



Eastern Health Board  
1997 Service Plan

**Pat McLoughlin**  
**PROGRAMME MANAGER,**  
**AIDS/DRUGS SERVICE.**  
7th February, 1997.

The Eastern Health Board is responsible for the provision of health and personal social services to the peoples of Counties Dublin, Wicklow and Kildare, a total population of 1.3 million which represents 35.7% of the total population of the State. The Board is responsible for providing, co-ordinating and funding treatment programmes for drug misusers in its area. The exception is the Drug Treatment Centre, Trinity Court, which is funded directly by the Department of Health.

Our Board's strategy is to promote a drug free lifestyle, develop outreach contact with the greatest possible numbers of drug users, decide on the appropriate treatment and encourage all drug users to move to a more normal drug free lifestyle. Our treatment programmes have as their objective in the short-term, control of the drug misusers' addiction within the context of the long-term aim of a return of the drug misuser to a drug free lifestyle.

It is our Board's philosophy to provide addiction centres and associated satellite clinics where clients can access quality services on the basis of need in their local area. Addiction centres are day centres where the following services are provided: Information, education and HIV prevention services, primary care, addiction counselling, community welfare services, urine screening, methadone dispensing and aftercare and rehabilitation.

Satellite clinics are operated by general practitioners who have been specially trained in drug misuse. These general practitioners have access to the specialist medical and counselling staff at the treatment centres and prescribe methadone at the clinics which is dispensed by retail pharmacists. Urine screening and counselling are an essential part of this programme. It is this local development of services which has created the greatest challenge to the Board in 1996 and will continue to do so in 1997. The scale of the problem requires more localised addiction centres and satellite clinics supported by a much greater involvement of general practitioners and retail pharmacists in the

community. Despite a major increase in resources being spent by the Eastern Health Board, from £1m in 1992 to £9m in 1996, there remains to be put in place an infrastructure capable of treating those who present at present for services and those who require treatment and have not yet presented. Our Board approved a development plan in April 1996 which has led to significant developments in providing a comprehensive response to drug misuse in its area.

A review of 1996 shows that 1,300 additional clients came on to treatment programmes. The number of general practitioners prescribing methadone has increased from 15 at the beginning of the year to 58 by the years end and the number of community pharmacists dispensing methadone has increased from 3 at the beginning of the year to 39 at the end of 1996. The enlightened approach taken by both the Irish College of General Practitioners and the Pharmaceutical Society of Ireland is of even greater strategic importance to our Board as we continue to develop the role of the general practitioner and retail pharmacist as the corner stone of our services for the future.

A new addiction centre was opened in Ballymun during 1996. This brings the number of Health Board managed addiction centres to 4. This centre which treats 100 at present will be developed to its capacity of approximately 140 in early 1997. 6 new satellite clinics in the South Inner City, Tallaght and Kilbarrack were opened in 1996 bringing the total number of satellite clinics to 8.

A mobile clinic commenced in 1996 in two inner city locations. This services reaches more chaotic drug users who are injecting their drugs and incapable of stabilising on methadone maintenance or unable to access such programmes. The primary focus of this service is HIV prevention. This service will be fully operational during early 1997 and servicing at least two more sites and will be the subject of an on-going evaluation to determine if it is achieving its objectives.

The dispensing of methadone on a seven day basis commenced in 1996 at the addiction centres. This provides further control on the supervision of methadone and ensures that methadone is not available for sale by clients who are attending the addiction centres. This service commenced at 3 of the Boards 4 addiction centres during 1996. It is clear that there is now emerging a major problem in the city of young persons smoking heroin. Programmes for young heroin smokers commenced in 1996 and treated 77 clients. A skills programme for employment for 10 young adolescents who are drug free commenced in 1996 and will continue for 1997. Our Board recognises that the provision of treatment alone is not sufficient to bring people towards a drug free lifestyle. Aftercare and rehabilitation is critical as an integral part of a treatment programme. During 1996 264 clients received such aftercare and rehabilitation. It is critically important that other agencies become involved in aftercare and rehabilitation. The Health Board alone cannot provide the training and rehabilitation needed to ensure that clients can access further education, training or employment.

Our Board increased the number of in-patient detoxification beds from 10 to 12 in 1996 and through a contractual arrangement with the Merchant's Quay Project who have a further 12 downstream detoxification beds. This has allowed 167 clients to be detoxed in 1996. The provision of downstream beds ensures an efficient use of the specialist detoxification unit at Cuan Dara.

A new management structure was put in place comprising a Programme Manager with three Area Operations Managers covering the Eastern Health Board area. The Board is in the process of selecting Local Area Co-ordinators who will have as their remit the implementation of the Health Board service plan locally, ensuring a more localised management structure. Two new Consultant Psychiatrists with a special interest in substance misuse were appointed. These psychiatrists provide a consultant service to the prisons. Five Education Officers were selected who will be specifically dedicated to

working on education and prevention programmes in the field of drug misuse. The Board believes that there is now in place an organisational structure at clinical and managerial level capable of dealing with the problem of drug misuse. An external review of our services was carried out during 1996. The review stated that we had achieved an impressive range of goals with the establishment of a network of services and a rapid growth in its overall size of service provision. The review recommended further expansion to treat the number of persons requiring a methadone maintenance service.

