

**ICON/SUMMERHILL COMMUNITY DRUG
SUPPORT SERVICE**

EVALUATION REPORT

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PREFACE

Since 1993 ICON (Inner City Organisations Network) has been active in developing responses to the escalating levels of problem opiate use within the north east inner city of Dublin. These responses were developed to address three key areas of concern.

Firstly, ICON initiated a model of multi-sectoral co-operation involving the key players from the statutory, voluntary and community sectors. This was a response to the clear need for the development of integrated, holistic and participatory measures in attempting to deal with drug related issues at a local level. This model became the Inter-Agency Drugs Project, a forerunner to the Local Drugs Task Forces which were established by the State in 1997.

Secondly, ICON attempted to highlight the State's neglect of areas like the north inner city, in particular the lack of response to open drug dealing on the streets and in local authority flat complexes and inadequate treatment and rehabilitation services. ICON supported local groups and tenants organisations in their public demands for community safety and for the relevant state agencies to provide quality services to working class communities.

Thirdly, ICON established a local drug support service which aimed to provide a safe environment in which drug users and their families could access information, referrals to treatment and allied services, and on-going support.

The importance of providing a local support service became evident as demands for drug treatment increased and state service provision was not seen to be user friendly. It is still the case that EHB Drug Treatment Clinics do not provide a holistic service. Most importantly for individuals seeking treatment for the first time, or families seeking support and information, the City Clinic, which is the local EHB satellite service, does not operate an open access policy. It is the opinion of ICON that both welcoming and informative first contact as well as ongoing support and after-hours support are key areas of need for drug users and their families. The ICON Service aimed to fill this gap in service provision.

Relationships between community led services and state services in the drugs field have not always been easy. Indeed this report highlights the misunderstanding prevalent within the state sector of what a community based/led service actually is. The report, which is an evaluation of the ICON Community Drug Support Service since its inception and prior to its recent development as the Summerhill Support Service, attempts to highlight the aims, objectives and working methods of such a service as well as to inform and educate other sectors as to the role that community services can play in the provision of a continuum of care for drug users.

The issue of illicit drug use is complex and demands open and rational debate. Whilst the connections between socially and economically excluded communities and endemic problem drug use are now accepted within Irish drugs policy, the provision of quality

health and education services within such excluded communities remains an aspiration. In the meantime community owned services such as the ICON service continue, with limited resources, to develop a culture whereby local individuals and their families are treated with respect and dignity and, as the recipients of services, can play a role in defining how those services are delivered.

ICON '99.

ACKNOWLEDGEMENTS

ICON and the researcher would like to thank all those individuals who were interviewed as part of the process in evaluating the Community Drug Support Service. In particular those who gave permission for their stories to be included in the report.

Thanks also to;

- ◆ all individuals from various agencies who have assisted in the Community Drugs Support Service in its work with local drug users,
- ◆ the community, voluntary and statutory agencies who facilitated the interview process,
- ◆ to the Eastern Health Board for funding the evaluation,
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- ◆ to Councillors Christy Burke and Tony Gregory for their support, encouragement and commitment to the service.

ICON would also like to thank Deirdre McCarthy from CTA for her integrity and professionalism in putting the report together.

Finally, and most importantly, we would like to applaud Joe Dowling and Donna Sheridan for their tireless work, humanity and dedication to the individuals and families presenting to the ICON Community Drugs Support Service.

INTRODUCTION

RESEARCH AIMS

The aims of this report are; to document and evaluate the work of the Inner City Organisations Network (ICON) Community Drug Support Service, to ascertain the caseload, assess the service and document its effectiveness. The method involves examining how peer organisations and clients use and feel about the service.

ICON COMMUNITY DRUG SUPPORT SERVICE

The ICON Community Drug Support Service was established as part of ICON's response to what has been termed the "drugs crisis," in the north inner city of Dublin. In 1996, due to the increase in the use of drugs and the inadequacies of the statutory response, local people experiencing problems with drugs began calling in directly or telephoning the ICON office seeking advice and assistance on how to access treatment programmes.

The ICON Community Drug Support Service operates from a community perspective which grew from the demands of a community that was being badly served. There was a need for a local service, locally based and community run, to work on behalf of and with clients. This service provides the local community with access to other agencies and helps them deal with problems and difficulties that they have with other agencies.

In November 1996, ICON engaged a worker with considerable personal experience and expertise in the area of addiction to assist with the growing number of local people requiring urgent help. Up until that point, this worker had been working with people effected by drug use in a voluntary and unofficial capacity for seven/eight years.

With the development of the Full Time Jobs Initiative operating in partnership between ICON and Fas in the north inner city area it became possible to pay the voluntary worker, and to set up the support service on a more formal, structured footing. The service was at this point owned and based in ICON, with support from Liz Riches and Paddy Malone, who are ICON members, and responsible to the ICON Steering Committee. The office space and general running costs, including phones and stationary, were provided by ICON out of very limited resources.

In 1998 a proposal was put into the North Inner City Drugs Task Force which resulted in new funding of £17,500 for one pilot year, with the project changing it's focus slightly to enable that funding to be accessed. The funding was allocated to a new project, Summerhill Community and Youth, Drug Support Service. This service was to build on the previous work of the ICON service, but also to specifically target 15-25 year old drug users. A new management committee was established as a result of this funding and the salary of the worker in the service is now being funded by the Task Force. This development was sought because the amount of work being put into the service by the worker was not being adequately remunerated by the low levels of pay on the Jobs

Initiative. The Task Force funding is the only funding received by this new service and is used solely to pay the salary of the full time staff member.

The new Management Committee is made up of;

Chair	Larry Whelan	ICON
	Michael Casey	Parish Priest
	Breda Dixon	Local Representative
	Jackie Alison	Talbot Centre
	Fergus McCabe	Eastern Health Board

The service still remains in the ICON offices, with general running costs still being footed by ICON, but it is due to move to Summerhill when new premises have been completed.

The service now has a staff of two, one full time and one part time. Joe Dowling is the Community Drug Support Worker who is now paid through the Task Force. The second worker, Donna Sheridan who works part time, has been seconded from a Community Employment (C.E). Scheme to work on the administration of the service.

The ICON/Summerhill Service is open five days a week during normal office hours but a considerable amount of work is also undertaken after-hours - family visits, visits to clients referred to residential services, home visits etc. Therefore, much of the work is conducted outside the office, in the community, as well as many of the hours being antisocial.

The ICON/Summerhill Service offers a wide range of services and supports to its clients and to the local community. The central remit and function of the service is to act as a conduit for information and advice, to provide support and to act as a gatekeeper into other services. The service has an open door policy, with no appointments required and offers clients complete confidentiality. The service offers a way of accessing agencies, particularly statutory agencies and acts as an unofficial contact point. It also helps clients work through problems that they may have with other agencies.

The work of the ICON/Summerhill Service is broad based and holistic. Apart from working with clients in accessing and dealing with other agencies, the service deals with a myriad of issues both drug related and otherwise. These include; accommodation problems such as homelessness, employment, training, children, treatment, family support, information, and community mediation.

The ICON/Summerhill Service is also involved in work that is not directly related to working with individual clients, this includes; basing with other agencies and services, attendance at various information seminars, providing assistance to local services, representing the service, attending various network meetings such as the Task Force and ICON, and working with other services and individuals to develop new projects and proposals.

As the service works an open door policy, anyone who comes in will be worked with, there is no screening process, no one will be turned away. Because of the geographical location and community knowledge, the majority of the clients are from the north inner city, but clients come from across Dublin.

