period with the highest number of client deaths recorded in 2015.

Methadone

Of the **311** individual clients who accessed this service over this 5 year period **246** (79%) are on Methadone Maintenance Treatment. A total of 59 of those on MMT reported where they received their Methadone from. The majority **45 (76%)** received it from a Methadone clinic and the minority 14 received it from a GP.

Drug Using Sites

Between 2011 and 2015 numerous hidden drug using sites have been identified by this street based service. As relationships and trust formed between the outreach team and the clients, they were more willing to inform the team about hidden drug using sites. To protect that trust and confidentiality it is important that this information is kept between the clients and the outreach team. This allows for these relationships to build and for further sites to be identified in the future.

In 2015 this street based service teamed up with another local drug team CASP and developed a shared approach to combating the unsafe disposal of used drug paraphernalia. Meetings were also held with local drug users where information and advice was shared as to how drug litter within the Clondalkin area could be reduced.

Every week the outreach team accesses these sites and disposes of any drug using paraphernalia that may have been discarded in these places.

Some of the paraphernalia disposed of include homemade crack cocaine pipes, needles and syringes, and tin foil used for smoking heroin. This drug litter is then placed within clinical waste bins were it is then disposed of in a safe manner by the HSE.

It is interesting to note that over this reporting period that the street outreach team have never found one of the pipes distributed by this service discarded in any of these sites. This may be related to the findings of the 'Cracking On' report by (O' Heaire, 2013) relating to '*the barriers to effective harm reduction outcomes'* which stated,

"*The flavour of the crack from a well used crack pipe provided some element of added pleasure to the activity making it very difficult to get users to discard their pipe after each use*"

The 'Cracking On' report also found that clients did not dispose of their pipes because they liked to scrape the residue crack that can build up in the pipe over time.

Conclusions

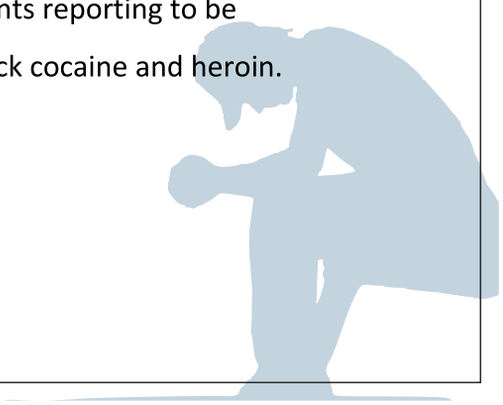
Outreach based interventions have been proven to reduce risk behaviour (e.g., needle sharing and sexual practices) and increase protective behaviour for significant proportions of people who avail of their services (WHO, 2004). Therefore this service has sought to engage with as many active drug users as possible. Over the reporting period this street based outreach service has proven to be an extremely effective model for engaging with active drug users within the Clondalkin area.

A total of 311 individual clients accessed this service over this 5 year period with 3310 harm reduction interventions recorded over this same time. From 2013-2015 there was a significant increase of 143% in client interventions. At the same time the number of individual clients who used the service from 2013-2015 only increased by 59.5%. This may suggest that client engagement increased as the service developed and trusting relationships were formed between the clients and the outreach team.

A total of 17% of clients reported to be homeless with 46% of homeless clients reporting to be rough sleeping. In 2015, the highest number of homeless clients and rough sleepers were recorded with an increase of 57% of homeless clients and a 73% increase in rough sleepers since 2014. The Dublin Region Homeless Executive also reports a 30% rise in homeless adults accessing homeless accommodation from 2014-2015. (Dublin Region Homeless Executive, 2016) A total of 68 **(22%)** clients linked in to our low threshold drop in service.

The majority of clients (65%) were aged between 35 and 55. Less than 4% of clients who accessed this service were aged between 18 and 24. This may reflect an ageing drug using population requiring harm reduction services, especially in relation to the use of heroin and crack cocaine. A recent report by the Blanchardstown Local Drug and Alcohol Task Force also reported that less than 4% of clients treated for heroin as the main problem drug were aged between 18 and 24. (Robinson, 2016)

Heroin and crack cocaine were the most common drugs used over this reporting period with heroin being the more prevalent of the two. A total of 72% of clients reported to be using heroin. Crack cocaine use has become widespread with 57% of all clients reporting to be using this drug. A total of 35% of clients reported to be using both crack cocaine and heroin.



Although the number of male clients using crack cocaine was higher than the number of females, the ratio of female clients is higher (64%). A harm reduction report by (O' Heaire, 2013) also identifies a higher ratio of female clients using crack cocaine.

From 2011-2015, the most common route of administration identified was smoking with 72% of clients reporting to have administered drugs in this way. A total of 40% of clients reported smoking as their only route of administration. Although the number of male clients who smoked and did not inject was higher than females the ratio of female clients was higher (49%). The only other time that the ratio of female clients exceeds the males is in relation to crack cocaine use. As the preferred route of transmission for crack use was through smoking there may be a correlation here. Further research is required in this area.

Although 60% of clients reported to be injecting, it is important to note that only 27% clients reported that their only route of administration was through injecting. As previously stated some clients had mentioned that when the drug was of good quality they would smoke and when the quality of the drug was decreased they would inject to increase maximum effect and best value for money. Further research is required in this area.

The most common injecting site was the arm/hand area with 80% of clients reporting to be using these sites. A total of 36% of injectors reported to be groin injecting. The majority of groin injectors (59%) also injected in other sites. It is possible that the right type of harm reduction intervention could be extremely beneficial to this cohort of injecting drug users. Further research is required in this area.

In relation to the health consequences of drug use information was collected from 81 clients in relation to HIV/HEPC status. A total of 38% reported to be HEP C positive and 15% reported to be HIV positive. Less than 12 drug related deaths were recorded over this reporting period with the highest numbers of client deaths recorded in 2015.

A total of 79% of all clients who accessed this harm reduction service were on Methadone Maintenance Treatment. Using other substances alongside Methadone Maintenance Treatment can lead to acute health complications, including drug overdose. (EMCDDA, 2009) It is evident that further investigation is needed in this area.

Acknowledgements

This report would not have been possible without the help and support of the following people.

- **Rosie McGlone**, Project Manager of CTN for her continued guidance, support and patience.
- **Paul O Donohue,** for his assistance in making contact with this client group
- **All the staff at Clondalkin Tús Nua.**
- **All the people who attend our street based outreach harm reduction service**.
- **The Board of Clondalkin Tús Nua**

In addition we would like to give special thanks to **Janet Robinson,** for her helpful comments on earlier drafts of this paper and for her assistance in editing this report.

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