REPORT OF WORKING PARTY

ON

MISUSE OF DRUGS AND ALCOHOL

Midland Health Board

October, 1999

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The Board will continue to provide information, education and advice services to schools, community groups and individuals in relation to the use and misuse of drugs and alcohol.

Recommendation 2.1

The Board will establish and develop standardised mechanisms for data collection relevant to ongoing monitoring of service delivery levels, needs assessment and service planning:

Target 2.1.1

In line with the requirements for improved information for service planning and the requirements for greater accountability in service delivery, statistical information .will be gathered on a monthly basis for each of the six sectors and should include source of referral, age, Sex, employment status, home circumstances, type of drug abuse, non attenders and the intetrvention provided**.** Previous contact with the service should also be documented.

Recommendation 3.1.

The Board will develop a comprehensive drugs education policy to guide the actions of its drugs and alcohol counsellors and health promotion staff.

Target 3.1.1

The Board will publish a drugs education policy in 1999

Recommendation 3.2.

The Board, through the Boards health promotion service will assist in the development of suitable health education programmes, and in the development of schools' health policies.

Target 3.2.1

The Board will work with relevant agencies to incorporate drug prevention programmes into health education and life skills programmes currently being delivered in schools throughout the Boards area.

Target 3.2.2

The Board will seek to establish a Health Promoting College concept in association with Athlone Regional Institute of Technology.

Target 3.2.3

The Board will work with agencies developing programmes for early school leavers to address identified needs.

Target 3.2.4.

The Board will develop strategies for harm minimisation.

Recommendation 3.3

The Board will continue to seek the implementation of effective policy measures outlined in the *National Alcohol Policy.*

Recommendation 3.4.

The Board will continue to work with local communities on initiatives to reduce the demand for drugs.

Target 3.4.1.

The Board will continue to expand Drugs Questions Local Answers programmes throughout the region in association with local community groups.

Recommendation 3.5.

The Board will seek to provide Family intervention programmes for families identified as being at high risk for development of alcohol or drug problems.

Recommendation 3.6.

The Board will develop a health promotion in the workplace programme.

Target 3.6.1

The Board will develop a health promotion in the workplace programme for its staff including appropriate employee assistance, and counselling programmes for staff experiencing difficulties with alcohol and drug problems.

Target 3.6.2.

The Board will engage with employers throughout the region with the aim of developing appropriate health promotion in the work place programmes.

Recommendation 3.7

The Board will provide improved information, advice and support in relation to alcohol, drugs (illicit and prescribed) and tobacco through the region and will work closely with local drugs awareness groups.

Target 3.7.1.

The Board will train a number of people to deliver the DQLA programme.

Target 3.7.2.

The Board will provide Smoking cessation Brief Intervention training programmes for General Practitioners in association with the Irish College of General Practitioners.

Recommendation 3.8.

The Board will raise public awareness of the services provided by the Community Drugs and Alcohol Services, G.P.s, and the Board's Health Promotion Service.

Recommendation 4.1

A policy of home detoxification followed by referral to the community based service when appropriate will be pursued as the first option in the treatment of drug or alcohol problems.

Target 4.1.1

In keeping with current admission policies, referral for admission to hospital for drunkenness by G.P.s, Gardai, family, friends or self referral will be actively discouraged as a policy.

Target 4.1.2

The board will continue to develop services for those with opiate addiction problems in accordance with national policy.

A sizeable number of persons admitted to our Psychiatric Hospitals with drug and alcohol related problems do not attend for after care and therefore, default out of the system. It is essential that an adequate in-patient treatment programme is developed, aimed at increasing their motivation and ensuring a great uptake of the aftercare services. Special attention needs to be paid to this group who do not attend for aftercare and a specific liaison should be established between the hospital staff, GPs and the community staff as part *of a* general outcome monitoring of admissions.

Recommendation 4.2

The Board will examine options to improve services to people in need.

Target 4.2.1.

The Board will examine options to improve in patient treatment programmes, and uptake of aftercare services.

Target 4.2.2

The Board will establish enhanced liaison mechanisms with hospital staff (both Acute General and Psychiatric), General Practitioners, community care staff and other referral agents.

Recommendation 4.3

The housing needs of those admitted repeatedly for social reasons should be assessed.

Target 4.3.1

The Board will work with relevant statutory and voluntary agencies to develop a strategy to meet the identified accommodation needs.

Recommendation 4.4

The Board will continue to monitor, through the collection of relevant data, the level of referrals from all agencies with a view to ensuring an equitable provision of services to all persons resident within the Board’s area.

Recommendation 4.5

The Board will continue to monitor service activity and demands placed on the service in order to ensure an appropriate level of staffing and skills to meet identified needs.

Recommendation 5.1

All referrals to the Community Drugs and Alcohol service should be assessed to ensure they are appropriate.

Target 5.1.1

The Board will establish general counselling services which are more appropriate in addressing other counselling needs.

Target 5.1.2

The Board will establish appropriate referral mechanisms between referral agents and the counselling services.

Target 5.1.2.1

The Board will develop an information pack for distribution to all GPs which outlines the Board's policy in relation to the treatment of alcohol and drugs. This will incorporate a list of services provided, referral procedures and a listing of non-statutory services. This information pack will also be distributed to the clergy and Gardai and other relevant professionals.

Target 5.1.2.2

The Board will work to improve feedback to those who refer clients for services.

Recommendation 5.2

The Board will standardise service delivery arrangements throughtout its area.

Target 5.2.1

Each team of counsellors will function from a headquarters within each catchment area.

Target 5.2.2

Each sector will have a named counsellor to whom it can refer for counselling services.

Target 5.2.2.1

Counsellors will liaise closely with members of the sector multidisciplinary team and participate in sector team meetings, care planning and care plan review meetings.

*Target **5.2.2.2***

The named counsellor for each sector will contribute to the setting and monitoring of operational plan targets during the service planning process.

Target 5.2.2.3

Counsellors for each sector will provide data on all activity and services it provides to the sector population on a monthly basis, to the sector management team.

Recommendation 5.3

It is the recommendation of this Working Group, that the core service should operate on the basis of a Monday to Friday regime with all counsellors working a 39 hour week, spread over five attendances.

Recommendation 5.4

A named counsellor for each sector will liaise with the psychiatric service sector management teams with a view to planning the services to be delivered to clients referred by sector teams.

Recommendation 5.5

The Board will require that all persons employed in the future as Substance Abuse Counsellors will hold a qualification equivalent to at least Irish Association of Alcohol Addiction Counsellors standard.

Recommendation 5.6

The Board will continue its policy of involving counsellors in health promotion, information provision, and in community initiatives aimed at educating people about the dangers of drug and alcohol misuse.

Recommendation 5.7

The Board will continue to develop the community drug and alcohol services through enhancement of skills available, and creation of appropriate management structures

Target 5.7.1

In line with the National Alcohol Policy the Board will seek the appointment of a designated Consultant Psychiatrist with a special interest in drugs and alcohol in each catchment area.

Target 5.7.2

The Board will establish Senior Counsellor posts in the Community Drugs and Alcohol Service.

Target 5.7.3

The Board will provide for the introduction of guidelines/protocols for the referral of persons to the psychiatric multidisciplinary team.

Recommendation 5.8

The Board will put in place the necessary clerical and information technology supports required to assist in the efficient functioning of the service.

Target 5.8.1

The Board will provide for one W.T.E. secretary to be available to each team.

Target 5.8.2

The Board will invest in a system of data collection supported by suitable information technology to enable the volume of activity, epidemiology, intervention provided and outcome of interventions to be documented. This should include linkages between both the community and hospital services.

Recommendation 5.9

The Board will review on a regular basis the locations of service delivery taking into consideration the need for responsiveness to the public, appropriateness of the facility in use, equity of service provision, and need for close liaison and communication with other health service providers.

Recommendation 5.10

The Board will continue to provide services for persons with drug and alcohol related problems in line with the model of service provision outlined.

Chapter 1.

OVERVIEW

1.1 INTRODUCTION

The Midland Health Board has adopted the following eight values as the hallmarks of the quality service it aspires to deliver

- Equity
- Accessibility
- Effectiveness
- Efficiency
- Appropriateness
- Responsiveness
- Dignity
- Farsightedness

These values should also apply to the delivery of the alcohol and drug treatment service, and be reflected in its policy on the misuse of drugs and alcohol.

Medical and social theories and models are useful aids in understanding the main problems associated with alcohol and drug misuse. These models have to be used appropriately as they are not mutually exclusive. There is a constant interplay between social and medical factors and this understanding underpins the practical approach to treatment, management and prevention. Despite this complexity in understanding the misuse of drugs and alcohol there is a clear association between the level of alcohol consumption and levels of alcohol problems.

Prior to the launching *of Planning For The Future* in 1984 many of the recommendations had already been in place in the Midland Health Board. In relation to the alcohol services the recommendation to create a community based service came into effect in 1987 and has developed in the Board's area since then.

Two further major documents are set to have a major influence on the future development of the service namely *The Health Strategy, Shaping a Healthier Future* 1994 and the *National Alcohol Policy* 1996. *The Health Strategy* outlines the principles of equity, quality of service and accountability as the key elements in the reorientation of the health services and the concepts of health and social gain are used to indicate how the benefits of contact with the services are to be judged. Using this framework there is a need to evaluate the alcohol and drug services and affirm the importance of such a service with special reference to alcohol abuse. *The National Alcohol Policy* has serious implications for a wide variety of agents other than the health boards and it is to be hoped and expected that the positive response by the health boards will be mirrored by equally effective action by other agencies.

The Working Party has met many of the relevant agencies. This process in itself has been a useful exercise which should help foster co-operation between the boards' staff and these agencies.