The ICON Community Drug Support Service had been keeping records of their clients since June 1996. Between June 1996 and December 1998, 268 clients have used the ICON service. Some just once or twice, while others on an almost daily basis through crisis periods in their lives. The ICON Community Drug Support Service estimated that the service dealt with an average of two clients a day.

The majority of the clients who use the service are opiate users, people on some form of drug treatment programme and the families of opiate users. Despite the huge difficulties, both individually and socially, caused by alcohol in the north inner city area, people with alcohol problems do not use the service, as they do not identify it as relevant to them.

The ICON/Summerhill Service has no budget or funding other than the wages paid to the one worker. The other workers salary comes from a C.E. Scheme- As stated the very basic office and facilities used by the service are provided by ICON- There is no funding for office supplies, IT equipment, training, staff development, expenses, project or development work requiring any props or outside expertise.

hi the long term the ICON/Summerhill Service aim to expand their management committee to include some statutory representation, it is hoped that this would coincide with the sourcing of more funding to place the service on a firmer footing, to employ a project worker and provide it with funding beyond the salaries of the staff.

REPORT CONTENTS

BACKGROUND: This section places the work of the service within the context of drug use in the north inner city of Dublin and within the community as a whole.

METHODOLOGY: This section describes how this report was researched and compiled,

CLIENT PROFILE: This section gives a statistical profile of the clients who used the service between June 1996 and December 1998. The records for this period were also computerised for the use of the service.

SERVICE PROVIDERS: This section gives an overview of the views and interpretations of peer agencies on the ICON Community Drug Support Service and drug issues.

CASE STUDIES: This section gives an over view of the views and interpretations of clients of the ICON Community Drug Support Service.

STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS: This section compiles the Strengths, Weakness, Opportunities and Threats of, and experienced by, the ICON Community Drug Support Service.

CONCLUSION: This section draws together the information from the report.

APPENDIX ONE: A list of the service providers interviewed.

APPENDIX TWO: A copy of the questionnaire used to interview the service providers.

BACKGROUND

DRUG USE IN DUBLIN'S NORTH EAST INNER CITY

Drug use, particularly heroin use, has been a part of Dublin's working class communities since the early 1980's. Prevalence studies, the development of drug services, treatment and otherwise, and figures maintained by the National Drug Treatment Reporting System highlight that the communities most effected by heroin use are those most marginalised socio-economically, within the inner city these would be Dublin 1 and Dublin 8.

The link between social and economic deprivation and high levels of drug use has long been recognised by local communities, yet the government has failed to respond. To date the government response has largely been dealing with supply, control and harm reduction. The statutory response has been based on medical and judicial approaches to the individual rather than addressing the widespread deprivation and marginalisation that the communities have also experienced. Therefore, the government approach has failed at reducing and/or removing drug use from communities, but has succeeded as a containment exercise, keeping drug use and its associated social problems such as crime and HIV, primarily within the affected communities.

The First Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs, 1996, was the first government acknowledgement of the link between socio-economic conditions and drug use;

“Drug use is concentrated in communities that are characterised by large scale social and economic deprivation and marginalisation. The physical/environmental conditions in these neighbourhoods are poor, as are the social and recreational infrastructures.”

In December 1996 there were an estimated 1,862 drug users in treatment in the EHB region. This had risen to 3,675 by February 1999. The estimated number of drug users including those not in treatment has also risen drastically. In the early 1990's it was estimated that there were between 5,000 and 7,000 drug users in Dublin, by 1996 this had risen to 13,460. (Dr. C.M, Comiskey *Estimating the Prevalence of Opiate Use in Dublin 1996*)

Dr. C.M. Comiskey - *Estimating the Prevalence of Opiate Use in Dublin 1996*, estimated that the Dublin 1 area had a prevalence rate of 64 drug users per 1000 of the population. Taking this prevalence rate for the ICON area as a whole, as it is primarily Dublin 1 with a small part of Dublin 3, this would estimate the number of drug users in the area as 1,570.

Apart from drug use the communities of the ICON area are dealing with the usual dilemmas of daily life in a marginalised community, high levels of unemployment, early school leaving, poverty, poor environmental conditions, poor housing and recreational

facilities and community isolation. All these factors make the community, particularly the more vulnerable areas within the community, ripe for widespread drug addiction and exploitation.

STATISTICAL AREA PROFILE

The area where the ICON Community Drug Support Service is based is one of the most marginalised in the state. Not coincidentally it is also **one** of the areas most seriously damaged by drug use. Below is a profile of the ICON area to place the service, drug use and responses in a socio-economic perspective.

This section provides a statistical review of the population serviced by the Inner City Organisations Network as a whole. The ICON Community Drug Support Service does not discriminate clients by geographical address, but as it is based in the ICON offices, in the heart of the ICON area, this population are the primary users of the service. They make up an estimated 63% of the clients of the service.

The ICON area is the North East Inner City area of Dublin, covered by the postal areas Dublin 1 and parts of Dublin 3. This area spans the ten District Electoral Divisions (DED's) listed below. This profile is compiled from the 1996 census using the small area statistics from these electoral divisions from the 1996 census.

Ballybough A	North Dock A
Ballybough B	North Dock B
Mountjoy A	North Dock C
Mountjoy B	Rotunda B

In 1996 the total population for the area was 24,532.

The area does not have a highly dependent youth population, with the population aged under 15 and under 18 being just below the national averages.

- 22.3% of this population are aged 15 or under. (National average 25.7%)
- 24.9% of the population are 18 or under. (National average of 29.6%)

The figure for the population aged over 65 stands at 11.3%, which is just below the national average of 11.4%. This figure is well above the average for Dublin County and County Borough, which is 9.9%. The ICON area has an older population than Dublin as a whole.

The ICON area has a very distinct family unit profile. There are 2,235 families units in the area with one or more children aged 15 or under. A family unit is defined as a couple with children, a father and children or a mother and children.

- 49.8% of the family units with one child under the age of 15 are lone parent families.

This is three and a half times the national average which is 13.8% and two and half times the level for Dublin County and County Borough, 18.8%.

- Six of the DED's have a higher than 50% rate of lone parent families, with the highest being Mountjoy A, where 63.6% of the family units are headed by a lone parents.

Women head the majority of these lone parent families. Women are parenting 47.8% of the family units alone.

This means that parenting alone is the norm in large sections within the ICON area and accounts for almost 50% of family units in the area as a whole.

The household profile also reflects the high levels of lone parents in the area. There are much higher than average number of female headed households, indicating high levels of lone parents and there are much higher than average number of people living alone, in one-person households. Consequently there are considerably lower than average numbers of households consisting of a couple with children.

- 15.26% of households in this area are headed by women aged 30 or under. This is more than twice the Dublin County and County Borough average which stands at 7.27% and three times the national average of 4.66%.
- 15% of households are lone parents and child(ren). (National average is 9.4% and the Dublin County and County Borough average is 10.4%)
- 39.9% live in one-person households. (National average is 21.5% and the Dublin County and County Borough average is 23%)
- 15.3% of households consist of a couple with child(ren). (National average is 39.2% and the Dublin County and County Borough average is 36.9%)

The accommodation profile of the ICON area shows how the population is predominately housed in flats and bedsits. 57.1% of the households live in flats/bedsits this is more than three times the average for Dublin, which is 15.5%, and almost eight times the national average, which is 7.3%. Consequently, the number of households living in houses is much lower-than both the Dublin and national averages at 42.7% as opposed to 84.5% and 92.7% respectively.

Levels of unemployment, including youth unemployment, within the ICON area are more than double the Dublin and national averages.

The social class breakdown of the ICON area highlights the poor economic position of the community. The percentage of professional workers living in the area, 4.2% is just over half the average for Dublin, which is 8% and two thirds of the national average of 6.1%.