The provision of services by 30 voluntary organisations over a broad spectrum from education, information, various treatment initiatives including therapeutic communities, aftercare and rehabilitation was supported by way of grants of £1.5m by our Board in 1996. The extent of voluntary and community interest in drug misuse is evident by the fact that the Boards staff had been liaising with 100 groups in its area who were concerned with drug misuse. The Government have now set our Board the target of eliminating waiting lists during 1997. We are determined to achieve this target and with the resources which are already available to the Board are now putting in place the following developments.

An emergency assessment service will commence by April 1997. The objective of this service is to eliminate the waiting list for assessments, provide an emergency response for persons who are referred for assessment and for those who present themselves for assessment. The establishment of this service will assist in establishing the numbers of persons prepared to accept treatment and help identify the locations where treatment initiatives are required.

The Board will increase the number of specialised in-patient detoxification beds from 12 to 15 in 1997. In addition a 20 bed downstream detoxification unit will be commissioned during 1997. This development, together with the liaison with the Merchant's Quay

Project should ensure that the necessary physical infrastructure will be in place to eliminate waiting lists for detoxification. Our Board is establishing programmes for young heroin abusers at each of our addiction centres. The programme aims to provide medical stabilisation and detoxification. Each programme will have the capacity to treat 20 young people at any one time. Since the programmes last for 2-3 months they will have the capacity to treat in excess of 300 young persons in 1997. Individual counselling, group counselling and family therapy will be an integral part of these programmes.

The recruitment of Education Officers will see the development of programmes aimed at increasing the awareness of drug misuse issues and the development of strategies aimed at influencing young people regarding drug misuse. Our Board will engage in discussions with voluntary organisations who we grant aid to ensure a co-ordinated approach to education and prevention.

During 1996 the accommodation and technological infrastructure was put in place to provide a helpline service. Recruitment has now commenced for staff to operate this service which will provide information and support to persons concerned with substance misuse.

The Board from its existing resources will treat approximately 500 additional clients during 1997 through the increase of clients at our existing addiction centres, by the continuing referral of stabilised clients to general practitioners, by the enhancement of the mobile clinic service and through the development of local satellite clinics.

A sexually transmitted disease clinic will be established at our addiction centre in Baggot Street by March 1997.

Our Board recognises the need to constantly evaluate the effectiveness of different service strategies. During 1997 we will evaluate the first 12 months operation of the Cuan Dara detoxification centre, the needle exchange data for 1995 and 1996, the methadone prescribing protocol, the AIDS epidemiology data for 1995 and 1996 and the sexually transmitted disease service.

This range of services will ensure a greater accessibility to treatment based on need. Improving the personal health of drug users, reducing further chaotic and anti-social behaviour and a limiting of HIV transmission. The Dept. of Health have now asked the Board for a plan to further deal with the Board's objectives of eliminating waiting lists. This plan is now being prepared within a budget limit of £5m. The plan will be based on the priorities set by our Board at its special meeting on the 13th of November and through the priorities identified by representatives of 59 voluntary and community representatives at a workshop held by the Board on the 27th of January 1997. The developments which are under active consideration at present include:

1. The provision of an in-patient short-stay stabilisation unit.
2. Six new addiction centres and a major expansion of small satellite clinics.
3. The development of aftercare and rehabilitation for clients who have been detoxed or are on maintenance programmes. These will be developed at or near our addiction centres.
4. An information system capable of providing accurate, timely and effective information of existing and future treatment strategies.

5. The provision of key workers in the community to provide support to young heroin abusers, clients on detox and maintenance programmes and abusers who have not yet availed of our services.
6. An information and awareness campaign for parents, youth groups, voluntary organisations, sporting organisations and the public at large regarding drug misuse and the services and supports which are available in the community.

This plan when completed will be presented to our Board for approval and will be implemented in conjunction with the Local Drugs Task Forces recently established as a consequence of the Ministerial Task Force on Drug Misuse. We believe that these task forces have a key role in developing a comprehensive plan relative to the specific needs identified in their own local community. We hope that a local consensus involving statutory bodies, voluntary bodies and community groups will lead to a dynamic response to all aspects of drug misuse.

Our Board will have the capacity to provide an infrastructure capable of treating persons in their own local areas during 1997. It is critical that the Board can achieve consensus in the community to the locations identified for these centres. Community resistance to the establishment of centres and genuine difficulties being experienced by communities in agreeing locations for centres have been a major stumbling block in rapidly expanding our services. It is important that all agencies recognise that delays in providing treatment means that the individual addict cannot access treatment and leaves communities having to continue to endure all the problems associated with drug misuse.

Our Board will continue to engage in consultation with communities to endeavour to get support for its addiction centres and satellite clinics. We promote the idea of liaison



groups representative of the Boards staff and of members of the community in the immediate area of our centres to ensure that services are provided in an orderly manner.

We are confident that with community acceptance and support we can deliver on our targets of eliminating waiting lists in 1997. Our Board is working in close co-operation with the Gardai and local authorities to tackle the issues which lead to drug misuse. We will continue to play our part in so far as we are statutorily capable in tackling this issue.