A new *Mental Health Act* may also have implications for service delivery. It is expected that it will no longer be legal to detain a person involuntarily in a psychiatric hospital because of an addiction problem. The Community based service will have an extra load to carry and adequate resources will have to be provided to meet this demand. It is hoped that the views expressed by this Working Party will help the Health Board in their efforts to establish an efficient and cost effective alcohol and drugs policy.

1.2 MEMBERSHIP OF THE WORKING PARTY.

Dr. Oliver Leavy, Clinical Director Longford Westmeath Mental Health Service Chairman.

Dr. Ronald Augustine, Clinical Director Laois Offaly Mental Health Service.

Dr. Phil Jennings, Specialist in Public Health Medicine, Department of Public Health.

Mr. Larry Ward, Chief Nursing Officer, Longford Westmeath Mental Health Service.

Mr. Pat Smith, Chief Nursing Officer, Laois Offaly Mental Health Service.

Mr. Peter Waters, Assistant Hospital Administrator, Laois Offaly Mental Health Service - Secretary.

Shortly after the commencement of their deliberations the following Substance Abuse Counsellors joined the Working Party:

Mr. Pat Murphy, Alcohol and Community Counselling Service, Portlaoise.

Mr. Martin Marshall, Community Alcohol and Drug Service, Mullingar.

1.3 ACKNOWLEDGEMENTS

The Working Party wishes to acknowledge and thank the many individuals and groups who responded to requests for submissions and contributions to this report. A list of names are attached at Appendix 1.

The number of replies was an indication of the widespread interest in this issue and the concerns at the prevalence of drug and alcohol misuse.

1.4 TERMS OF REFERENCE OF THE WORKING PARTY

“To address the misuse of drugs and alcohol in the Board’s area with particular reference to the development of appropriate preventive, treatment and rehabilitation services. In this context, regard should be had to the Government’s published policy documents”.

It is acknowledged that tobacco misuse represents one of the greatest public health problems. However, this was excluded from the terms of reference of the working party as it is being addressed elsewhere.

Chapter 2

2.1 MISSION STATEMENT

The Midland Health Board exists to seek to improve the health (health gain) and quality of life (social gain) of the people living in Counties Laois, Offaly, Longford and Westmeath by:-

- promoting healthy lifestyles
- preventing, diagnosing and treating ill health
- caring for those suffering form long term illness and disabilities
- providing social services to individuals and families at risk

2.2 HEALTH AND SOCIAL GAIN

In its *Corporate Strategy* (1995), the Midland Health Board outlines its purpose as follows:-

"The Midland Health Board exists to improve the health (health gain) and quality of life (social gain) of the population of the area (counties Laois, Offaly, Longford and Westmeath),"

The government's Health Strategy *Shaping a Healthier Future (1994)* set the scene for the reorientation of our health services so that the primary focus of all our efforts would be improving peoples' health and quality of life. The health and social problems caused by alcohol and drug misuse are immense. Significant harm is done to the physical, psychological and social health of individuals, families and communities throughout the Midland Health Board area.

The preventive, treatment and rehabilitation services need to be clearly focused to achieve maximum health and social gain for individuals, families and communities. Health and social gain are the terms used to indicate that patients and clients of the health and personal social service should receive a clear benefit (or outcome) when they use the services. Allied to this aspiration is the provision of the most appropriate care. To achieve this, a co-ordinated approach is needed with good linkages between the different components of the service.

It is important to determine that the clients are receiving a clear benefit (or outcome) in terms of health and social gain from their contact with the services. This demonstrable benefit is often difficult to quantify but it is important to define in order to yield maximum benefit in allocating resources.

Provision of quality data which includes outcome measures enables an ongoing evaluation of the service to be undertaken to ensure that it is adhering to the key principles of the health strategy i.e. equity, quality and accountability.

Chapter 3

NEEDS ASSESSMENT

3.1 DEFINITION OF ALCOHOL AND DRUG PROBLEMS

In keeping with the *Government Health Strategy 1994*, and the *Public Health Strategy* we can define drug and alcohol problems as follows:-

'Alcohol problems are problems that may arise in individuals around their use of alcohol and may require an appropriate intervention'.

This definition is of course concerned with individuals with more severe problems related to their drinking, but it also addresses the vast and heterogeneous spectrum of a continuum of alcohol problems that are less severe.

As with alcohol problems, it is necessary that the drugs problem perspective takes a broader view and is not totally concerned with addiction, but with a range of drug users from occasional, experimental, regular or addicted.

Drug problems can be defined as problems that may arise in individuals as a consequence of their use of legal and illegal drugs.

The problems which drug and alcohol users and their families can experience are social, psychological, physical or legal, related to any aspect of drug use.

What emerges from this perspective is that services need to be based on the needs of the drug and alcohol users as outlined and not on the narrow needs of the addict.

3.2 LEVEL OF DRUG AND ALCOHOL USE

The prevalence of alcohol related problems in most countries is proportional to the per capita consumption. *The National Alcohol Policy* published in 1996 cites the Central Statistics Office's statistics which show in 1994 that 11.23 litres of pure alcohol per head of population aged 15 years and over, was consumed. Adjusted to compensate for non drinkers, consumption is set at 13.47 litres per person in Ireland.

It is an observable fact that more and more young people in Ireland are drinking and in greater quantities.

Taking all the available information, national and local, alcohol is the most commonly used drug by adults and young people, followed by tobacco. The use of illegal drugs is relatively less in comparison.

A number of surveys have been undertaken by the Midland Health Board to ascertain information on the extent of alcohol and illicit drug use in the Board's area as follows:

- Schools survey on self reported drinking, smoking and illicit drug use, 1996.
- Survey of Professionals, 1995.

3.3 SCHOOLS SURVEY ON SELF REPORTED DRINKING AND ILLICIT DRUG USE

A survey was undertaken of 16 - 18 year olds attending second level schools in the Midland Health Board's catchment area in 1996. This was a self administered questionnaire completed under exam type conditions in the schools. The main findings in relation to alcohol were as follows:

- 80% of all those surveyed claimed to have had a whole drink.
- Males were significantly heavier drinkers than females.
- Fourteen - fifteen years appeared to be the most common age to commence experimenting with alcohol.
- 56% reported having taken more than 5 drinks on one occasion in the previous month.
- There was no significant difference in alcohol consumption between teenagers of low and high income families.

This information highlights the high percentage of teenagers who are consuming alcohol and the early age of commencement. The high volume of consumption is also a cause for concern with fifty six per cent having taken more than five drinks on one occasion in the previous month.

This study of teenagers also determined their use of illegal drugs. The findings were as follows:

- 48% of teenagers surveyed had been offered illegal drugs and forty one percent felt that between 25-100% of their age group took illegal drugs.
- Children of higher income families were more likely to be offered illegal drugs.
- Drug usage was significantly associated with heavy alcohol intake (more than 6 drinks on any one occasion in past month).
- Males were significantly more likely to use drugs than females.
- Cannabis (26%) and glues/solvents (17)% were the commonest drugs used followed by hallucinogens (9%) (LSD, Acid, Mushrooms) and Ecstasy (7%).

- The use of these drugs appeared to be related to availability. Forty eight percent and 59% respectively said that cannabis and ecstasy were easy/very easy to obtain.

These findings are in keeping with the results of similar studies undertaken in Ireland. A usage of drugs by forty per cent of teenagers is comparable with findings in a Dublin study. The use of illegal drugs has been shown to be related to availability. The Midland Health Board's study indicates that illegal drugs are readily available.

Recommendation 1.1.

The Board will continue to provide information, education and advice services to schools, community groups and individuals in relation to the use and misuse of drugs and alcohol.

3.4 SURVEY OF PROFESSIONALS - 1995

In 1995, a survey of GPs, Gardai, Hospital Services and Addiction Counsellors was undertaken by the Directors of Community Care. For this survey, drug misuse was defined as the use of any drug, legal or illegal, which damaged some aspect of the users life.

The main findings of this survey were as follows:

- **Alcohol is the number one misused drug in the Midland Health Board area.** Eighty eight per cent of patients treated for drug misuse by the psychiatric services (both in-patient and outpatient) were for alcohol misuse and 80 - 90% of patients seen by addiction/substance abuse counsellors related to alcohol misuse.

- **Tranquilliser abuse was the second commonest problem in general practice.** There was a small but definite illegal drug misuse problem in the Midland Health Board area. Opiates, cannabis and solvents are the main drugs misused.

- **50% of GPs surveyed reported having dealt with the problem of illegal drug abuse.** Opiates accounted for almost 50% of drug misuse of which 75% were legally prescribed drugs-morphine, pethadine and codeine.

- **Heroin accounted for** 6% **of cases.** Five per cent of GPs reported that they had prescribed methadone as a treatment in primary care in conjunction with the Drug Treatment Centre in Dublin. Cannabis and solvents accounted for 30% of illegal drug misuse encountered by GPs and 90% of clients counselled by the Community Addiction Services.

- **Cannabis was the most common drug seized by the Gardai.** A quarter of GPs felt the abuse of illegal drugs in their area was increasing particularly in some urban areas. A third of GPs had been consulted by parents about the worry of drug misuse by their children.

The studies outlined above indicate that alcohol is the primary drug of misuse in the Midland Health Board. Cannabis is the most commonly used illegal drug but there is also a small percentage using heroin. Twenty five percent of GPs felt that the drug problem was increasing. The high usage among teenagers of alcohol and drugs would enhance this concern. Teenagers reported having ready access to drugs. Proximity to Dublin has been suggested as a reason for

this. There is evidence of an increase in opiate abuse in the Board's area. The Board should develop an action plan to deal with this issue in line with government policy.

3.5 SERVICE PROVISION

3.5.1 DRUG AND ALCOHOL COUNSELLING SERVICES

Drug and Alcohol Counselling services are provided in 13 locations throughout the Midland Health Board, inclusive of St. Fintans and St. Lomans Hospitals. The locations and number of attenders and attendances are outlined below.