There are a high number of people from both the semi-skilled and unskilled manual labour social classes living in the area. 19% of workers are in the unskilled class, this is more than two and a half times the Dublin average of 7.4% and nearly twice the national average of 9.7%.

Almost half of the population aged 15 or over, 45.9%, had left education by the age of 15. This is considerably more than both Dublin County and County Borough average which is 28% and the national average which stands at 30.4%.

The economic dependency ratio for the North East Inner City stands at 2.3 which is considerable higher than the national average which is 1.8 and Dublin County and County Borough average is 1.6.

METHODOLOGY

This project was commissioned to deal with two specific but interdependent pieces of work for the ICON Community Drug Support Service. These were;

- **STAGE ONE:** Computerisation of the records of the service and to establish a basic record management procedure. Development of a client profile.
- **STAGE TWO:** An Evaluation of the ICON Community Drug Support Service, which includes a client profile, case studies and interviews with service providers.

STAGE ONE

The ICON Community Drug Support Service had only one full time worker from the period when it operated as a voluntary service up until Donna Sheridan joined in October 1998 on a Community Employment Scheme. With no ongoing budget and only one individual employed full time within the service it was not possible to document the work undertaken in any format other than hand-written notes. Donna was employed to work with these notes and to develop a computerised record of clients. To further hinder this process, the service has only one antiquated computer at their disposal, therefore, elaborate data files are not possible.

Hand-written notes have been kept in a diary format documenting the work of the community support worker and providing information on the clients who have used the service. Donna collated the information contained in these notes to produce a full handwritten list of all the clients that have attended the service including all of the information that is available on these clients.

The researcher then transferred this hand written list onto two computer files. The first file is in a data analysis package, *DataDesk*, which collates the information and provides a detailed analysis of the client group. This provided a detailed profile of the clients who have attended the ICON Community Drug Support Service.

This computerised client information was then transferred to a simpler word-processing package to be kept, accessed and maintained by the ICON Community Drug Support Service. The information is stored on *Microsoft Word* on computer disks. The information has not been kept on any network to maintain confidentiality. The disks will be maintained and updated by the service. The information has been stored in a simple fashion, which includes information on the client's name, age, sex, address and reason for attending the service.

Example client file

NAME	AGE	SEX	AREA	STATUS
John Doe	101	Male	5 th Avenue	Drug User

Date	Reason One
Date	Reason Two

STAGE TWO

The first step in evaluating the work of the ICON Community Drug Support Service was carried out during stage one: the completion of a profile of the clients who use the service. In order to conduct a proper evaluation of the service it was necessary to have this profile to look at the number of clients using the service, the age and gender breakdown and to elicit the needs of the clients by looking at the reasons why they used the service. This profile indicates the caseload and usage of the ICON Community Drug Support Service.

Using the profile of clients a representative number of clients were identified and interviewed. An informal qualitative questionnaire was drawn up for this purpose. The areas covered by the questionnaire included:

- Family background
- Educational background
- Drug use history
- Treatment history
- Experience of the ICON Community Drug Support Service

These interviews were used to develop case studies on five clients of the ICON Community Drug Support Service, to examine their experience of drug use and treatment and to document the effectiveness of the ICON service in dealing with their needs.

Service providers and agencies providing services to drug users from the ICON area and beyond were interviewed. The interview list and questionnaire were drawn up in consultation with the ICON Community Drug Support Service.

The formal qualitative questionnaire, which is given in full in appendix two, covered the questions on:

- The responding agency
- Contact with the ICON Community Drug Support Service
- Their clients experience of the ICON Community Drug Support Service
- The agencies experience of ICON Community Drug Support Service
- General questions on service provision
- Funding

These interviews were used to document the effectiveness of the ICON Community Drug Support Service from the perspective of peer organisations, both statutory and community.

A statistical area profile was drawn up using the small area statistics for the ICON area from the 1996 national census. This was developed to provide a socio-economic context for drug use in the ICON area.

The information from the client profile, case studies and service providers interviews were drawn together to develop a Strengths Weaknesses Opportunities and Threats (SWOT) analysis of the ICON Community Drug Support Service.

The conclusion looks at the effectiveness of the service and examines its strength in the light of the funding it receives, to estimate the value of the service as well as examining areas where the service can improve.

CLIENT PROFILE

INTRODUCTION

The records of clients attending the ICON Community Drug Support Service were computer analysed and collated to develop a picture of the client profile and their needs.

The records analysed date from 18th June 1996 to the 18th of December 1998. This is a thirty-month period. The first five months of this period, June 1996 -November 1996 covered a time when the service was still voluntarily run.

During this process a computerised database was set up to contain the records of the clients of the service. This database will contain the records of client contacts from this point on. The information includes name, address, age and details of the reason and/or needs of the clients on presenting to the service.

The computerised database has been stored on a number of disks and not within a computer network. While this may be slightly more cumbersome to maintain access to the material is restricted to those with access to the disks and therefore confidentiality for the client group is maximised.

Records of this nature are very difficult to maintain and rarely reflect the amount of work involved in servicing clients needs. It is very difficult to document accurately the amount of work involved in providing services when the service provider works with the clients on such an intensive level. For example arranging 'appointments,' may be an arduous task when dealing with some clients and some agencies. The work load from drop-in clients or clients who call regularly looking for nothing specific beyond a 'talk,' or support, are often not fully documented as it is difficult to quantify this work.

Between the 18th June 1996 and 18th December 1998 268 clients attended the ICON Community Drug Support Service. This number represents individual clients and not the number of visits as many clients attended the service more than once. These 268 clients made a total of 651 visits to the ICON Community Drug Support Service.

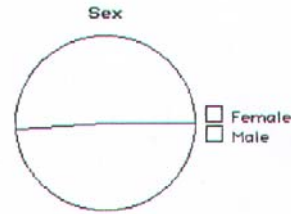
The vast majority of the clients who attended the ICON Community Drug Support Service were drug users, 238 (88.8%), 18 (6.7%) were the parents of drug users, 7(2.6%) were family/friends of drug users, 2 (0.7%) were alcoholics and 3 (1.1%) were recovering drug users.

¹ All the percentages have been rounded off to one decimal point.

PIE CHART: SEX OF CLIENTS

There were slightly more male clients than female.

Female **130 (48.5%)**
 Male **138 (51.5%)**

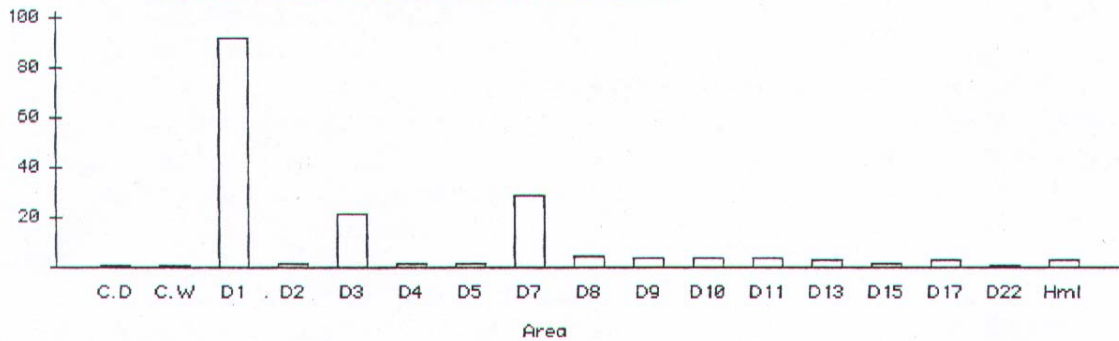


While women made up slightly less of the client group women attended the service more often, attending an average of **2.8** times each as opposed to men who attended an average of **0.8** times.

