

**Second**

**Report on**

**Rural**  
**Backpacking needle**  
**exchange**

**Arklow**

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## Outreach

Available data would suggest that most drug misusers have been misusing for several years before any formal contact is made with treatment or rehabilitation services. If contact can be made with drug users as early as possible in their misuse the potential for successful intervention is greatly increased. (*Government Strategy To Prevent Drug Misuse May 1991 Chapter 3 Paragraph 3 page 16*).

The concept of outreach within the Aids/Drugs services first came about in 1989 this outreach service was based in Baggot Street Dublin and as the services grew and moved into different areas so to did outreach. The primary aim of outreach was and still is to **make contact with misusers and to counsel and advise/refer them for further action as appropriate. The relevant type of further intervention obviously depends on the individual user, and his or her level of addiction and could take the form of education, rehabilitation, or treatment or a combination of these measures.** (*Government Strategy To Prevent Drug Misuse May 1991 Chapter 3 Paragraph 3 page 16*).

To be effective outreach programmes have to operate as part of a cohesive framework of services, which are **easily accessible** both in terms of **physical location** and **times of operation**.

Outreach could be defined as.

“A community orientated activity with the overall aim of facilitating improvement in health and reducing the risk of H.I.V., Hep C, and other health and social related issues for individual not effectively reached by existing services”.

The aim of outreach is to minimise the harm where possible that people can do to themselves through their drug use particularly Intravenous Drug Use.

Harm reduction is *the philosophical and practical development of strategies so that the outcomes of drug use are as safe as situational possible. It involves provision of factual information, resources, education, skills and the development of attitude change, in order, that the consequences of the drug use for the drug users, the community and the culture have minimal negative impacts.* (Watson 1991; 14).

Since 1989 Outreach have been working with those at risk of viral infection as a result of their drug using behaviour and/or sexual practices using the philosophy of harm minimisation. However the first acceptance of a harm reduction strategy in relation to illicit drugs appeared in *The Second Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs* (1997).

Harm reduction should be viewed as the middle ground where people with widely differing views on drug policy can agree with one another regarding practical immediate ways to reduce drug – related harm among users. (Single 1885:290)

### Needle Exchange

In Ireland it was not until the late 1980s, that the H.I.V crisis forced the Government to acknowledge a role of harm-reduction in the area of treatment and rehabilitation. Intravenous drug users were identified as a “high risk category” in the transmission of the H.I.V virus -This brought about the introduction of needle exchanges as a harm reduction measure designed to curb the transmission of H.I.V and later Hepatitis C. Over the years there was an increase in the needle exchange outlets these covered most areas of Dublin and ran at different times during the day and different days of the week so that they could be easily accessible to most intravenous users. However in 1996 the Drugs /Aids Services East Coast Area extended its Outreach service to area 10. This area covered Bray and also more rural areas such as Wicklow and Arklow. As Bray had the most concentrated opiate use in the county of Wicklow the Aids /Drugs services set out to set up three satellite clinics to cater for the amount of users in the town. Bray was also on the DART line so this meant that people who were injecting could access needle exchanges in the city quite easily. This however was not the case in Arklow.

### ARKLOW

Arklow is a rural town in County Wicklow, approximately 86 kilometres from Dublin. The journey from Arklow to Dublin takes approximately 2 hours with four buses per day departing at 9.a.m., 9:45.a.m, 1, pm, and 6, pm. There are also three Trains departing at 7am, 9am, and 9:45am,. The cost is 10.45 Euro and 11.00 Euro, respectively.

The most recent population census was in 1996 and was as follows;

	Total.	Male.	Female.	Age 15-44.
Arklow Urban	8, 448	4, 179	4, 269	3, 600
Arklow Electoral Area	19, 300	9, 747	9, 553	
County Wicklow.	102, 417	50, 670	50, 747	43, 800

Arklow's population of 15 to 44 year olds is;

8.2% of the total population of the County of Wicklow.

42.6% of the population of Arklow Urban.

18.7% of the population of the Arklow electoral area.