LA PIS/OF FAL Y SER VICE

Location	Number of Attendances	Number of Clients	
	1996	1996	1998
Portlaoise	1,283	173	172
Tullamore	398	65	55
Edenderry	144	33	25
Birr	216	41	27
Graiguecullen	60	11	0
St. Fintan's	40	35	50
TOTAL	**2,141**	**358**	**329**

Table 1. Number of attendances/clients attending counselling services in Laois Offaly 1996 — 1998

The service provided in Graiguecullen ceased to operate in 1998.

LONGFORD/WESTMEA TH SER VICE

Location	Number of Attendance			Number of Clients		
	1996	1997	1998	1996	1997	1998
Mullingar	1,959	1582	1,728	368	351	313
Athlone	1,182	985	604	235	199	202
Moate	279	247	183	52	48	39
Longford	644	601	683	128	98	137
Granard	139	218	194	33	39	29
Ballymahon	141	206	119	29	27	27
St. Loman's	265	285		136	135	
TOTAL	**4,609**	**4,124**	**996**	**981**	**897**	**747**

Table 2. Number of attendances/clients attending counselling services in Longford Westmeath 1996 - 1998

Note: In 1998 counsellors from the Longford Westmeath team were involved in the provision of a counselling service to persons from the Laois Offaly area. Four (4) persons required this service, accounting for 131 sessions.

In addition to the above locations a liaison service is available to the General Hospitals where requested.

While the drug and alcohol counselling service deals with both alcohol and drug problems, the vast majority of attenders have alcohol related problems.

A number of persons with alcohol related disorders attend for out-of-hours group therapy and aftercare services in a number of locations. The numbers attending for such services in 1998 are outlined in the following table.

Location	No. of attendances/ 1998
Longford/Westmeath	737
Laois/Offaly	1,510
Total	**2,274**

Table 3. No. of attendances at Midland Health Board group therapy and aftercare services provided by the Substance Abuse Counselling Service 1998.

Group therapy and aftercare services provide an important element of support for individuals who have completed the necessary course of one to one counselling.

3.5.2 PSYCHIATRIC SERVICE

The psychiatric services provide an alcohol and drugs service to outpatients and in-patients.

3.5.2.1 Psychiatric out-patient services

No. of Patients seen

Diagnosis	***Laois/Offaly***			***Longford/Westmeath***		
	19996	***1997***	***1998***	***1996***	***1997***	***1998***
Alcoholic Disorders	56	74	57	54	88	93
Drug Dependence	4	4	8	18	29	36
TOTAL	**60**	**78**	**65**	**72**	**117**	**129**

Table 4. No of patients attending MHB psychiatric out-patient services with alcohol and drug related diagnoses 1996-1998

Source: Midland Health Board: Annual Statistics Services for people with Mental Illness / Inspector of Mental Hospitals Returns 1996,1997,1998

3.5.2.2 In Patient services

Admissions to Psychiatric Hospitals

Diagnosis	*St. Loman's*			*St. Fintan's*		
	1995	***1996***	***1997***	***1995***	***1996***	***1997***
Alcohol Disorders	196	204	221	145	155	185
% all admissions	(27%)	(31%)	(30.5%)	(25%)	(25%)	(29%)
Drug Dependence	15	10	12	3	4	10
% all admissions	(2%)	(1.5%)	(1.7%)	(.5%)	(0.6)	(1.6%)

Table 5: Number of admissions to MHB psychiatric in-patient services with alcohol and drug related diagnoses 1996-1998.

Source: Health Research Board. Annual Report. Activities of Irish Psychiatric Hospitals and Units 1997, Table 15.8

First Admissions

Diagnosis	*St. Loman's*			*St. Fintan's*		
	1995	***1996***	***1997***	***1995***	***1996***	***1997***
Alcohol Disorders	45	43	52	39	40	35
% all first admissions	(27%)	(29%)	(29%)	(23%)	(23%)	(23%)
Drug Dependence	7	8	9	1	2	5
% all first admissions	(4%)	(5%)	(5%)	(0.6%)	(1%)	(3 %)

Table 6: Number of first admissions to MHB psychiatric in-patient services with alcohol and drug related diagnoses 1996- 1998

Source: Health Research Board. Annual Report. Activities of Irish Psychiatric Hospitals and Units 1997, Table 15.12

All Admissions -Rates per 100,000 aged 16 years and over

Diagnosis	St. Loman's			St. Fintan's			National Rates		
	1995	***1996***	***1997***	***1995***	***1996***	***1997***	***1995***	***1996***	***1997***
Alcohol Disorders	295	307	324	184	197	229	170	177	194.8
Drug Dependence	23	15	18	4	5	12	18	20	21.2

Table 7. Rates per 100,000/admissions to MHB psychiatric in-patient units with alcohol and drug related diagnoses 1995-1997

Source: Health Research Board. Annual Report. Activities of Irish Psychiatric Hospitals and Units 1997, Table 15.11

3.5.2.3 Continuing Care provided by Psychiatric Service

The Board provides services to a number of persons with drug and alcohol dependence within the Day Hospital and Day Centres network provided by the psychiatric service. However, the proportion of persons attending these centres is small compared to the overall number presenting to all services with drug and alcohol related problems.

No. persons attending Day Hospitals

	Laois *1997*	**Offaly** *1998*	**Longford** *1997*	**Westmeath** *1998*
Alcoholic Disorders	9	9	3	4
Drug Dependence	0	1	0	0
Total	**9**	**10**	**3**	**4**

Table 8. Attendances at MHB Mental Health Service Day Hospitals 1997-1998.

Source: Midland Health Board: Annual Statistics Services for people with Mental Illness / Inspector of Mental Hospitals Returns 1996, 1997, 1998.

No. persons attending Day Hospitals

	Laois *1997*	**Offaly** *1998*	**Longford** *1997*	**Westmeath** *1998*
Alcoholic Disorders	5	3	2	4
Drug Dependence	0	0	0	0
Total	**5**	**3**	**2**	**4**

Table 9. Attendances at MHB Mental Health Service Day Centres 1997-1998.

Source: Midland Health Board: Annual Statistics Services for people with Mental Illness / Inspector of Mental Hospitals Returns 1996, 1997, 1998.

The criteria for the diagnosis of patients admitted to hospital for alcohol and drug abuse conform to the *International Classification of Disease Number 10.* These cases represent the more severely dependent drug and alcohol abusers and those with significant co-existing physical and/or psychiatric morbidity.

Admission for alcohol misuse accounts for approximately 25% of all admissions to the Midland Health Board's psychiatric hospitals.

Admission rates by themselves are affected by local service factors such as admission policies, GP referral practices, accessibility of services, the level of bed availability and the presence of alternative facilities. Bed usage is also related to indices of low income, unemployment, poor housing, lack of skills and family problems. Admission rates alone do not necessarily reflect the wider extent of the problem of drug or alcohol misuse in the catchment area.

Standardised statistical information is essential for planning, administration and resource allocation. The Health Board currently contributes to the Health Research Board's annual report on drug misuse.

Recommendation 2.1

The Board will establish and develop standardised mechanisms for data collection relevant to ongoing monitoring of service delivery levels, needs assessment and service planning.

Target 2.1.1.

In line with the requirements for improved information for service planning and the requirements for greater accountability in service delivery, statistical information will be gathered on a monthly basis for each of the six sectors and should include source of referral, age, sex, employment status, home circumstances, type of drug abuse, non attenders and the intervention provided. Previous contact with the service should also be documented.

3.6 G.P. SERVICES

The G.P. may be the first point of contact with the health services for people misusing alcohol and drugs. In a G.P. survey (1995), 50% reported that they had dealt with the problem of illegal drug use. Cannabis and solvents accounted for 30 % of any misuse encountered. Opiates accounted for almost 50% of drug misuse of which 75% were legally prescribed drugs-morphine, pethadine and codeine. Heroin accounted for 6% of cases.

Detoxication is provided by general practitioners in primary care. Prior to the new regulations on methadone prescribing, some have also prescribed methadone as a treatment in conjunction with the Drug Treatment Centre in Dublin.

G.P.s work in conjunction with the counsellors in the Community Alcohol and Drug Service.

Chapter 4

HEALTH PROMOTION

4.1. PRINCIPLES OF HEALTH PROMOTION

The Ottawa Charter (1986) outlined the five principal elements of health promotion for action. All of these have relevance in relation to developing polices for drug and alcohol use.

- Building healthy public policy
- Creating supportive environments
- Strengthening community participation and action
- Developing personal skills
- Re-orienting health services

Health promotion on an individual level involves educational processes enabling people to acquire information and skills that will help them in making good decisions in relation to their health. At a community or regional level, it involves policies, structures and support systems **"to make the healthier choice the easier choice".**

It is accepted that the provision of treatment and rehabilitation services alone is insufficient to deal with the complex problems of alcohol and drug misuse. **An effective response must incorporate preventive and health promotion strategies.**

The appointment of a Health Promotion Officer to the Board has facilitated the development of an integrated approach to drug prevention. The Drug Education Workers and the Addiction Counsellors who have already played a major role in this area support the Officer in this role.

4.2 HEALTH PROMOTION AND PREVENTION

One of the primary objectives of the Midland Health Board is the prevention of drug and alcohol related problems through health promotion. Preventive approaches used are based on policy development, community action, skills development and education. The goal is to promote a reduction in the misuse of substances in the region.

The following are the aims of the Substance Misuse Education and Prevention work undertaken by the Midland Health Board:

- To enable people to make healthier choices with respect to all substances
- To assist and support individuals and families involved with substance misuse
- To reduce the demand for substances through the facilitation of educational approaches in partnership with other agencies
- To support work undertaken by other agencies to reduce the supply of illegally used substances

- To promote an evidence based, co-ordinated approach to substance misuse education work and the monitoring of substance misuse
- To maximise the potential for health care profession as to recognise substance misuse and act accordingly.