Clients attended an average of **2.5** times, **168** clients attended the service once. If we take out the clients who attended once, the average number of visits to the ICON Community Drug Support Service was **5.25** times.

The majority of the clients attending the service come from the local area, Dublin 1. But clients have come from as far away as Wicklow. There was no address given for eighty-eight of the clients, the following relates to the 180 clients where the address is known.

BAR CHART: ADDRESS OF CLIENTS



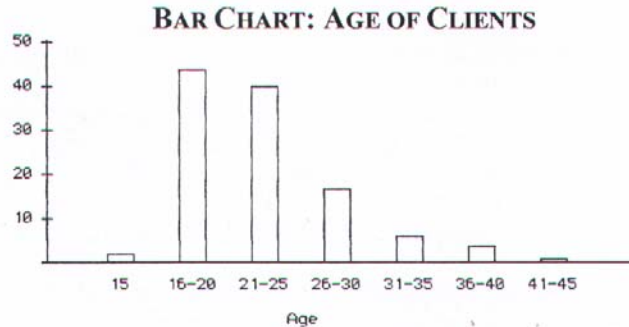
AREA	NUMBER	AREA	NUMBER	AREA	NUMBER
Co. Dublin	1 (0.6%) ²	Dublin5	2 (1.1%)	Dublin 13	3 (1.6%)
Co. Wicklow	1 (0.6%)	Dublin7	29 (16.1%)	Dublin 15	2 (1.1%)
Dublin 1	92 (51%)	Dublin8	5 (2.7%)	Dublin 17	3 (1.6%)
Dublin 2	2 (1.1%)	Dublin9	4 (2.2%)	Dublin 22	1(0.6%)
Dublin 3	22 (12.2%)	Dublin10	4 (2.2%)	Homeless	3 (1.6%)
Dublin 4	2 (1.1%)	Dublin11	4 (2.2%)		

These figures indicate that the client group are primarily from the north inner city area of Dublin, including Dublin, 1, 3, and 7.

² These percentages are from the 180 of the clients where information is available.

There was only information available for the ages of under half of the client group. There was no information recorded for 154 (57.7%) clients. The age profile available is very young and should probably be taken with caution, as there was a gap in the information. The vast majority of the clients are between 16 and 25. (77.2%)

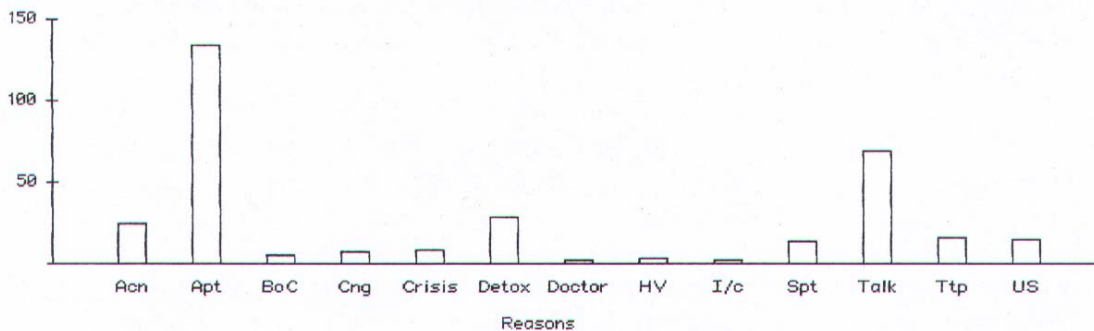
Age	Number (%)
15	2 (1.8%)
16-20	44 (38.6%)
21-25	40 (53.1%)
26-30	17 (14.9%)
31-35	6 (5.3%)
36-40	4 (3.5%)
41-45	1 (0.9%)



The reasons why people attended the service have been broken down into two categories. The first category breaks down the reason for the first visit to the service; the second gives the breakdown for the reasons for all of the visits to the service.

Reasons for first visit: Most clients presented with a number of needs, (e.g. to talk and arrange appointments) therefore there are a higher number of reasons recorded than clients. One client may have had three or four reasons for attending the service.

BAR CHART: REASONS FOR FIRST ATTENDANCE OF SERVICE



Accommodation 25 (9.3%)³: This ranges from dealing with a homeless client, helping them get accommodation, to negotiating with landlords and working with people in inappropriate accommodation.

Appointment 135 (50.4%): Helping clients access other services that they may require. Back on Clinic 6 (2.2%): Helping clients get their place on a treatment clinic back after they have lost it due to sanctions or relapses.

Counselling 8 (3%): Assisting clients to access counselling services. ICON Community

³ These percentages represent the number of clients with this need. I.e. 25 or 9.3% of clients presented to the service with problems with their accommodation.

Drug Support Service does not provide counselling services.

Crisis 9 (3.4%): Clients needing support in an emergency situation, usually after hours.

Detox 29 (12.1 %): Helping clients access a detoxification place.

Doctor 3 (1.1%): Assisting clients access a doctor who is involved in working with drug users.

Home Visit 4 (1.5%): Visiting clients in their home, in prison or in hospital.

Information on/for child 3 (1.1%): Parents looking for information and advice on behalf of the children.

Support 14 (5.2%): Support, both for practical and emotionally concerns.

Talk 70 (26.1 %): Support, clients coming in to discuss their options, have a chat, explain how they feel and look for understanding.

Trying to get a place 16 (5.9%): Assisting clients secure a place on a particular service.

Urine Sample 15 (5.6%): Taking urine samples from clients.

Some of these categories overlap i.e. talk and support, arranging appointments and clients looking to access specific services, the profile has been recorded as it was documented.

Just examining the client's first visits to the service the most common service usage is as a gatekeeper to other services. The gatekeeper or arranging appointment service involves contacting other services for the client to access. This service has been described as appointments for the sake of analysis but involves much more. The service required must be identified, information sought, contact made and client and service co-ordinated. These services accessed range from drug treatment, to social welfare and accommodation services.

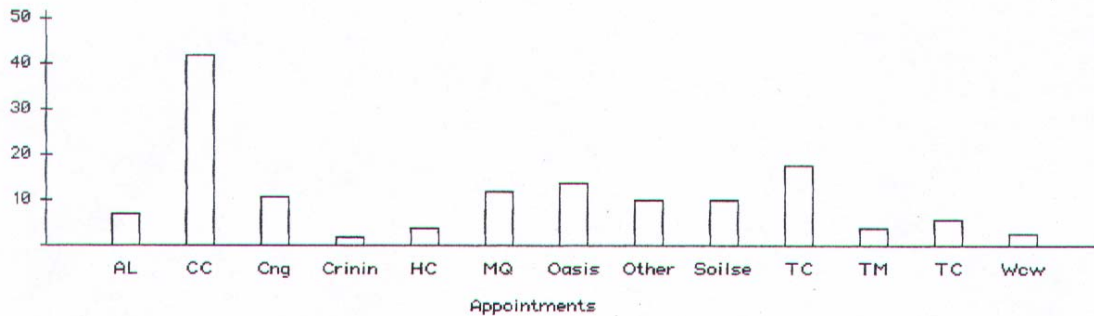
The second most common service usage is for 'talk.' Again 'talk,' is a description used for the sake of analysis, of a wide ranging service provided by the ICON Community Drug Support Service. 'Talk' is a form of support, often not acknowledged as such. Clients come in to discuss their options, have a chat, explain how they feel, look for understanding, for comfort and for a friend.

Almost 10% of clients coming into the ICON Community Drug Support Service were looking for assistance in relation to their housing needs. A third of these were looking for accommodation after coming out of treatment.