From 1996 to 1999 there was one Outreach Worker/Counsellor covering from Bray to Arklow this unfortunately did not allow work to be concentrated in one area and time had to be divided between Bray, Wicklow, and Arklow. Fortunately since April 1999 and the introduction of more Outreach Workers it was possible to concentrate more on Arklow

At the time there were 14 registered users in the town most of them known by outreach through needle exchanges in Dublin. Through these established contacts it was possible to get closer to the drug using community in Arklow, this allowed Outreach to get a true picture of the amount of opiate use that was happening in Arklow, and also to start using harm minimisation approach with those who were actively using opiates and other drugs. Immediately it became obvious that users who were injecting were sharing regularly as they did not have easy access to clean needles, and they also had to rely on other users who were attending services in the city, and/or, those who were scoring to bring clean equipment into the town.

The overall feeling between I.V drug users in Arklow about the lack of needle exchange in the town was that one needed to be set up. This was obvious through comments like

**“What’s the point in having a drug service that can only give us advice when we cant even access clean needles or any other service locally”.**

**“It is terrible it is not helping us to stop taking any risk and we are at risk of the Hep and AIDS”.**

**“It costs too much to get up to Dublin and it is not always possible because of work commitments and lack of transport”.**

**“Its too risky scoring in Dublin and it also too risky to look for services in Dublin so that’s why we score of others in the town as they are used to going to Dublin. Also the whole hassle of getting to Trinity Court and back is mad you are gone for the whole day and usually end up getting gear off someone up there which defeats the purpose”.**

Due to the difficulties the health board was having at the time to set up services in the town it was highly unlikely that a static needle exchange could commence to address these issues. Never the less the fact that users were sharing coupled with knowing that there was more than the 14 registered users in the town meant that there was a need to introduce some type of exchange to facilitate the opiate using community, without drawing attention of the greater community. The idea of bringing the exchange to the user was something that had been thought of for a long time and this was potentially the ideal situation to do so. With the support of the Consultant Psychiatrist, Area operations Manager and Senior Outreach the first Backpacking Needle Exchange ever in Ireland was introduced into the Eastern Regional Health Authority East Coast Area on the 25<sup>th</sup> of April 2000.

### **Backpacking Exchange**

The service only operates in Arklow and the District of Arklow. There is always two workers working the exchange. It runs on a Tuesday from 2pm to 7pm. All exchanges are recorded in the same way as they are in static exchanges. Clean equipment is kept in the Outreach office in Wicklow and all exchanges are pre packed on the Monday before or on the morning of the Exchange.

Each client gets a smaller cin bin to store all used works from week to week. The smaller cin bin when full is exchanged for a new empty bin, the full cin bin in turn is transferred into a larger cin bin, which can be disposed of safely in the Health Center. Each large cin bin holds about 12 smaller cin bins. The personal cin bins which are given to the clients have been made with a see through bottom which allows the worker to check the amount of used works (injecting equipment) that are been returned.

The work of rural Backpacking Needle Exchange ties in specifically to the duties of the outreach staff as per job description. Its aim is to promote harm minimisation and provide information and education re: safer drug use, safer sex, information re hepatitis A.B.C and other issues which may have an impact on the drug using population. Although there are many similarities to Static /mobile exchanges, the service is different enough for workers to utilise it as an area of special interest, as per Women's Health Project, Gay Mens Health Project, Homeless initiative, and. Drugs initiative in prisons. The rural backpacking needle exchange is delivered in a highly professional and organised manner. It operates in the home of the client thus allowing more quality time to discuss any other issues that the client may have. Outreach advocate on behalf of the clients using the backpacking exchange and highlight their concerns where possible, Outreach also highlight the concerns of the clients family friends and community. On the days that there is no backpacking the outreach counsellor who is based in Arklow continues to support users and their families.

**Services offered to clients are.**

1. Needle Exchange.
2. Safer disposal of safer injecting equipment
3. Advice re:

Safer Drug Use.

Safer injecting

Safer sex. (promoting condom use, etc.)

4. Referral to appropriate services, Counselling, Treatment, Rehabilitation etc.

*As per the first report on the Back Packing Needle Exchange the break down of users were as follows*

	Number Off.	Average Age.	Youngest.	Oldest
Male.	29.	26.	18.	55.
Female.	5.	29.	18.	29.