These aims will be achieved by the following objectives:

1. To provide accurate advice and information to the public on substance related issues
2. To develop parent educational and developmental programmes in community settings
3. To facilitate training of those working with young people in formal and non-formal educational settings
4. Support communities in development strategies to approach substance misuse
5. To provide informatin and training in substance education, within and between services for staff working in the area of substance education
6. To work in partnership with other statutory agencies (County Council, VECs, Department of Education, Justice, Area Partnerships etc.) and community groups in the development of substances education strategies and supportive environments
7. To advocate for, and advise in the development of, policies at Government and local level that promote effective substance prevention measures
8. To develop an integrated approach to this work in the Midland Health Board
9. To prioritise work within services, so that those most at need are reached
10. To plan long term substances education strategies and report on all substances education. initiatives using an appropriate planning model (such as the 'Drugs, Questions, Local Answers', project management approach) based on best practice, cost effectiveness and consumer participation
11. To monitor and research on an ongoing basis attitudes to substances and substance use in various settings
12. To ensure services for substance misuse are accessible and local

Priority Actions include:

- The development of a substance misuse prevention strategy through consistent, co-ordinated regional and local planning with a range of agencies. This strategy should include comprehensive substance misuse education in primary, secondary and special schools.

- Early intervention and prevention targeted at high risk children and families.

- Development of comprehensive schools health education programmes.

- The provision of training to all those involved in the field, but particularly those working with youth in the non-formal setting.

- Development of structures to ensure the availability of good quality information on substance misuse.

- Further development of partnerships at community level.

- Lobbying for the development of social responses including anti-poverty strategies, urban regeneration, access to training and employment for substance misusers.

The key players in the Midland Health Board are the Health Promotion service and the addiction counsellors. The staff involved in the Health Promotion Service include the Health Promotion Officer, two Senior Health Education Officers, two Health Education Officers (Substance Misuse) and two Senior Schools Health Education Officers. The Health Promotion service in conjunction with the addiction counsellors are preparing a substance misuse education and prevention policy for discussion.

Recommendation 3.1.

The Board will develop a comprehensive Substance Misuse Education and Prevention Policy to guide the actions of its drugs and alcohol counsellors and health promotion staff.

Target 3.1.1

The Board will publish a drugs education policy in 1999

4.3 PREVENTING DRUG MISUSE

Across Europe, there has been an increased investment in demand reduction. Demand reduction is a community responsibility where the Health Board has a part to play, but it must be emphasised that the Health Board cannot solve the problem alone.

Although illegal drugs have been given a high profile in Ireland, alcohol is the major drug of misuse among all age groups. *The National Alcohol Policy* promotes moderation with the promotional message “less is better”. A harm minimisation approach may be deployed also in relation to illegal drug misuse where abstinence is an unrealistic goal. Examples of this would include promoting needle exchange for intravenous drug users and safe sexual practices.

Focus must be placed on factors which lead to drug taking or misuse of alcohol or protecting young people from drug abuse, moving the emphasis from drugs to wider family and social influences.

Targeting children early in life (commencing in primary school) is a very important component of the prevention of drug misuse. Patterns of alcohol and drug use or addiction may have already been established before the teenage years thus lessening its impact.

School programmes are the most widespread form of primary prevention. Primary prevention is more effective when started early and continued through to secondary school. These programmes should be incorporated into general health promotion programmes or health and personal development programmes provided throughout the school system e.g. the ‘life skills’ programme used in secondary school settings in the North Western Health Board, or the Bi Follain programme initiated in primary school settings in the Mid-Western Health Board and now being implemented in the Midland Health Board. Self-esteem and self-confidence are factors which can be contributory to drug use. Health promotion programmes such as these which incorporate modules that develop personal skills help to build self-confidence and self esteem. Information giving alone may increase knowledge and raise awareness but not

succeed in causing behaviour change or significant shifts in attitude. Addressing young people's attitudes to drugs and alcohol and the role of peer pressure in substance abuse is an important element of school programmes like *SAP (Substance Abuse Programme) or On My Own Two Feet.* It is hoped that the latter programme will be incorporated into the schools in the Midland Health Board's area.

The use of drugs and alcohol has been associated with unsafe sexual practices which can result in sexually transmitted diseases including hepatitis B as well as unwanted pregnancies. Sexually active individuals should be educated on risks and be encouraged to abstain or practice safer sex by using condoms.

Schools should have a stated policy on pupils who are using drugs and alcohol as part of an overall social, personal health education policy. Expulsion from school does not address the problem. Counselling should be readily available for these youths. School policies should be developed as part of the health promoting school programmes. Schools should be assisted in the development of a School Health Policy.

Early school leavers are a high-risk group for drug misuse. Identification of potential early school leavers would allow early intervention resulting in more positive outcomes for these young people. The Midland Health Board is currently researching the health needs of this group.

Concern has been expressed nationally also in relation to the availability and use of illegal drugs within third level educational establishments. It has been suggested that the high level of unplanned pregnancies is linked to excessive use of alcohol by students. Drug and alcohol misuse can also result in academic under achievement as well as serious addiction problems for a minority of users. There is a need to develop a Health Promoting College concept with the development of an alcohol policy. A culture can exist within Colleges which aims to provide information and promote healthy attitudes to alcohol.

A number of effective policy measures were highlighted in the Department of Health National Alcohol Policy document and these should be implemented as a matter of urgency.

The glamour of alcohol excess and drug taking must be counteracted. Legislation on advertising of alcohol is needed which places restriction on the advertising of the product in a glamorised fashion especially involving young people. A certain percentage of profits on alcohol or a percentage of the taxes paid by the Alcohol Industry should be designated specifically for health promotion initiatives on alcohol and the Midland Health Board should make representations to the Department of Health to implement measures to effect this recommendation.

Studies have shown that smokers are at greater risk of being high consumers of alcohol and of using illegal drugs. Smoking is considered a gateway to other drugs. Anti-smoking campaigns may, therefore, help to reduce not only tobacco consumption but also alcohol and illegal drugs. Further research is needed in this area.

Recommendation 3.2

The Board, through its health promotion service will assist in the development of suitable health education programmes, and in the development of schools health policies.

Target 3.2.1

The Board will work with relevant agencies to incorporate primary prevention programmes into health education and life skills programmes currently being delivered in schools throughout the Board's area.

Target 3.2.2

The Board will seek to establish a Health Promoting College concept in association with Athlone Regional Institute of Technology.

Target 3.2.3

The Board will work with agencies developing programmes for early school leavers to address identified needs.

Target 3.2.4.

The Board will examine the potential for the introduction of harm minimisation strategies into current drug misuse service delivery programmes.

Recommendation 3.3

The Board will continue to seek the implementation of effective policy measures outlined in *the National Alcohol Policy.*

4.4 MULTI - AGENCY APPROACH

With so many different agencies involved, statutory, voluntary and community, a multi-agency approach is required to ensure a co-ordinated approach to the issue of substance abuse. A regional co-ordination committee as recommended by the Ministerial Task Force was established in the Midland Health Board in 1995 with representatives from the Health Board, Gardaf, Parent's Council, Teachers, Regional Institutes of Technology, Probation Service etc. This provides a valuable forum for exchange of information and future planning for a multi-sectoral response. It has the following terms of reference:

- To share information
- To work towards an inter-sectoral response to drug misuse
- To assess the drug problem locally through a multi-agency approach
- To increase community awareness
- To facilitate the education of key people, e.g. teachers
- To promote joint work between statutory and voluntary agencies and the community

4.5. COMMUNITY INITIATIVES

Strategies which encourage the involvement of local people are more likely to succeed in reducing the demand for drugs. The Community Alcohol and Drugs Services have been instrumental in setting up Drug Questions, Local Answer courses in Mullingar, Athlone, Longford and Portarlington. Following on these courses, due to concern about the drugs issues, Drugs Awareness Groups were formed in all of these towns. The aim of these groups is to encourage involvement of local people in partnerships with voluntary and statutory services in the development of strategies to reduce the demand for drugs.

Recommendation 3.4.

The Board will continue to work with local communities on initiatives to reduce the demand for drugs.

Target 3.4.1.

The Board will continue to expand Drugs Questions Local Answers programmes throughout the region in association with local community groups.

Wider social factors have a role in the problems of drug abuse. Many youngsters with drug problems belong to the lower socio-economic groups and may come from families where alcohol is abused. The provision of youth services is one of the issues being promoted by the local community groups and others. Drop in centres are being developed where young people can meet for social and recreational purposes. These centres are especially important for youths from dysfunctional families or unstable home environments. The provision of adequate recreational facilities independent of the local pub is important. The Vintners Group in Athlone have supported local initiatives for young people.

Support groups should be provided for those in disadvantaged areas e.g. parenting support groups which would encourage and foster good parenting practices. Parents should be supported in their role as primary educators. The provision of programmes that develop mental and emotional health, self-esteem, communication skills, personal relationships and coping skills are vital for high-risk groups. These core components already form the basis of the *'Personal Development Drugs and Alcohol Programme'* which has been provided by the Community Drugs and Alcohol Services to a wide range of Community Groups in the Midland Health Board. Organisations such as *Alanon and Alateen* provide valuable support and encouragement to spouses and families of those affected by alcohol and drugs.

Recommendation 3.5

To Board will seek to provide Family intervention programmes for families identified as being at high risk for development of alcohol or drug problems.

4.5 WORKPLACE INITIATIVES

Many employees experience alcohol or drug problems which may affect their work and quality of life. Employee Assistance Programmes which assist employees to find help for alcohol, drugs and other problems have developed in some workplaces. The Board's Community Drugs and Alcohol Services have provided consultancy and counselling services in this setting. The

workplace provides captive audiences for health promotion programmes and should be utilised accordingly. The Midland Health Board could provide the exemplary lead in this area for its own staff.

Recommendation 3.6.