16 of the clients were attempting to secure places on a variety of programmes and services, these were: Beaumont Hospital, Bruee, Cherry Orchard, City Clinic, Coolmine, Counselling, Cuan Dara, Detox, Doctor, Merchants Quay, Portland Row Accommodation, Rutland Centre and Saol.

Clients used the ICON'S service as a gatekeeping service to a wide range of other services as indicated by the category arranging 'appointments.' These were primarily drug related services although clients also requested information and help in accessing non-drug specific services such as solicitors and the health centre. Clients were looking for access to the following agencies:

BAR CHART: ARRANGED APPOINTMENTS IN THE FOLLOWING AGENCIES



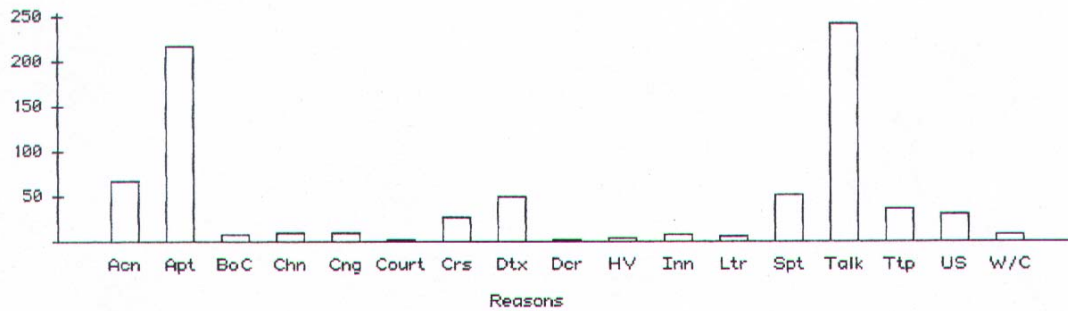
Service	Number (%)	Service	Number (%)
Ana Liffey	7 (5.2%) ⁴	Other	10 (7.4%)
City Clinic	42(31.1%)	Soilse	10(7.4%)
Counselling	11 (8.1%)	Talbot Centre	18(13.3%)
Crinin	2(1.5%)	Teach Mhuire	4 (2.9%)
Health Centre	4 (2.9%)	Trinity Court	6 (4.4%)
Merchants Quay	12 (8.9%)	Wicklow	3 (2.2%)
Oasis	14(10.4%)		

Other includes; Christy Burke, Coolmine, Cuam Mhuire, for Detox, a Doctor, the Heroin Smokers Clinic, the Larkin Centre, the Local Employment Service, the Mater Hospital and a Solicitor.

When we look at the full picture of service usage we find a higher level of support being supplied by the service, with a larger number of the clients coming in looking for support and to ‘talk.’

⁴ These percentages are out of the number of clients who had appointments arranged. Therefore the percentage is out of 135. The % represents the number percentage of clients trying to access each service, as clients were often looking for more than one service there are a higher number of agencies recorded that clients.

BAR CHART: REASON FOR VISIT, LOOKING AT ALL THE VISITS



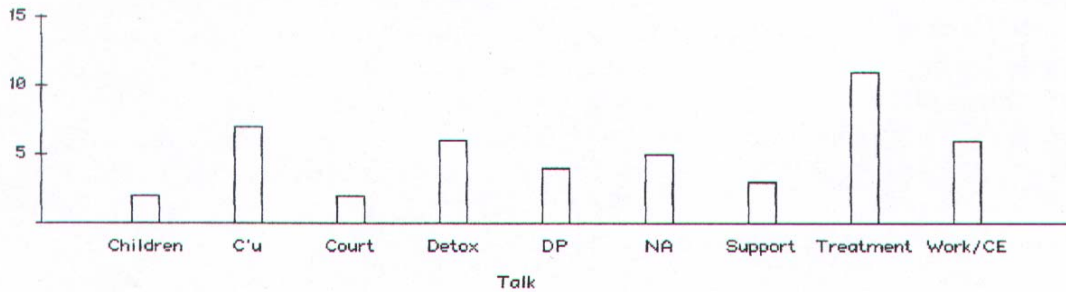
Reason	Number	Reason	Number
Accommodation ⁵	69(10.9%)	Home Visit	5 (0.8%)
Appointment	219(33.6%)	Information	9(1.4%)
Back on Clinic	8(1.2%)	Letter	7(1.1%)
Children	10(1.5%)	Support	52 (8%)
Counselling	10(1.5%)	Talk	243
Court	2 (0.3%)	Trying to get a place	37
Crisis	27(4.1%)	Urine Sample	31
Detox	50 (7.7%)	Work/CE	8
Doctor	3 (0.5%)		

‘Talk,’ as a service usage, as stated, covers a wide variety of areas. Below is an analysis of the type of subject that clients wish to discuss. In some cases the subject was not recorded, in other cases more than one subject was recorded. Therefore no percentage would make sense. These charts give a sense of subjects and the proportion in which they were raised^ a sense of the areas that concern clients.

Each topic covers a wide variety of issues, below is just a flavour of the types of concerns that were raised in relation to information, support and talking.

⁵ These percentages represent the number of visits made with the above needs; therefore the percentage is out of 651. Clients presented with a number of needs; therefore the number is higher than 651 and the percentage more than 100. E.G. 69 of the visits brought up accommodation issues, or 10.9%.

BAR CHART: SUBJECT CLIENTS WISH TO DISCUSS



Topic

Children: Primarily drug users concern about their own children, their care and access to them if they are in some one else's care.

Children's drug use: These are primarily the parents of drug users, who come in with their children or seeking advice about their children's drug and treatment.

Court: People with concerns about court dates or looking for letters for court.

Detox; Discussion about doing a detoxification or the desire to become totally drug free.

Drink Problems: People with drink problems, sometimes clients who are cross addicted and may be having problems with alcohol after getting off another drug. Narcotics Anonymous: Information and advice on the organisation.

Support: General support from the service.

Treatment: To discuss their treatment, which includes accessing treatment, problems with current treatment and treatment options.

Work/CE: Employment and training options.

LEVEL OF USAGE OF THE ICON COMMUNITY DRUG SUPPORT SERVICE

Estimating the Prevalence of Opiate Use in Dublin, 1996 a study was carried by Dr. C.M. Comiskey, estimated that the Dublin 1 area had a prevalence rate of 64 drug users per 1000 of the population. This is 6.4% of the population.

The ICON area is slightly larger than Dublin 1, as it includes a small part of Dublin 3, despite this, the prevalence rate should maintain a similar level of accuracy for the ICON area as a whole. The population of the ICON area was 24,532 at the last census, conducted in 1996, therefore, using the prevalence rate there are an estimated 1,570 drug users in the ICON area.

The ICON Community Drug Support Service's largest percentage of clients came from within the ICON area. The information for the exact number of clients from the ICON area is not complete, as addresses were not known for all of the clients. Extrapolating from the percentage of clients for whom the address is known, an estimated 167 clients attending the ICON Community Drug Support Service were from the ICON area.

A second prevalence study. *Prevalence, Profiles and Policy: A Case Study of Drug Use in inner city Dublin*, monitored how many clients were using treatment services during a six month period between December 1996 and May 1997. During this period an estimated 50 clients from Dublin 1 used the services of the ICON Community Drug Support Service. This prevalence study recorded 433 clients from Dublin 1 in treatment, 33 not in treatment and 3 on waiting lists, a total of 477. The 50 clients from Dublin 1 using the ICON Community Drug Support Service make up 3.2% of Drug users from the Dublin 1 area. 345 drug users from the area were using the services of the City Clinic, which is an estimated 22.6%, of drug users from the area as a whole.