The injecting population of 15 to 44 year olds made up 1% of Arklows Urban population.

There were three couples, two of the couples had (and still do) dependants, one couple having two dependants and the other having four.

Two of the males were in prison. One male had left for Glasgow.

1200 needles were given to users up to May 2001 however 1920 needles were returned (160% returns).

The most popular injecting equipment were 1ml diabetics with removable needles followed by 1 ml diabetic with fixed heads then 2mls with orange needles and 2ml with green spike (there was only one user using green spikes and has been taking on for treatment since then.).

At present, however, things have changed since the first report on the Back packing Exchange. There has been an increase in the amount of users in the town. There has also been an increase in the amount of users requesting services, I.E. treatment rehabilitation, counselling.

There is also an increase in the younger population of 15 to 18 year olds beginning to use opiates.

Number of people using in Arklow as at the 4<sup>th</sup> of April 2002.

	Number Of.	Oldest User.	Youngest User.	Average Age.
Male.	43	56	16	28
Female.	10	38	16	26

Compared to the previous year this indicates 'an increase of 11 males and 5 females.

It also indicates that the age of users known to Outreach has dropped from 18 years to 16 years old, in both male and female users.

The amount of opiate users would now account for 1.5% of the 15 to 44 age group of Arklow urban Population.

This indicates an increase of 5% on last years figures. The largest increase is in the male population with an increase of 14 users.

However there has also been an increase of 5 female users, which represents a 50% rise of females using since last year's report.

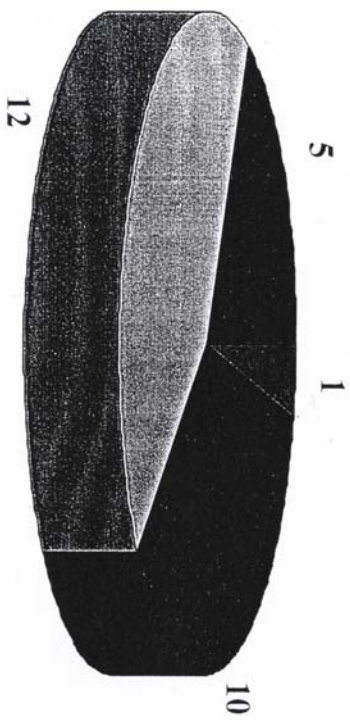
The amount of needles that have been given out over the last two years are 4210, this would imply that 3010 were given out this year alone which is an increase of 250%

Returns to date are 4586 over the last two years, this would imply that 2626 needles were returned this year.

The 384 needles outstanding would account for those that have to be returned, and those that were disposed of by clients by burning them in their fire places, etc. (Which although is a safe way to dispose of them, is discouraged by Outreach as it defeats the purpose of needle exchange).

Although the whole emphasis of the needle exchange is to promote harm minimisation among drug users this is not the only role that Outreach services provide in the community of Arklow.