The Board will develop a health promotion in the workplace programme.

Target 3.6.1

The Board will develop a health promotion in the workplace programme for its staff including appropriate employee assistance, and counselling programmes for staff experiencing difficulties with alcohol and drug problems.

Target 3.6.2.

The Board will engage with employers throughout the region with the aim of developing appropriate health promotion in the work place programmes.

4.6 EARLY IDENTIFICATION/TRAINING PROFESSIONALS

Early identification of problems is important. **To ensure this, on-going education of the professional is important.** Some GPs may not be willing to get involved with alcohol/drug using clients if their training does not encompass these issues. Other professionals also need training in relation to alcohol and drug use e.g. Nurses, Social Workers, Teachers, Probation Staff, Gardai etc. The Community Drugs and Alcohol Services have been involved in this type of education. The problem of prescribed drug abuse should also be addressed in any education programme.

Recommendation 3.7

The Board will provide improved information, advice and support in relation to alcohol, drugs (illicit and prescribed) and tobacco through the region and will work closely with local drugs awareness groups.

Target 3.7.1.

The Board will train a number of people to deliver the DQLA programme.

Target 3.7.2.

The Board will provide Smoking cessation Brief Intervention training programmes for General Practitioners in association with the Irish College of General Practitioners.

It is also important to raise awareness among the general public of the risks, symptoms and signs of drug and alcohol abuse. This may result in family members, friends or work colleagues of a person with such signs seeking help and advice at an earlier stage. The media are important in facilitating any public awareness campaign. Knowledge of the pathways of referral is very important for both professionals and the general public.

Recommendation 3.8

The Board will raise public awareness of the services provided by the Community Drugs and Alcohol Services, and the Boards health promotion service.

4.8. RESEARCH

Research on the extent of alcohol and drug use among young people has been carried out in the Midland Health Board, (see Chapter 3, section 3.3.). This baseline data is important in developing appropriate health promotion initiatives in the area. Outcome monitoring of these initiatives is imperative in guiding future practice.

Standardised methods of data collection throughout the Board in relation to users of the current service can be utilised to identify trends and plan future service accordingly, (see rec. no 2.1). As many people with alcohol or drug problems do not attend the Health Board services it is important that a needs assessment would include information from G.P.s and other professionals. Other sources of useful information include community surveys and Health Education Officers.

Chapter 5

5.1 EXISTING DRUG AND ALCOHOL COUNSELLING SERVICES

The Midland Health Board currently provides comprehensive drug and alcohol services on a hospital and community basis. Since the 1980's, following the publication of the report *Planning for the Future*, these services have developed from a mainly in-patient service to a comprehensive community based service. Prior to the setting up of these services there was a specialist counselling service provided in the community by the Irish National Council on Alcoholism in the Longford/Westmeath area. The existing counselling services were developed when the Midland Health Board facilitated the training of a group of Psychiatric Nurses at the Stanhope Street Alcohol Treatment Centre.

Community services have been organised on a geographical basis. Referrals to the Service come from a wide variety of sources as follows:

- General Practitioners
- General Hospitals
- Self referrals
- Social Workers
- Probation and welfare service
- Family referrals
- Mental health service

5.2 Organisation of Existing Services

The delivery of the existing services are marked by the following characteristics:

1. Accessibility.

- By providing a community based out-reach service in strategically based clinics.
- Offering appointments in unsociable hours e.g. evening and weekends.
- Seeking to reduce barriers to accessing service by encouraging self referral and direct contact with service
- Offering domiciliary visits where required.

2. Consultative

- Working with clients to jointly assess needs and determine work plans.
- Consulting with clients, professionals, voluntary groups and community groups elicit users view of the service.

3. Needs Led Service

– Providing where possible a range of services according to client population.

– Offering an appointment within the speediest possible time span within staff limitations and resources.

– A needs led service which aims to maximise measurable Health and Social Gain

4. Confidential Services

– Respect for client confidentiality. Offering flexibility in where the client is seen **to** preserve confidentiality.

– Informing clients of the boundaries of confidentiality.

5. Non Stigmatising

– To offer a service which is non judgmental, avoids labelling and respects the dignity and rights of clients.

– To be sensitive to the needs of all groups e.g. young people, men, women, gay people, travellers, disabled people, offering a choice of counsellor and also a choice with regard to gender.

6. Clientele

– Any person who experiences social, psychological or physical problems as a consequence of his/her drinking or drug taking, may avail of the service.

– People experiencing problems with grief, relationships, family problems and associated stresses may also avail of the service.

5.2 TREATMENT AND REHABILITATION

Treatment for persons with Drug and Alcohol related problems is provided on an inpatient basis at St. Fintan's and St. Loman's hospitals, and in a variety of community settings.

Those patients who are accepted into hospital for assessment and treatment have available to them a wide range of services including a general physical and mental state assessment as well as appropriate investigation.

A quarter of psychiatric admissions have an alcohol related component to their condition. Indeed the complex interplay of physical and psycho social factors involved in the origins and effects of alcohol dependence demand the knowledge and skills of psychiatry, while the complex behaviour of people with alcohol problems and the suitable treatment regimes call for

the expert management of a specialist. Some of these patients require more than detoxification. Following initial assessment, an effective treatment care plan is established drawing on the skills of the Psychiatrist and the Specialist Drug and Alcohol Counsellors. This has implications for the length of stay which will ultimately be determined by the circumstances of each individual case. However the overall evidence indicates that the Board should be aiming to treat a greater proportion of those with alcohol problems in the community rather than in the hospital setting. Furthermore the number of first admissions to hospital is small relative to the overall number of admissions for alcohol related problems, indicating poor motivation to continue with treatment programmes post discharge.

A full in-patient treatment programme for a number of patients is required rather than just brief intervention and brief detoxification. There is also a small number of patients who because of organic brain damage and severe personality disorder would require long term residential care.

There is a general upward trend in demand for in patient assessment and treatment since 1995 (see table of inpatient admissions, section 4.1.2). despite attempts to shift the focus toward treatment in the community. This is particularly evident in the Longford Westmeath area.

5.4 RANGE OF SERVICES

In the community a greater range of services and interventions are available to persons in need. These generally include:-

- Home detoxification - supervised by GPs and Substance Abuse Counsellors.
- Referral for detoxification to a General or Psychiatric Hospital.
- Education on the use of alcohol/drugs
- Individual counselling
- Group therapy
- Training in abstinence or controlled drinking
- Social skills training
- Harm reduction strategies
- Stress management
- Problem solving skills
- Assertiveness training
- Communication skills
- Budgetary skills
- Referral to social services such as psychiatric clinics, child health clinics.
- Involvement of self help groups
- Psychological services as appropriate

The times and locations of these services are flexible and geared to meet the needs of people. Individuals are assessed and personal treatment programmes are developed which will usually involve family members, employers and other relevant persons where appropriate. Aftercare services are offered to all people on an out-patient basis.

A new regulatory frame work was introduced in 1998 for the prescription of methadone. Where appropriate the Board will attempt to meet the needs of those with opiate addiction problems in accordance with the new regulations locally

A comprehensive service has to respond to a wide variety of issues associated with drug and alcohol misuse. This calls for co-ordination between a variety of agencies such as the Drug and Alcohol Service, Department of Public Health and the Department of Justice. It is important that we acknowledge that there has been a change in how professionals now view drug/alcohol problems. The traditional view strongly stated that alcoholism was a progressive and predictable disease. The treatment goal for the disease of alcoholism was total abstinence. However, since the advent of the Public Health Model in the mid 1970's there has been a major shift in the basic concepts through which we understand drug and alcohol use.

The Public Health Model promoted by the *World Health Organisation* draws heavily on epidemiological research and acknowledges that drugs and alcohol are dangerous if used inappropriately. It recognises the significant individual differences in susceptibility to drug and alcohol problems. It stresses the importance of the influence of the availability of drugs and alcohol. The overall level of alcohol related problems which a population will experience is directly related to the level of consumption of alcohol in that population. The goal in relation to alcohol consumption is to promote moderation. Sensible drinking guidelines have been outlined in the National Alcohol Policy with the promotional message of "*less is better*".

5.5 INTERVENTION

The overall goal of intervention is to reduce or eliminate the use of alcohol or drugs as a contributing factor to physical, psychological, social, legal or family problems. Given that drug and alcohol problems are characterised by heterogeneity, it is important that a range of responses are available, as listed above.

There is no single approach that is effective with all persons with drugs and alcohol problems. Evidence suggests that there is no overall advantage in terms of outcome for residential in-patient treatment/intervention over out-patient community care.

A combination of appropriate specific interventions/treatment, social skills training, marital and family therapy, stress management and community reinforcement approaches, and therapists' characteristics notably empathy, experience, skills and knowledge can improve outcomes. (Miller 1991)

Outcomes are also influenced by pre treatment issues, treatment process factors, post treatment adjustment factors, the individual characteristics of the person seeking help, the characteristics of their problems, and the interaction of all of these.

A comprehensive service should acknowledge all of the above, and should offer a range of responses to individuals. These responses should be shown to be effective.

An integral element of the approach taken to assessment, intervention and outcome is the utilisation of a range of specialised and validated and internationally recognised rating tools by

the therapist. Such tools, e.g C.A.G.E. score, M.A.S.T. score, facilitate measurement **of** outcome of intervention and counselling. Drug screening is an important indicator of abstinance in the person undergoing treatment. All counsellors are trained and familiar in the use of these tools.

The role and support provided by agencies such as Alcoholics Anonymous, Al-Anon and Narcotics Anonymous to persons and their families experiencing drug and alcohol problems is an essential community resource which the health board supports in providing access to facilities for meetings. The community drug and alcohol service encourage attendance at their meetings as part of the recovery and support process.