During this six month time frame 3.2% of the Dublin 1 drug users used the service of ICON Community Drug Support. Unlike treatment services, clients do not use this service on a daily basis. They may drop in and out of the service, use it at the initial stages of seeking treatment, in times of crisis, when they have problems or when they are in recovery. Therefore, when looking at the client profile on a longer term basis, the level of service usage is likely to be considerably higher than the 3.2% of Dublin 1 drug users. Over the thirty month period taking the same prevalence rates we would estimate a figure of 17%. This figure maybe too high as the number of drug users would be higher than the estimated 1570 as the counted period is longer, thereby including a wider range. Therefore, the estimated level of usage from Dublin 1 would be between 3.2% and 17% of drug users from the Dublin 1 area.

Apart from clients from the local area, a significant proportion of clients who attended the service do not come from the ICON area. This works out as an average of 37.7%. During the six month period monitored by the prevalence study this is slightly higher with the total number of clients using the service being 101, an almost 50/50 breakdown between ICON and non-ICON clients. The ICON Community Drug Support Service has dealt with 29.2% of the number of clients dealt with by the City Clinic.

SUMMARY

During a thirty month period between June 1996 and December 1998 268 clients made a total of 651 visits to the ICON Community Drug Support Service. Slightly more of the clients were men, but women visited the service more often. The clients profile is young, with three-quarters of the clients being under the age of 25.

The majority of the clients are from the north side of Dublin, 89.1% with over 60% coming from the ICON area.

The most common service usage was as a gatekeeper to other services, which may explain the high level of one time attendance. Clients used the service to access other services or find the means to which they can access other services. The agency that clients were most often looking to attend was the City Clinic. This is probably due to the predominance of ICON area clients, as the City Clinic is the local treatment service. The second most common service usage, was to 'talk,' which is a wide ranging service including; support, advice, understanding and a chat.

An estimated 3.2% of drug users from the Dublin 1 area use the ICON Community Drug Support Service. This is a very high figure when you consider that the service does not provide methadone based treatment. Over the six-month period monitored by the *Prevalence, Profiles and Policy: A Case Study of Drug Use in inner city Dublin* prevalence study, the ICON Community Drug Support Service handled 101 clients, including clients from outside the ICON area, while the City Clinic handled 345. Therefore, the City Clinic dealt with just under four times the number of clients dealt with by the ICON Community Drug Support Service. The ICON service had, during that period, one staff member.

SERVICE PROVIDERS

INTRODUCTION

Eighteen service providers were interviewed, representing fourteen different agencies who provide services to drug users from the ICON area. A full list of those interviewed can be found in Appendix One. Not all of the agencies are specific to drug users, such as the counselling and community welfare services, but drug users would make up a significant percentage of their clients. All of these services would have direct or indirect contact, i.e. through mutual clients, with the ICON Community Drug Support Service.

The respondents were asked questions about their own service, their contact with the ICON Community Drug Support Service, their interpretations on the usefulness and helpfulness of the service to clients and peer agencies, positive and negative impressions of the ICON Community Drug Support Service and general questions about the treatment of drug users. The full questionnaire can be found in Appendix Two.

Apart from the local health centre and the City Clinic, which provides a service to clients living in the ICON area only, all of the other agencies provide services to clients all across Dublin and in some cases beyond.

The agencies were interviewed to document the effectiveness of the ICON Community Drug Support Service from the perspective of peer organisations, both statutory and community.

CLIENT PERCEPTION & USAGE OF THE ICON COMMUNITY DRUG SUPPORT SERVICE

All of the agencies agreed that the majority of local drug users, particularly older drug users, would be aware of the ICON Community Drug Support service. As one, service provider put it, the physical proximity determines the knowledge. Those who live close to the service are aware of its existence. It was generally felt that drug users from outside the Dublin 1 area would not be as aware of the service.

According to the respondents, clients who use both themselves and the ICON Community Drug Support Service are presenting with a variety of issues; apart from issues specifically related to drug use, clients present with issues such as; health, education, employment, family issues, childcare, relationships and abuse. These issues effect many people but disproportionately effective those from marginalised socio-economic communities such as Dublin 1. Drug use can exacerbate some of these problems. Alternatively, it may not be the primary or most urgent problem for a drug user presenting to a service.

Housing and accommodation problems were commonly raised; almost all of the agencies identified housing as a serious problem for drug users. Non treatment agencies identified the issue of treatment itself as one often raised by the clients. This issue refers to access

to treatment, the type of treatment programmes available and problems that clients have with their treatment service, both medically and socially.

Agencies who prescribe methadone identify methadone as the primary reason clients use the service.

AGENCY INVOLVEMENT

All of the agencies, bar one, share clients with the ICON Community Drug Support Service. In some cases, clients may not have used both services simultaneously, the usage of the ICON service may have dwindled when access was gained to another service. Agencies based in the ICON area have a much higher percentage of clients who also use, or formally used, the ICON Community Drug Support Service.

All of the respondents said that they would also have direct contact with the staff of ICON Community Drug Support Service, but this is not always directly related to the clients or on a formal footing. Three services, including the City Clinic, have a formal liaison meeting with the ICON Community Drug Support Service. Other services have contact through referrals, work with co-clients, information exchange, on networks and informally.

Four respondents, from different agencies, have also been involved in working with staff from ICON Community Drug Support Service in developing and delivering a new Fas project, the Aftercare Recovery Group.

Also, importantly, agencies across the city are in contact with one another through a variety of structures, the ICON Community Drug Support Service is no exception. The ICON Community Drug Support Service is involved, as are many agencies, in ICON and the North Inner City Drugs Task Force. All of the agencies interviewed are involved in one or more of these structures to a greater or lesser degree and would be in contact with ICON Community Drug Support Service via these.

All of the local agencies that take referrals receive a high number from the ICON Community Drug Support Service. All but one of the local services, i.e. based in Dublin 1, estimated that between 20% and 50% of referrals of drug users to their service were referred by ICON Community Drug Support Service.

Most of the agencies would also refer to the ICON Community Drug Support Service, but this is not always identified. Agencies that do refer to the ICON Community Drug Support Services use it for a number of specific areas that the service was identified as being useful for, these include:

- Accommodation: particular in relation to local private housing and resettlement after treatment
- Support: particularly crisis support
- Accessing services

- Advocating for clients
- Dealing with community issues such as threatened community eviction

One agency uses the ICON Community Drug Support Service to confirm the address of clients.

Some issues arise when questions about referral to the ICON service are raised. As some referrals are informally arranged they are sometimes not recognised by the agencies as referrals. As a result agencies do not always recognise their use of the expertise of the ICON Community Drug Support Service.

Although agencies may not regularly formally refer to the ICON Community Drug Support Service, they may assume that their clients are already accessing the services or are aware of it. Two of the agencies felt that their clients would have passed through or at least been aware of the ICON Community Drug Support Service before coming to them. One agency argued that it is part of the custom of the area that drug users will have been to the ICON service first. Therefore, they would not refer to the ICON Community Drug Support Service assuming that clients are aware of its existence.

Confusion about referrals is compounded by confusion about the identification of the service. To some extent there is confusion about the role and function of the ICON Community Drug Support Service. Two agencies stated that they did not really recognise the work Joe Dowling did as part of a specific service. At least two other agencies were confused as to the role of the ICON Community Drug Support Service, seeing it as ICON and not a service within the structures of ICON.

EXPERTISE OF THE ICON COMMUNITY DRUG SUPPORT SERVICE

The agencies identified the areas that the ICON Community Drug Support Service address that their own agencies do not deal with or do not deal with as efficiently. The ICON Community Drug Support Service is seen to have local credibility and status within the community, making it a safe and easy first point of contact for clients. The local knowledge and expertise is seen as a valuable resource by agencies.