# Appendix 1 Age Profile

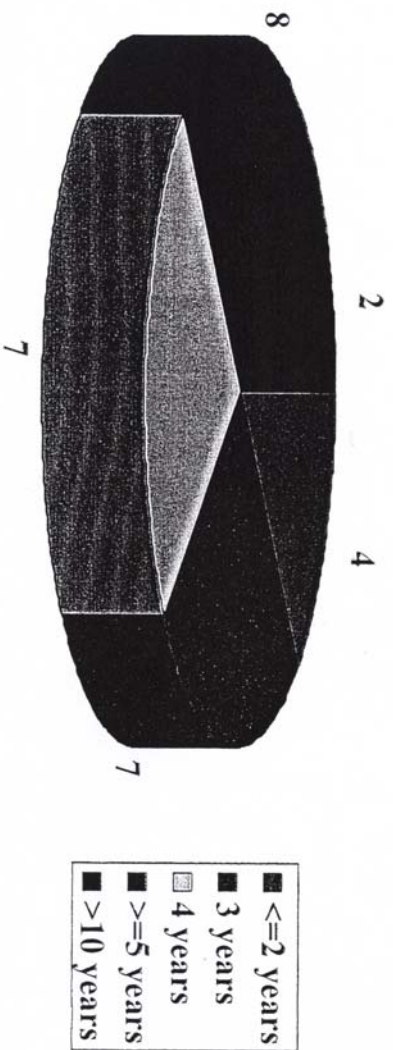


■	<18 years
■	18-20 years
■	21-25 years
■	26-36 years

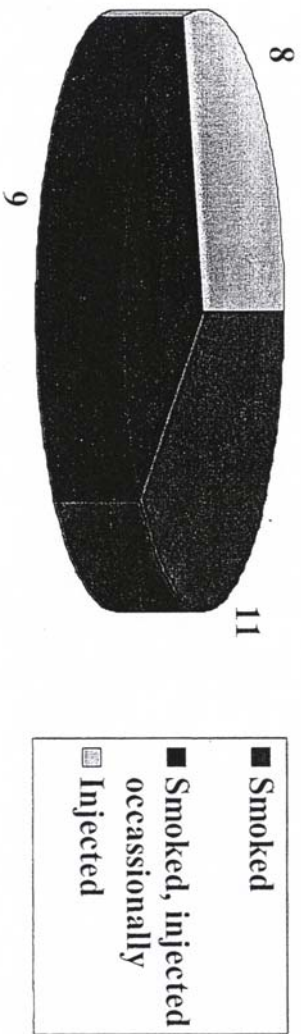


# Appendix 2

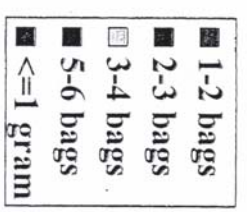
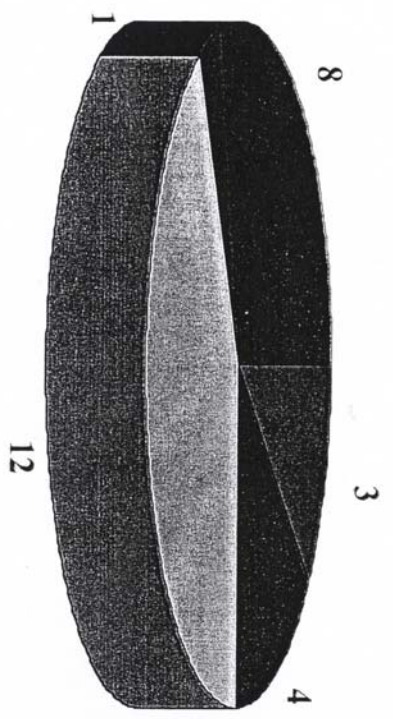
## Length of use by the cohort



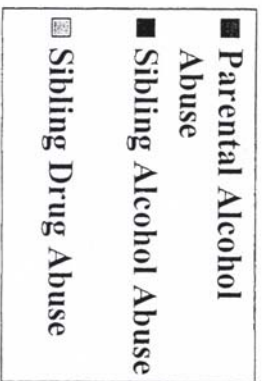
# Appendix 3 Smoking / Injecting



# Appendix 4 Heroin Quantity

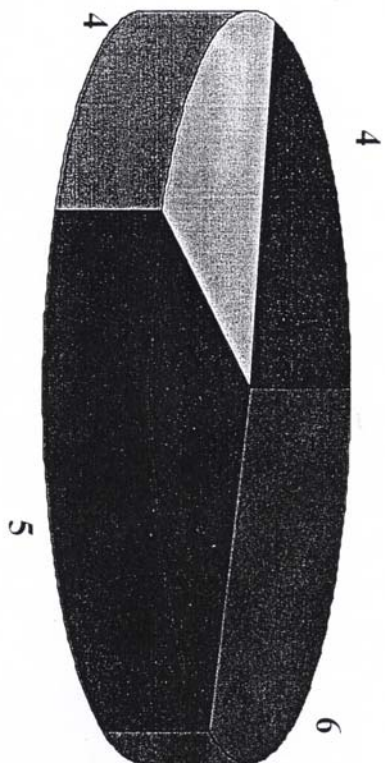


# Appendix 5 Family History of Addiction



# Appendix 6

## Methadone Dosages



■	70-80mg
■	50-60mg
■	30-40mg
■	5-20mg