5.6 ROLE OF FAMILY AND REFERRAL AGENCIES

The family and friends of people with drug and alcohol related problems are themselves at risk of developing stress related physical or psychological problems. They are typically unaware of how to effectively deal with the problem as it develops. Intervention strategies normally require the involvement of family members. Counsellors provide an education and advice service to family members and relatives.

Referral agencies need to understand and inform the family or relatives that their involvement is particularly beneficial in the treatment plan and quite often they are more receptive to help than the person who is abusing drugs and alcohol.

The role of the GP and other primary care workers is of paramount importance. Treatment begins at first contact and brief interventions may be all that is required. It is important that health service personnel be aware of the signs of drug and alcohol abuse problems so that early intervention can be initiated before more serious problems develop. Outpatient community based assessment is required in order to determine which treatment option is the best match for the patient's need. Referral to the General Hospital is clearly indicated when there are physical complications. Equally, referral to the Psychiatric Unit/Hospital is indicated when there are psychiatric complications or comobidity.

Recommendation 4.1

A policy of home detoxification followed by referral to the community based service when appropriate will be pursued as the first option in the treatment of drug or alcohol problem.

Target 4.1.1

Referral for admission to hospital for drunkenness by G.P.s, Gardai, family friends or self will be actively discouraged as a policy. Admission policies will take cognisance of who to admit and who not to admit.

Target 4.1.2

The Board will continue to develop services for those with opiate addiction problems in accordance with national policy.

A sizeable number of persons admitted to our Psychiatric Hospitals with drug and alcohol related problems do not attend for after care and therefore, default out of the system. It is essential that an adequate in patient treatment programme is developed, aimed at increasing

their motivation and ensuring a greater up take of the aftercare services. Special attention needs to be paid to this group who do not attend for aftercare and a specific liaison should be established between the hospital staff, G.P.s and the community staff as part of a general outcome monitoring of admissions.

Recommendation 4.2

The Board will examine options to improve services to people in need.

Target 4.2.1.

The Board will examine options to improve in patient treatment programmes, and uptake of aftercare services.

Target 4.2.2

The Board will establish enhanced liaison mechanisms with hospital staff (both Acute General and Psychiatric), General Practitioners), community care staff and other referral agents.

5.7 CONTINUING CARE NEEDS

The group of people who experience relapses includes a mixed group such as people with no fixed abode, the poorly motivated, those who just want a bed for the night, those whom the referral agent just wants to get off their hands and those whose reason for admission are classified under social admission. While therapeutic optimism is severely limited with this group - they do require some form of residential care other than admission to an acute ward of a Psychiatric Hospital. Although their numbers are small the major reduction in hospital beds, places the predicament of this severely damaged group high on the priority list. This group also places pressure on acute in-patient bed availability for other persons experiencing crisis and whom require hospitalisation.

Recommendation 4.3.

The Board will carry out a needs assessment in respect of alternative accommodation requirements for persons for whom in-patient accommodation is least appropriate to their needs.

Target 4.3.1

The Board will work with relevant statutory and voluntary agencies to develop a strategy to meet the identified accommodation needs.

5.8 LIAISON WITH PROBATION SERVICE

The use and abuse of drugs and/or alcohol is a significant feature in the commission of much crime. The Probation and Welfare Service is in a unique position to identify and motivate drug and alcohol abusers to seek treatment for their problems. Referrals to the service are made when clients appear in court, which for them creates a personal crisis, and thus enables them to consider change in their lifestyles. Referrals from the probationary service prior to sentencing constitutes a sizable workload for the Community Drug and Alcohol service both in the provision of progress reports to the courts and in the number of subpoenas being issued to

counsellors to attend at the court. It is however a valuable mechanism in the promotion of a positive health and social gain outcome for persons referred to the service. It is anticipated that this will continue in the future.

Many of these referrals require detoxification before they can proceed to undertake treatment, but are unwilling to be referred to St. Loman's or St. Fintan's Hospitals for this purpose.

The trends noted above require an adequately staffed, researched and supported community based drug and alcohol service. The support of the G.P. is paramount.

Only with the availability of such a service will it be possible to develop the level of routine contact, liaison and joint working required in dealing with substance abuse problems. The nature of the problems are such that no agency or organisation can or should work in isolation from others. Service delivery requires a more readily available laboratory service for drug screening procedures. Laboratory facilities for drug screening are currently provided by Beaumount Hospital. *The Alcohol Educational Court Programme* and similar programmes dealing with minor drug offenders need to be revitalised The recent announcement of special 'Drug Courts' is welcomed. This system allows for non-violent offenders to'be dealt with in a more therapeutic than punitive approach.

Plans to extend Portlaoise prison to accommodate up to 500 prisoners will have an impact on the Midland Health Board's service. It can be assumed that a certain number of these prisoners will have alcohol or drug problems which will require treatment services. This service may be provided by the Department of Justice as part of their Prison Health Service.

Recommendation 4.4.

The Board will continue to monitor, through the collection of relevant data the level of referrals from all agencies with a view to ensuring an equitable distribution of services to all persons resident within the Board's area.

Recommendation 4.5.

The Board will continue to monitor service activity and demands placed on the service in order to ensure an appropriate level of staffing and skills to meet identified needs.

Chapter 6

SERVICE DELIVERY, ORGANISATION AND MANAGEMENT

6.1 STAFFING AND TRAINING

At the time of the establishment of the existing Community Drugs & Alcohol Service service a number of nursing staff from St. Fintan's and St. Loman's Hospitals received formal training **in** Alcohol and Substance Abuse Therapy. The intention at that time was that there would be available in both catchment areas a service for persons with alcohol related problems both while in hospital and following discharge, in the community. The service was to be led by the Clinical Director / R.M.S. for each Catchment Area with counsellors professionally responsible to the Chief Nursing Officer.

This was to be a seamless service with very close integration of hospital and community resources and management structures which would facilitate same. The hospital based therapists would provide counselling and therapeutic programmes to persons in hospital with alcohol related problems and would liaise closely with their community based colleagues **to** ensure continuity of care following discharge.

In reality this expectation was never fully realised. The hospital based Counsellors at St. Fintan's Hospital returned to their substantive posts in the hospital nursing service. At St. Loman's Hospital four Nursing Staff continue to be employed in the Admission Unit in the substantive grade of Substance Abuse Therapist in order to implement programmes of care at the earliest point possible in the treatment process.

It is worth noting that at the time of establishment of this service, virtually all referrals to the Community Drugs and Alcohol Service came through the Mental Health Service of both hospitals. Today, it is estimated that only about 10% of referrals to the service come from the Mental Health Service with the remaining 90% coming from a range of other sources including General Practitioners, concerned persons, probation services, etc. The community based counsellors visit the Admission Units within the hospitals and assess appropriate clients there. At the same time the Consultants refer directly to the Community Drugs and Alcohol Service any persons in their care whom they consider appropriate.

Within the Longford/Westmeath Mental Health Service there are four community based Substance Abuse Counsellors employed. They provide a service to the whole catchment area on an out-reach basis from their headquarters which is located at the Community and Drug and Alcohol Service building at Bishopsgate Street. These out-reach services are provided at Ballymahon, Mullingar, Longford, Granard, Athlone and Moate. This service has a well established identity in the region.

In the Laois/Offaly catchment area there is a complement of two Community Drugs and Alcohol counsellors and two trainees. As in the Longford/Westmeath catchment area the service is provided on an outreach basis from a base in Coote Street, Portlaoise. These outreach services are provided at Portlaoise, Tullamore, Edenderry, Birr, Graiguecullen and

Rathdowney. It was initially provided to meet the needs of persons who could not access the service in other locations. With the development of a service in the relevant Health Board the service to Graiguecullen ceased to operate since 1998.

All counsellors employed in the service are accredited on an annual basis with the Irish Association of Alcohol Addiction Counsellors. (I.A.A.A.C.). A number of the counsellors have also undertaken further quaifications in counselling.

6.2 THE CONSULTATIVE PROCESS

As part of the review process the working group met with a number of interested persons and received submissions from many individuals and groups. The review group also met with all the Substance Abuse Counsellors and with Mr. J. Connolly, Health Education Officer.

From the submissions made, it was obvious that the primary role of the Community Drugs and Alcohol Service was seen as the provision of specialised services for those persons with problems associated with misuse of drugs or alcohol. It would seem from the comments made that the service provided in the Longford/Westmeath Mental Health Service area is generally regarded as being of a high standard. Users expressed the view that they found it easy to establish contact with and to have appointments provided within a reasonable and acceptable time frame.

In respect ofLaois/Offaly Mental Health Service area a number of comments suggested that there were certain difficulties experienced in terms of accessing the service. The working group attributed these difficulties to a temporary staffing shortage experienced at that time which resulted in only 1.5 W.T.E.'s Counsellors being available compared to 4 W.T.E. Counsellors in the Longford/Westmeath Mental Health Service area. This situation will be resolved when the student counsellors complete training early in the year 2000.

6.3 REFERRALS

As stated earlier, services are provided in each catchment area on an out-reach basis from a central location. There has been an increased in the number of persons referred to the counselling services for problems not necessarily exclusively confined to drug and alcohol misuse who might benefit from more specific counselling in the area of sexual abuse, H.I.V positive and Hepatitis C.

While not wishing to detract from the urgency of such referrals, and the potential association of these problems with drug and alcohol abuse, it must be noted that in providing such a service to these referrals, the level of service available to those persons suffering from drugs and alcohol related illnesses is reduced. While recognising the benefit such persons might gain from such intervention the working party considers that such persons should be referred to more appropriate general counselling services.

Recommendation 5.1

All referrals to the Community Drugs and Alcohol Service should be assessed to ensure they are appropriate for this specialised Service.

Target 5.1.1

The Board will establish general counselling services which are more appropriate for addressing other counselling needs.

Target 5.1.2.

The Board will establish appropriate referral mechanisms between referral agents and the counselling services.

