

**JOBSTOWN ASSISTING
DRUG DEPENDENCY
(J.A.D.D.)
PROJECT REPORT**

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*The remarkable dedication, hard work and
enterprise of the Directors and Committee of
J.A.D.D. have made this project possible.*

REPORT OUTLINE

This report is being done following the first year of the establishment of the Jobstown Assistancing Drugs Dependency Project (J.A.D.D.) The J.A.D.D. project is a community based satellite clinic run as a partnership between the Jobstown community and the Eastern Health Board. The partnership aims to provide a treatment, rehabilitation and aftercare programme for people with opiate addiction. It also provides support and education for families and the community. All treatment services are provided by the Eastern Health Board, family support, rehabilitation and aftercare are provided by the community.

PROGRAMME OBJECTIVE

The objective of this programme is to provide realistic care and support for persons with an established opiate addiction resident in the Jobstown electoral district. At the time of the 1996 census the population of Tallaght was 71,705. Currently the population is estimated to be 84,000. The population of the Jobstown electoral district is 7,294. The district is made up of eleven housing estates.

BACKGROUND

The project started as a community initiative in response to the problems in the area brought about by drug addiction in the area. The programme was set up by the current management committee:- Gerry McWilliams; Thomas Gilson; Vera McWilliams; Christina Gilson; Christine Ashmore; Michael Billane. The

management committee is assisted in the day to day running of the project by a number of voluntary workers; Bemadette Tywford; Kay Dunne; Adrienne Raynor; Jimmy Holmes.

For the first twelve months the project has run on a Monday and Thursday with a clinical session being provided by the Eastern Health Board on a Thursday. The premises used were the parish pastoral centre on a Monday night and the Jobstown community centre on Thursdays. The community centre was closed to the public during the time of the programme and the centre given over completely to the programme. Similarly, on a Monday night the pastoral centre was given over completely to the project.

FUNDING

A start-up grant was provided by St. Vincent De Paul and continuing support is provided by St. Vincent De Paul. The management committee put together a proposal for the Tallaght Drugs Task Force and obtained a grant of £80,000. This grant was used to provide the new premises known as the J.A.D.D. drop-in centre erected adjacent to the Jobstown community centre.

Further sponsorship obtained from Johnson & Johnson, Ireland will provide finance for the day to day costs of the building for three years. Further grants are provided by the Eastern Health Board for:

- the creche at the project while the clinical sessions are in progress;
- the Co-ordinator;
- Secretary;
- Support Worker;

- General supplies necessary for the running of the clinic;
- Educational programmes;
- Recreational aftercare.
- Creche staff is provided by the Tallaght centre for the unemployed under a C.E. scheme.

PREMISES

The new premises is a systems-built structure which is erected on site. It features:

- canteen area;
- counselling room/nurses station;
- an open area for workshops and group work;
- doctors office;
- two toilets;
- an administration office;
- store room.

Structterm and South Dublin County Council:

- Excavated the site;
- Laid foundations;
- Landscaped the area;
- Erected the building;
- Provided building supervision;
- Provided an interior design to suit the needs of the programme.

- Painting and decorating services were provided by a programme member.
- The alarm system was donated by Aritech Ireland.

EASTERN HEALTH BOARD SERVICE PROVISION

All medical services are provided by the Eastern Health Board. These include:

General Practitioner:

A General Practitioner attends at the project to:

- assess the patients in relation to their addiction;
- provide treatment with methadone as an opiate substitute where appropriate;
- detox patients from benzodiazepines where appropriate;
- provide directive and non-directive counselling;
- make assessment to prioritise for individual counselling with the addiction counsellor;
- carry out medical investigations for Hepatitis C, Hepatitis B and HIV;
- arrange Hepatitis B vaccination;
- interface with the community workers closely at the project, discussing ongoing patient problems while preserving patient confidentiality.

General Assistant:

A General Assistant attends at the project to:

- provide urine supervision;
- develop strong links with the patients;
- interface with the community in a very valuable way;
- deflect or diffuse volatile situations which may occur.

Nurse:

A Nurse attends regularly at the programme for:

- Hepatitis C & B and HIV testing;
- provision of Hepatitis B vaccination;
- administrative work in relation to patient files and records;
- provide and record Hepatitis B vaccination for community members if appropriate;
- triage the patients to prioritise their needs if necessary;
- interface with the patients in a meaningful way;
- provide advice and non-directive counselling if necessary.

Outreach workers:

- attend intermittently for advice to clients;
- have provided education programmes for the community. These programmes have been of immense benefit.

Addiction Counsellor:

Emergency group counselling was provided at the project and supportive counselling for the community and members following the tragic death of one of the patients on the programme.

Community Service Provision:

The community provides ongoing rehabilitation through recreational activities. The Task Force has provided finance for parenting skills through the Shanty Project and this will commence shortly.

The community plans to provide further support and rehabilitation for the members:

- investigating local job opportunities by establishment of a back-to-work programme;
- education programme;
- computer skills programme;
- recreation programme;
- creche.