The availability of the service outside of regular working hours was also identified as an advantage most services do not have. And, as the service is available outside normal working hours, it is available in a crisis capacity. The service is also flexible and makes home visits or accompanies clients who need support when they use others services. It was also highlighted that the ICON Community Drug Support Service is an access point for families who are worried about family members and who are looking for information and support.

THE COMMUNITY BASED MODEL

All of the agencies feel that the model of community based services is essential to deal with the drug problem. Not surprisingly the non-statutory community based services feel

very strongly about the need for a service to have a community base. The agencies outlined the reasons for this and the value of this model. A service that is rooted in the community has a context, a history, uses appropriate language and has a culture relevant to local needs. A community based service is responsive to local trends and is trusted by the community. Community based services also encourage community ownership, bringing the community on side, thereby allowing the provision of services that might otherwise be vetoed by local residents.

Proximity to clients can have a huge impact on the ability of clients to use a service, therefore, the physical proximity of a community base is also very important.

Agencies also argued that a community based service is a more effective way of delivering a service. For most of the agencies the only way to attempt to deal properly with the drug problem is by using community based services because the problem requires a holistic response, rooted in a community context, addressing the socio-economic issues of the community.

One service also argued that the Dublin 1 community has become so dependent on outside agencies that community based services provide the community with more internal independence- However, despite the unanimous declaration on the benefit of community based services, agencies and workers had different interpretations as to what constituted a 'community based services.' For most agencies, 'community based' means a style of services, not statutory run or controlled, (or not totally) but locally operated and controlled. For others it was a geographic delineation, if the service was based in the area it was community based.

Some respondents identified problems with community based services, both specifically and as a model. The statutory services were concerned about three specific issues, confidentiality, accountability and the roles of community based workers. Concerns about a clear delineation between the individual and the community lead agencies to be concerned about the privacy of their clients. Statutory services were also concerned about the training, expertise and role of community workers. They expressed fears about community workers crossing their boundaries of expertise. Finally, agencies identified concerns about the accountability of these services.

CO-CLIENTS AND SHARING INFORMATION

All of the agencies said that they would involve other agencies, with the client's permission and/or if the client was present, in the care management of clients. Although some statutory workers expressed reservations about involving community based, workers with one querying the need to ever do so.

The involvement of a number of agencies in the care management of clients is not currently common practice but agencies claim to be willing to involve others, particularly at a client's request. The majority of the agencies see this a positive if not essential structure in dealing with the multi-faceted problems drug users face, to co-ordinate the

responses to a client and to work as a network of support. As one service described, the client should be at the centre of a network of providers; they should be part of their own care network and not the care property of one agency.

As with working with other agencies in relation to a client all of the agencies said that they will discuss clients or give out information on clients to others agencies, but only with the client's permission.

Bringing other agencies on board when dealing with the case and care of a client and discussing clients between agencies and/or the idea of such a practice creates tensions between the statutory and non-statutory sectors. To a certain extent some statutory respondents questioned the need to ever do so, while non-statutory respondents are concerned about statutory agencies making unilateral decisions about clients.

FUNDING

State funding of community based services such as the ICON Community Drug Support Service was raised with the agencies. Funding by a statutory service was identified as having two problems, control and accountability. Agencies, primarily non-statutory, argued that statutory funding may alter the services and could effect their independence, which is one of the strengths of this style of service, in order for the community based -services to maintain their integrity, funding needs to be provided in a hands-off manner, where the funder could monitor the service but not control it.

Statutory agencies again raised the question staff training and staff roles. Formal training qualifications and a strict division of roles for staff are the normal requirements for services funded by statutory bodies.

RESPONSES TO THE DRUG PROBLEM

Agencies were asked more general questions about dealing with the drug problem in Dublin. All of the agencies agreed that a multifaceted approach was needed to tackle the problem. Approaches based purely on the medical, community or judicial models are not the answer. Not surprisingly agencies tended to favour the style of service they themselves provided, but all respondents agreed that a more holistic approach is required.

Some agencies argued that the medical and judicial approaches have been used for the last twenty years and at best they have just contained the situation, a sort of crisis management approach on a societal rather than individual level. Some respondents went further and argued that as a political and social tool the medical model has done the job it, was put in place for. Chaotic drug use has not spread beyond the 'problem,' communities, and therefore, these approaches have maintained a sort of status quo on a societal level, whatever they have done for the individuals involved. The prevalence of methadone maintenance as the treatment option has fuelled these interpretations, with methadone labelled as a form of social control.

The respondents agreed, to varying degrees, that drug use is not purely a health problem but is also a social problem, therefore, the solution lies not just with an individual's medical health and addiction but with the whole community. The problem is societal and individual, therefore, so is the solution. In order to tackle the problem effectively all of the stake holders need to be involved and massive socio-economic issues need to be confronted and addressed, including: housing, education, employment, poverty, income, historical issues, culture and family issues. As one respondent pointed out, although there are criticisms of the response of the health board and the Department of Health and Children at least they are responding, where are the departments of Justice, Equality and Law Reform, Education and Science, Environment and Employment, Trade and Enterprise?

CURRENT GAPS IN SERVICE PROVISION

Agencies were asked to comment on what they felt was needed to tackle the drug problem, looking specifically at the treatment of individual drug users.

Aftercare was seen as an urgent need, covering issues as broad as support, training, education, employment and counselling. The need to care for drug users after they have become drug free or when they have been stabilised on methadone arose for most of the agencies.

It was also felt, particularly by the non-treatment services, that there is a shortage of treatment options. The majority of respondents raised the need for more detoxification places and a wider variety of treatment programmes. The choice of a drug free treatment was the area that these respondents felt was being over looked.

A number of respondents argued, both medical and otherwise, that the issue of addiction itself was not being addressed. Drug use was being managed but individual and community addiction issues were not being addressed. It was argued by two non-treatment services, that it was ironic that services who have addiction counsellors provide methadone and that this treatment approach was not dealing with addiction, but moving the substance of choice to a more palatable one.

Other service gaps that were identified included: treatment in prisons, more places on clinics, more G.P.'s, first level services for those not able to access more structured services, treatment and aftercare services, respite places, more residential treatment places, community and family support services and more emphasis and acknowledgement of the level of other non-opiate drug use including alcohol and "tablets," such a benzodiazepines.

POSITIVE AND NEGATIVE ASPECTS OF THE SERVICE

All of agencies felt that the ICON Community Drug Support Service is a positive service for the clients who use it and that it handles its main service provision well. The manner in which the service is delivered was seen as a very positive aspect, where clients felt

comfortable and supported with a sympathetic and caring delivery. Clients trust the service, they trust the staff and they feel well received.

It was also felt that the role of the service as an advocate for clients was useful, so at the very least clients get a hearing. The service was described as, 'a bridge,' a base for action,' 'an anchor service.'

The service is seen to have excellent contact with the community. This contact enables the service to access community resources and deal with resettlement issues after a client has been in treatment or prison.

Complimentary to these community contacts the ICON Community Drug Support Service is seen to serve the community well. The positioning of the service within its own community, but also with access and contact to statutory agencies, means that it works well as a referral service and information point.

The statutory agencies find the local knowledge invaluable, both on an individual and on a community level. For example area based agencies need proof of address and they trust the ICON Community Drug Support Service to vouch for a client. The service can also provide agencies with appropriate background and history of a client that need access to a particular service and the agencies find this useful. The ICON Community Drug Support Service also highlights problems in the communities that may not be visible to the statutory services.

Two statutory agencies also described how the ICON Community Drug Support Service, and Joe Dowling when he was working in a voluntary capacity, were valuable links into the community, providing crucial contacts and assisting the service gain local acceptability.