Target 5.1.2.1

The Board will develop an information pack for distribution to all GPs which outlines the Board's policy in relation to the treatment of alcohol and drugs. This will incorporate a list of services provided, referral procedures and a listing of non-statutory services. This information pack will also be distributed to the clergy and Gardai and other relevant professionals.

Target 5.1.2.2.

The Board will work to improve feedback to the professional who referred the client for a service.

A number (approximately 10%) of referrals to the service are through the Consultant Psychiatrist, A sizable proportion of referrals are direct referrals by the individual. This reduces the potential for screening for appropriateness for the specialist service. For many it is through the counselling process that issues such as previous sexual abuse may be uncovered. The appropriateness of referral to another agency at a particularly sensitive time in therapy must be carefully considered in order not to fragment care. Continuation of therapeutic intervention must be supported by appropriate training and clinical supervision.

All self referrals to the service are requested to inform their G.P. who may be required to provide support and detoxification as part of the treatment process.

Appointments with counsellors are arranged on a staggered time basis. From feedback provided during the consultative process this works well in ensuring confidentiality for the individual using the service.

A more detailed description of the referral, treatment and liaison process for persons entering the service is provided in **Appendix 2.**

6.4 DEPLOYMENT

Counselling by its very nature is an intense and demanding role. In order to enable counsellors to cope with the special demands of the job, peer group support and counsellor supervision is required. In other Health Boards where counsellors worked in isolation there has been a rapid turnover of staff. To maintain an effective counselling service with staff who continue to feel valued and challenged, it is essential to ensure that such supports are available.

In Longford/Westmeath, Counsellors operate from Bishopsgate Street and individual Counsellors are assigned specific responsibilities for designated sectors. In Laois/Offaly the

arrangement differs in that while all counsellors are based in Coote Street, they each can provide services in any sector. In considering this issue the Working Party examined both of the above arrangements and also examined the possibility of having Counsellors based in each sector and operating as part of the Sector Teams.

Referrals to the counsellors in the Longford Westmeath area are directed to Bishopsgate street for people resident in the Mullingar sector. In the Athlone and Longford sector referrals are received by the sector secretary and appointments made accordingly. A waiting list is not generally operated with most referrals being seen within 6 to 10 working days. However as the volumn of referrals has increased the time available to individual clients may be compromised. Good practice dictates that each counselling session should take one hour. Reductions in time allocated to clients at each appointment prolongs the period of engagement with the service. Good practice also indicates that case review should occur after 6 to 8 counselling sessions in order to determine progress and future action.

All referrals to the Laois Offaly service are directed to the service base at Coote Street. Appointments are then made for counselling to be provided in a location within the sector of origin of the individual referred. Because of staffing restrictions a waiting list for service is operated.

While it is acknowledged that some persons may not need psychiatric services (aprox 90%) there is a need for close communication and shared review of those in receipt of shared care.

Recommendation 5.2

The Board will standardise service delivery arrangements throughout its area.

Target 5.2.1.

Each team of counsellors will function from a headquarters within each catchment area.

Target 5.2.2.

Each sector will have a named counsellor to whom it can refer for counseling services.

Target 5.2.2.1

Counsellors will liaise closely with members of the sector multidisciplinary team and participate in sector team meetings, care planning and care plan review meetings.

Target 5.2.2.2

The named counsellor for each sector will contribute to the setting and monitoring of operational plan targets during the service planning process.

Target 5.2.2.3

Counsellors for each sector will provide data on all activity and services it provides to the sector population on a monthly basis, to the sector management team.

6.5 POSTERING AND ATTENDANCE ARRANGEMENTS

The Substance Abuse Counsellors in Laois/Offaly operate a seven day service which includes cover of six and a half hours on Saturdays and eight and a half hours on Sundays. This is facilitated by staff working nine days per fortnight with a combination of twelve hour shifts and eight hours shifts in addition to the six and a half hours on Saturday.

In Longford/Westmeath there is a six day service as there is no provision for Saturdays, again this is by way of staff working an eight day per fortnight with a combination of long (13 hours) and short days.

In both cases this seems to have come about by virtue of the traditional rostering arrangements which pertain for Psychiatric Nurses in the Board's Region.

In relation to the length of shifts it is acknowledged by the Substance Abuse Counsellors themselves, that the long days are particularly onerous having regard to the nature of their work.

Recommendation 5.3

It is the recommendation of this Working Group, that the core service should operate on the basis of a Monday to Friday regime with all counsellors working a 39 hour week, spread over five attendances.

Recommendation 5.4

The named counsellor for each sector will liaise with sector management teams with a view to planning the level, frequency and location of service to be delivered to clients referred by sector teams.

It is acknowledged that there will be a need to provide some services outside of the above on occasions and flexibility in arrangements can facilitate this.

The question of potential loss of earnings should be addressed through the appropriate forum.

6.6 QUALIFICATION/TRAINING

As stated earlier at the time of the establishment of this service, the original group of Nursing Staff received formal training at Stanhope Street, Dublin.

This particular training equipped these staff with skills which enabled them to provide specialised counselling and educational programmes to persons experiencing alcohol related problems. There was, however, no standard training course or recognised qualification available for people who worked in the area of alcohol counselling. Over the years a number of training courses have been provided by various agencies which were designed for staff with the relevant expertise to work in the field of Alcohol Counselling. There was a great variance

in the quality and content of these training courses with no agreed accepted criteria at national level.

The Irish Association of Alcohol and Addiction Counsellors (a represented group of trained staff in the area of Drug and Alcohol addiction) was established in order to bring about a standardisation in training requirements. They have devised minimum criteria required in terms of training and expertise in order to be considered competent to work in the area of alcohol and addiction counselling. All of the existing counsellors employed by the Midland Health Board have undertaken addiction training in order to meet the standards set down by the *Irish Association of Alcohol and Addiction Counsellors.*

While all existing Substance Abuse Counsellors employed by the Midland Health Board are themselves qualified Psychiatric Nurses, this qualification while seen as desirable is not considered essential in order to practice in this area.

Recommendation 5.5

The Board will require that all persons employed in the future as a Substance Abuse Counsellor will hold a qualification equivalent to at least Irish Association Alcohol Addiction Counsellors standard.

6.7 LIAISON WITH DEPARTMENT OF PUBLIC HEALTH

The establishment of the Health Promotion Service in the Health Board and the appointment of the Drugs Education Officers will facilitate the counsellors' to devote themselves to a greater extend to the area of treatment and rehabilitation. The counsellors' job description requires that they provide a health promotion and education service in addition to their work in rehabilitation and treatment. They have over the years established a number of initiatives aimed at promoting healthier attitudes to alcohol use in the community at large and educating people about the dangers of drug misuse. This included initiatives such as the Drugs Questioning - Local Answers, media appearances and educational talks, etc. _

Recommendation 5.6

The Board will continue its policy of involving counsellors in health promotion, provision of information, and community initiatives aimed at educating people about the dangers of drug and alcohol misuse.

The establishment of the Health Promotion Officer and the Drug Education Officer posts has been a positive development. Close co-operation between this service and the existing Community Drugs and Alcohol Service will maximise benefit from the skills of each discipline. The development of a drugs education policy by the Health Promotion and Addiction Counselling teams will facilitate this.

6.8 CLINICAL SUPERVISION/STRUCTURES TO SUPPORT SERVICE DELIVERY

Responsibility for the management of the Community Drugs and Alcohol Service rests with the catchment area Management Teams who are required to ensure adherance to the Boards policies and consult with sector teams for psychiatric services.

Counsellors are all employed in the same substantive grade of Substance Abuse Therapists and are responsible to the Chief Nursing Officers with a reporting relationship to the Clinical Directors.

The Board does not have designated Consultant Psychiatrists with special interest and training in drugs and alcohol issues. The services of such a Consultant who could provide a specialist referral and consultation service to other professionals would be of value to the Board.

The Working Party considers that the counselling service would benefit from the establishment of a Senior Counsellor post at operational level. The senior post referred to, would improve the management and administration of this service. The post holder who would continue to hold a case load would be responsible for among other things, case load distribution and management, collection of statistical information, liaison with other services, etc.

Clinical supervision for persons referred by their G.P., and particularly where **G.P.** managed-detoxification is required, remains the clinical responsibility of the G.P.

Where individual clients are considered by counsellors, having presented via other referrral routes, to require a psychiatric consult a consultation will be arranged in agreement with the client and patients G.P. Close working arrangements are required between the services in order for a co-ordinated multidisciplinary service to be available to the client.

Each team is supported by secretarial staff support on an ad hoc basis by sector based secretarial services. The limited availability of secretarial and support staff is reflected in the reduction of time available to clients when counsellors are involved in collating and verifying epidemiological data for the Health Research Board, and of service activity data for the Board. Follow up reports to referring agencies are not as timely as good practice would dictate. Additional pressures are being placed on the service for regular reports on persons referred to the service by court and probation services.

Recommendation 5.7

The Board will continue to develop the community drug and alcohol services through enhancement of skills available, and creation of appropriate management structures.

Target 5.7.1

In line with the National Alcohol Policy the Board will seek the appointment of a designated Consultant Psychiatrist with a special interest in drugs and alcohol in each catchment area.

Target 5.7.2

The Board will establish Senior Counsellor posts in the Community Drugs and Alcohol

Service with the same reporting relationships as currently exist for counsellors.

Target 5.7.3

The Board will provide for the introduction of guidelines/protocols for the referral of persons to the psychiatric multidisciplinary team.

Recommendation 5.8

The Board will put in place the necessary clerical and information technology supports required to assist in the efficient functioning of the service.

Target 5.8.1

The Board will provide for one WTE secretary to be available to each team.

Target 5.8.2

The Board will invest in a system of data collection supported by suitable information technology to enable the outcome of interventions to be documented. This should include both the community and hospital services.