COHORT IDENTIFICATION

All prospective members are assessed by the community on initial contact with reference to:

- area of residence;
- age;
- suitability for the project.

Twenty-eight persons have presented to the community for assessment. All of these have been assessed by the doctor.

- One is currently awaiting completion of assessment.
- Nineteen are in treatment.
- One received a custodial sentence prior to coming on the programme.
- Two patients have died. One while in treatment on the programme. One while awaiting completion of assessment.
- Four have been suspended from the programme for non-compliance.
- One has detoxed and is currently in Coolmine.

Clients have been referred by:

- Themselves;
- Parents;
- Peers;
- Probation services.

Criteria used for inclusion are:

- Heroin smoking/injecting;
- An established addiction;
- Living within the Jobstown electoral district for at least one year.

Criteria for emergency admission:

- Pregnancy;
- Injecting - under eighteen years of age;
- Concurrent serious illness.

Of the twenty-eight patients referred to the doctor for assessment, **all were** found to have an established addiction. Twenty-six patients commenced on the programme.

TREATMENT PROVISION

Treatment:

All patients are evaluated by the same General Practitioner using a specially designed assessment form.

Patients are assessed to confirm:

- established addiction;
- level of addiction;
- provision of realistic medical care.

Patients are assessed as to suitability for:

- detoxification;
- reduction detoxification;
- reduction maintenance;
- maintenance;
- abstinence.

Stabilisation:

Stabilisation is necessary as the first step with subsequent:

- reduction;
- detoxification;
- maintenance.

DISPENSING

- Methadone DTF is prescribed as a heroin substitute and dispensed at a local retail pharmacy.
- Treatment cards are provided for all patients.

The pharmacist provides:

- Valuable services;
- Daily on site dispensing;

- Weekly dispensing;
- Take away dispensing;
- Interfaces & Liases with:
 - Community Worker;
 - General Practitioner.

Currently all patients are dispensed at the same pharmacy. Initially patients attend daily at the pharmacy and the majority are provided with on site ingestion of their medication. When they have stabilised, remain stable or are detoxing, they have a take-out privilege. All patients have a take-aways for Sundays. When stabilised on maintenance patients may attend weekly at the pharmacy.

URINE SCREENING

- All patients have two supervised urines a week.

DEMOGRAPHICS ON ASSESSMENT

Age Profile:

The youngest patient on the programme is 17 years of age. The oldest patient 34 years of age. *(see appendix 1)*

- 1 patient aged under 18 years;
- 10 patients aged between 18 and 20 years;
- 12 patients aged between 21 and 25 years;
- 5 patients aged between 26 and 36 years.

Gender:

- 9 are female;
- 19 are male.

HEROIN**Length of use by the cohort:**

- 2 years or less - 4 patients;
- 3 years - 7 patients;
- 4 years - 7 patients;
- 5 years or more - 8 patients;
- 10 years or more - 2 patients.

(see appendix 2)

Smoking/Injecting:

- Only ever smoked -11;
- Smoked, injected occasionally — 9;
- Injecting-8.

(see appendix 3)

Quantity of heroin use at the time of entry to the programme:

- All patients were taking heroin on a daily basis.
- 3 patients were taking between 1-2 bags daily.
- 12 patients were taking 3-4 bags daily.
- 4 patients were taking 2-3 bags daily.
- 1 patient was taking 5-6 bags daily.

- 2 patients admitted to using va of gram - 1 gram on a daily basis.
- 6 patients admitted to Vi gram on a daily basis.

(see appendix 4)

Previous History of Treatment:

- 8 patients had never accessed any treatment in the past;
- 6 patients had accessed self detox;
- 6 patients had accessed treatment at a clinic — short detox programme;
- 9 patients had attended a general practitioner for methadone treatment;
- 2 patients had accessed an in-patient detox;

2 patients had attended the therapeutic centre at Coolmine.

Family History of Addiction:

- 12 admitted to a family history of addiction.
- 16 patients gave no history of addiction in the family.

Of those patients who admitted a family history of addiction:

- 8 patients had a history of parental alcohol abuse;
- 1 patient had a history of sibling alcohol abuse;
- 3 patients had a history of sibling drug abuse.

(see appendix 5)

Other Drugs Abused by the Cohort:

All of the cohort admitted to having abused other substances, either legal or illegal.

- Benzodiazepines are the most commonly abused legal substance.
- Cannabis is the most commonly abused illegal substance.

One patient has a history of current cocaine abuse. 30% have abused cocaine.

Six patients on the programme are receiving prescribed Benzodiazepines as part of a detoxification programme.

- All other patients on the programme are free of Benzodiazepines.

Of those patients who are currently not on the programme, 3 had a history of serious Benzodiazepine abuse and also the same 3 patients had a serious problem with alcohol abuse. The greatest difficulty in relation to stability provision on the programme is when patients are cross addicted. Of the patients currently stable on the programme, none have continued to abuse alcohol or Benzodiazepines.

Employment at the time of entry to the programme:

- 19 patients were unemployed.
- 1 patient was attending a FAS scheme.
- 5 patients were in full time employment.
- 1 patient in full time education.

Criminality:

- 9 of the patients gave no history of criminal involvement which had resulted in charges.
- 6 patients had history of criminality which had resulted in a non-custodial sentence.
- 12 patients had a history of custodial sentencing.
- 1 patient had a history of a suspended sentence.
- Of the patients who had never had criminal charges 4 were in full time employment and this provided the finance for their heroin.

- the remainder had a history of petty criminal involvement which had not resulted in any charges.
- At the time of assessment for the programme only one patient had serious pending charges and he received a custodial sentence and is currently in custody.
- One other patient had a pending charge and sentence, he received a custodial sentence, which is completed and he is now back on the programme.

Criminal Behaviour Outcomes

- Only two patients acquired new charges while on the programme, both of these have remained extremely unstable, currently neither are in custody, one has returned to the programme for re-stabilisation, the other is awaiting return to the programme.

Employment Outcomes

- Currently eleven patients who attend the programme are in full time employment.
- Three in part time employment.
- One in third level education.
- One second level education.
- Four are unemployed.
- Of the seven women on the programme, four are employed, one of whom is a parent. Of the three unemployed patients at the programme, they are full time mothers.
- One male on the programme is unemployed and a full time parent, his partner is in full time employment.

Anti-social Behaviour Outcomes

The level of anti-social behaviour of those attending at the programme has decreased to a remarkable extent such as to have been recognised by the local community. The local Gardai have reported a fall in drug related crime in the area. Statistics are available on this.

Drug Stability Outcome

Nineteen patients are currently in treatment. All patients on the programme have stabilised extremely well.

- One patient has detoxed completed and is currently in Coolmine.
- Four patients are currently detoxing slowly - dosage from 5mg to 20mg.
- Four patients require long term maintenance, all are remarkably stable on the programme.
- Four patients will require short term maintenance.
- The remaining seven patients who are currently stable on the programme are considering their options.

Urine Screening Outcome

- In the past four weeks, 4 patients have provided urines containing opiates. Of these 2 had been opiate free for about six months and 2 had been opiate free for four weeks.
- Six patients have provided urines containing benzodiazepines which are prescribed as part of a detoxification programme.
- No unprescribed benzodiazepines have been noted.

METHADONE DOSAGE:

All patients receive their methadone at a local retail pharmacy. 19 patients are currently receiving methadone and the average dose is 44mg.

Average Methadone Dose

- The average methadone dose on the programme currently is 47.8mg. Doses range from 5mg to 80mg.
- 6 patients are on a dosage of 70-80mg daily;
- 5 patients are on a dosage of 50-60mg daily;
- 4 patients are on a dosage of 30-40mg daily;
- 4 patients are on a dosage of 5-20mg daily.

(see appendix 6)

FUTURE PLANS:

The J.A.D.D. group plan to expand the managerial structure to include:

- Tallaght youth service;
- Vincent De Paul;
- Jobstown community centre;
- Tallaght partnership;
- Social economy unit;
- Get Tallaght working;
- South Dublin County Council.

FUTURE COMMUNITY SERVICE PROVISION

It is planned to commence a programme where the members are trained to provide a repair service for vandalised and burnt out houses within the community. It is hoped to be able to start a company which would provide decorating and clean up services.

Creche Facilities:

It is planned to expand the creche facilities with the advent of the educational work programme. Twelve children currently attend at the creche and ranging in age from six months to six years. It is expected that an after school programme will be required for older children. In partnership with Jobstown community development project it is planned to provide a community support child care worker to train the workers in the creche. Currently these creche workers are provided through the Tallaght centre for the unemployed under a C.E. scheme.

Education

Education and further education is necessary for some. However, most of the patients remained in school until the age of sixteen and have done either the Group Certificate or the Intermediate Certificate. Some have done the Leaving Certificate.

Employment

Employment is a necessity. It is worth noting the number of patients who were in employment when they came to the programme and the number who have, with the help of the community, accessed employment.

CONCLUSION

The initial aims of the management committee have been achieved. A treatment service, free of cost, for all persons with an addiction problem is in place. They have provided a superb building for this purpose.

The future aims are to develop a parent support group, provide education and awareness programmes in the community. A venue for provision of literacy and education have already been agreed with the Jobstown integrated development project.

Reintegration with access to education, employment and alternative recreation is a necessity. Alternative forms of recreation have been discussed with the patient groups are currently in the process of being provided.

An addiction counsellor has now been provided by the community who have accessed funding for this and will shortly commence both group counselling and individual counselling.

With the provision of the new building it is hoped to be able to provide treatment for 40 patients on the programmes. Plans are in hand for this.

ACKNOWLEDGEMENTS

The smooth working of the programme and good relationship with the Eastern Health Board has been provided through:

- The invaluable quiet presence and calm of Des Caprani, General Assistant.
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