6.9 LOCATION

The report "The Psychiatric Service - Planning for the Future" published in 1984 was to serve as a blueprint for the development of psychiatric services. It recognised the major contribution made by voluntary groups such as Alcoholic Anonymous to the support and treatment of persons with alcohol related problems. It recommended that the service provided by such voluntary agencies should be integrated with the local health service and that there should be full co-operation and flexibility of arrangements. In addition it further stated that the sector service should act as a resource centre for all the services concerned with alcohol abuse in the sector.

The Mental Health Service plans 1998 states that the sectors will work to enhance the relationships/partnerships with voluntary organisations. Ideally, services for such persons should be provided from the Community Mental Health Centre which serves as the focus of Mental Health Service Activity within the community subject to their being sufficient accommodation available to provide for the full range of requirements, i.e. office accommodation, counselling rooms, meeting rooms and accommodation for voluntary groups. This would minimise the risk of isolation of the counselling services from other Health Board services.

In some cases services are not provided from Community Mental Health Centres. This has arisen in part due to the absence of community mental health centres at the time counselling services were established; lack of available space or appropriate facilities for regular sessions and responsiveness to public demand for services to be provided in centres which are not readily identifiable with the mental health services.

The services in Laois/Offaly i.e. Coote Street, Portlaoise and in Westmeath/Longford i.e Bishopgate Street, Mullingar have facilitated the establishment of close working relationships between the Board's Staff and the various voluntary agencies who have involved themselves in

this area over the years. It is recognised that those voluntary agencies have a major role to play in the effectiveness of service delivery. This approach is fully in line with the recommendations of Planning for the Future, the Mental Health Service initiative 1997 and the Mental Health Service plans 1998.

The INCA building in Mullingar and the Coote Street premises in Portlaoise are home to a number of self-help groups which have been formed over the years. Persons attending these groups would to a large extent be drawn from users of the community drugs and alcohol services. Because of the relationships which have developed over the years, these groups now represent an integral element of the overall service available.

Recommendation 5.9

The Board will review on a regular basis the locations of service delivery taking into consideration the need for responsiveness to the public, appropriateness of the facility in use, equity of service provision, and need for close liaison and communication with other health service providers.

Recommendation 5.10

The Board will continue to provide services for persons with drug and alcohol related problems in line with the model of service provision outlined.

Appendix 1

Groups and individuals who made submissions to the Working Party:

- Service Users
- Ms. Sharon Foley, Health Promotion Officer
- Mr. David Murray, Probation & Welfare Service, Athlone
- Dr. Gerry O'Flynn, General Practitioner
- Mr. Jimmy Connolly, Education Officer
- Substance Abuse Counsellors - Board's Area
- Justice Jim O'Sullivan and probation staff
- Gardai Mary Mangan Juvenile Liaison Officer, Longford
- Ms. Assumpta Mulryan Hon. Sec. Famagh Youth and Community Development Association, Longford
- Athlone Drugs Awareness Committee
- Longford Drugs Awareness Committee
- Supt. Gardai Siochana, Longford
- Supt. Gardai Siochana, Tullamore
- Mullingar Drug Awareness Group
- Women's Community Projects Association, Mullingar
- Mr. Tommy Hannon Volunteer Leader, Faroige

Appendix 2

PATHWAYS OF CARE

Details of the pathway of care from referral from a range of referral sources, through to discharge and aftercare are outlined in this section. Variations in the treatment process will be dependant upon a number of factors as will outcomes. The information provided below is a generalisation of the care an individual presenting for services can expect to receive, and of the protocols/guidelines currently influencing practice in the services provided by the Midland Health Board.

REFERRALS:

General Arrangements:

Longford/Westmeath: Phone contact with sector secretary for Longford Athlone^nd INCA building for Mullingar. Appointments provided to co-incide with days of service provision in the sector. Referrals directly to the Team Headquarters will be issued to the counsellor with responsibility for delivering a service to the relevant sector population.

Laois/Offaly: All referrals are received through the team's base in Coote Street. This has been necessary whilst the number of counsellors available has precluded service delivery by a counsellor to individual sectors only. Appointments are then arranged according to demand in the three sectors.

In order to provide a responsive service, requests for same sex counsellors will be met, therefore continuing the tradition of flexibility normally provided by the service.

Following one to six sessions a case review is carried out incorporating validated assessment tools and the client is either referred to group therapy/aftercare, a further period of one to one counselling **or** discharged from care.

Referrals By General Practitioners.

For persons referred by their G.P. a close workng relationship between G.P. and counsellor exists. Clients may be undergoing detoxification at time of referral or may be assessed as being in need of same by the counsellor. The G.P.is responsible for the prescribing of medication and management of the detoxification programme in consultation with the counsellor. The counselling service engages in therapy at the same time and provides regular feedback in writing to the G.P on progress and prognosis. Family therapy will be employed where necessary and possible.

Should the counsellor feel it necessary that a psychiatric assessment be carried out, then in consultation with the G.P. this will be explained to the client and his permission/permission of a parent in the case of a minor is sought to effect such a referral.

The Consultant psychiatrist will carry out an assessment and will discuss the need for joint involvement or other course of treatments that are applicable. Where it is deemed appropriate and

relevant to the individual case counselling will continue with liaison between the Psychiatrist and counsellor.

Referral by In-Patient / Acute Psychiatric Hospital Units.

A large number of people are referred to the service on admission to acute in patient units in St. Lomans Hospital and St. Fintans Hospital. Detoxification from alcohol or drugs may be required for such persons in the initial stage of treatment. Daily liaison and prearranged visits to the inpatient units is a feature of the counselling service.

For persons requiring detoxification this will be undertaken first and contact will be made by the counsellor within six days in St. Lomans Hospital and in St. Fintans Hospital, depending upon the patients ability to engage at that time. A plan of care is agreed and immediately implemented between the counsellor, client and Consultant Psychiatrist.

Following discharge the individual will be provided with appointments with the drug and alcohol counsellor for ongoing care. Family involvement in care plan is routine except where the client requests otherwise.

Progress reports are provided to the Consultant Psychiatrist where the individual continues to be a patient of the Psychiatrist, following discharge from Hospital. Recommendations will be made by the counsellor to the Psychiatrist where it is considered that his/ her intervention is no longer necessary,

It has been noted by the counselling services that there is a high default rate from the programme following discharge from in-patient care. This could be a contributory factor in the number of re-admissions experienced due to drug/alcohol addiction.

Referral by Child and Adolescent Psychiatric Services

Children requiring referral from the Child and Adolescent Psychiatric service will normally be referred to their General Practitioner for referral onwards. Requests for such a service are normally a consequence of problems experienced by the child as a result of alcohol problems arising within the family.

Other referrals of children aged 14 to 18

In addition to the above, referrals for this group of children may come through General Practitioners, the Probation services and Social Workers. Schools may also make contact initially to refer a child and will be directed in the first instance to engage the support of the family and seek referral by the G.P.

Children under 18 are seen initially in the presence of the parent and permission to work with the child is obtained and documented. Where urinalysis is necessary written permission from the parent is also required. The child is normally asked in the presence of the parent for his / her consent to the parents involvement in the care process. This is particularly relevant where a family therapy approach is required.

Referrals by Probationary service

Persons, referred by the probation service for assessment and therapy prior to a court decision, undergo drug screening on a regular basis once the care plan has been agreed. Persons referred by the courts may be required to undergo a drug or alcohol education programme prior to final court decision.

The therapy programme may be continued where it is deemed appropriate to both counsellor and the courts.

Court reports are prepared for the probationary service outlining progress. This report is then furnished to the courts. This approach has proven beneficial in preventing imprisonment and promoting a drug free life for persons brought before the courts for the first time.

An increasing feature of the service is that counsellors are being subpoenaed to attend courts despite provision of reports to probation services.

Counsellors maintain contact with the client's referring social worker, attending case conferences instigated by the social worker.

Self Referrals / Walk in service

A sizable proportion of clients attending the service are self referred.
An assessment interview is carried out on first attendance and a plan of care and interventions discussed and agreed with the client.
If detoxification is required the individual will be requested to attend his / her G.P. with a view to commencing medication and a counselling programme.
The counsellor and G.P. co-operate in the care of the client until treatment is complete. Screening will be carried out at an appropriate stage in therapy.
Family involvement will be requested where family therapy is required.
On completion of the one to one counselling programme the client's G.P. will be informed of progress and plans for aftercare/group therapy etc.

Some clients decline to give their names or to involve their G.P. In such cases their choice is respected and therapy will be offered with the exception of detoxification.

Referral by Acute Hospital Services

In line with nationwide developments, individuals presenting to the Boards Acute General Hospitals with secondary alcohol related physical problems will be detoxified in the hospital. However referral usually occurs following detoxification therefore excluding the counsellor from provision of a valuable support to patient, staff and family members during the detoxification process.

Opiate Service

Prior to 1999 service for people with addiction to opiates was provided by the Eastern Health Board. With decentralisation, the responsibility for providing services to opiate abusers was transferred to the

Health Boards. The service had been in operation in Portlaoise since the end of November 1998. Referrals come from all previously mentioned sources.

The dedicated clinic, which is integrated with the substance abuse service is led by a specialy trained General Practitioner. Appointments are offered on Tuesday mornings, with counselling for clients being available on Tuesday, Thursday and Friday mornings and by special appointment on other days.

All referrals undergo assessment, counselling and supervised urinalysis. Methadone prescriptions, blood screening (HIV, Hepatitis B and C), general health checks, wound dressings, family planning and vaccinations are provided as part of the care package. Court reports are provided on supervised urine screening.

Two members of nursing staff from Portlaoise General Hospital who have undergone a two week intensive training course at Trinity Court drug Treatment Centre attend the Tuesday clinic to assist in phlebotomy, dressings, general health advise etc. Male and Female attendants are also present to supervise urine sampling.

The board has plans to establish a similar service in Athlone and to assess the need for such a service in other parts of the board’s area.