The open door policy also facilitates the entry of the most needy, dependent and least organised of clients who may not have the ability to approach or engage with a more structured agency.

The ICON Community Drug Support Service is also seen to work with any client, clients that in some cases the statutory agencies are seen to have given up on.

The agencies felt that the type of services that ICON delivers the best are; support, advocacy, assisting clients in accessing services, information and using local community resources.

The benefit of the ICON network as an active lobbying force with community and political backing was also recognised. One agency felt that when the drug issue is raised by ICON, because of their community and political clout, the entire drug services benefit.

Some agencies felt that the service is too one person based. This creates problems for the service's identification, it is often seen as 'Joe Dowling' rather than a community based

service. For the staff, the one person runs the risk of burn out due to over work, a loss of direction and over load. Despite the weaknesses of a one-person based service, it is this one person who most agencies identify as the key ingredient in the success of the service. The service is: “Successful because of the person who runs it, compassion, belief and expectations are rooted in the client, the model is excellent but the key ingredient is Joe.”

On the negative side the closeness of the service to the community is also seen to have a drawback according to some agencies. In some cases a client may be well known to the staff of ICON Community Drug Support Service, and therefore, they may not feel comfortable coming in. One agency also felt that ICON as a whole have been identified with anti-drug campaigns which has resulted in some drug users in the area being very wary dealing with any ICON service.

Three agencies felt that the ICON Community Drug Support Service was isolated to a certain extent, a poor funding structure contributes to this. This was due to an impression of an adversarial relationship with some of the statutory services. Continuing isolation would affect the effectiveness of the service. The need to develop strategically was presented as a way to improve on the service’s effectiveness in the light of this isolation.

The statutory agencies have some difficulties with the advocacy role. It was referred to as a sort of queue skipping technique, with clients who are accessing the ICON Community Drug Support Service expecting to move up waiting lists faster. Advocacy also caused them problems when they are having difficulties with a client. The ICON service was seen to question sanctions taken against clients which they feel leads to tensions and undermines, their own service.

To a certain extent the statutory services felt that ICON Community Drug Support Service places unreasonable expectations on them. They feel that are expected to immediately accommodate clients who are being advocated for, some would argue at the expense of those who do not have the benefit of an advocate.

Another weakness identified is the under funding of the service, this weak resource base leads to further pressure on the staff.

There is a lack of clarity for some of the agencies about the role of the ICON Community Drug Support Service. Part of the problem lies with poor identification of the service, but there are also issues about poor communication across all the services and agencies: Statutory agencies are concerned about the appropriate roles and work that non-statutory services are engaged in and non statutory services are equally concerned about appropriate responses, funding and control of the statutory agencies.

SUMMARY

Overall, the evaluation with the peer service providers was very positive. The delivery of the service was described as particularly positive for the clients and the service's community knowledge and expertise valued and praised. The strength of the staff, the roles of advocacy and support, coupled with the community knowledge and the community basis of the service were recognised as very positive and effective mechanisms for clients.

The main difficulties with the service were with identification, resources and issues that are raised about all community based services statutory agencies questioning their role, representation, expertise, community involvement and accountability.

The main points that emerged were:

- The service was identified as having particular strength in delivering services such as; accessing local private accommodation, support, after hours access, crisis support, advocacy and dealing with community issues.
- The community basis of the service was valued on a number of levels; the service is trusted by clients, has access to community knowledge, has local credibility and status and provides agencies with valuable information about local feeling and individual clients.
- The role and structure of the ICON Community Support Service are not clear to some of the service providers. There are clear issues about the image and identification of the service which effect other agencies understanding of the service, referrals to the service, the perceived value and recognition of the service.
- The wide variety of issues and needs that clients present with, many that are not related to their drug use. Accommodation issues feature strongly here.
- The high levels of contact between the variety of organisations, directly, indirectly, formally and informally. This contact, although ongoing, has not been harnessed to its full potential.
- The need for a holistic approach in dealing with the drug issue Dublin wide was voiced by all the agencies. Major gaps within the current service provision were also identify by all the services, particularly, aftercare services, residential places and treatment options.
- All of the agencies felt that community based services, such as the ICON Community Drug Support Service, are required. The exact definition of what constitutes a community based service varied. This raised philosophical issues. Statutory agencies are concerned with training, accountability and the confidentiality of community based services, whereas community services are concerned with the statutory

agencies level of control of the issues and their clients, the treatment options offered, and the treatment of clients socially.

CASE STUDIES

INTRODUCTION

Five clients, three women and two men, of the ICON Community Drug Support Service were interviewed for case studies. The clients were chosen to represent a broad range of those who use the ICON Community Drug Support Service. The clients were initially contacted by the service to see if they were willing to participate then an appointment was arranged with the researcher. Respondents were interviewed at their own convenience and where they felt comfortable. Four of the five respondents were interviewed, privately, at the ICON Community Drug Support Service premises; the other respondent was interviewed in their home. The respondents were asked to give their family background, a history of their involvement in drug use, contact and experiences of drug treatment and support services and an overview of the effects of drug use on their lives.

Some of the respondents went into more detail about their life and experience of drugs. A number of the respondents, particularly the older ones, have spent more time reflecting on their experiences as well as responding to counselling that has examined many issues that impinge on their lives. The respondents themselves determined the depth to which they told their own stories.

The respondents were assured of confidentiality. These are stories of their own experiences and perspectives of drug use, drug treatment and intervention and their attempts to deal with and come to terms with their own drug use: these are their own stories.

The names and some identifiable details of the respondents in these case studies have been changed to protect their identity; their stories remain the same.

SARA

Sara, who is in her early 30's, is originally from and still living in the north inner city of Dublin. Sara comes from a middle size family. She is the only one of her siblings to become involved in drug use.

Sara has a number of children of her own, half of whom live with her and half whom live with other relatives. She has regular contact with all her children, they are all aware of her relationship to them and there has never been a legal transfer of guardianship of the children.

Sara left school at 15 with no qualifications. When she was 17 she started 'skin-popping,' (injecting heroin under the skin, but not into a vein) with friends. At this point, Sara says it was a social and/or recreational event that took place once a week on and off for a few months. Sara, with a group of friends would go over to the 'southside,' to buy and use

their heroin. Sara said that at this stage she was not addicted or strung out, she “didn’t know what sickness was.”

Soon after her early experiments Sara stopped taking heroin for ten years. During those ten years Sara’s long term partner, who she had been with since her late teens was using heroin and in and out of prison. Although Sara was not using heroin during this time she was dependent on prescribed drugs. A doctor had been prescribing her two valium a day from the time that she was 17.

In early 1994 when Sara was pregnant with her youngest child she started skin popping again. She started her drug use with a friend and continued to use for a number of months. This time Sara got the ‘sickness.’ She didn’t recognise her own withdrawal symptoms until her partner, a long-term intravenous heroin user, identified them, she had thought it was morning sickness. Sara injected heroin once or twice; the rest other heroin use was through skin-popping.

Sara was frightened by what she had now identified as an addiction and she went to seek treatment. Sara did not want to be put on a maintenance programme as she felt her usage was not that long standing but as she was pregnant the treatment service refused to do a detoxification and she was started on a methadone maintenance programme.

Sara said that her drug use became quite bad. She was using prescribed valium, rohypnol, physeptone and heroin. She was in and out of hospital to get stabilised. During this time relatives looked after her children.

Sara found the treatment regime punitive. Treatment for heroin was withdrawn when you “slipped up,” by using other drugs. You were moved from a restricted high dosage programme to a lower dosage programme where your other drug use was not monitored. Sara did not trust, the service providing her with treatment. She felt that there was no attempt to maintain the privacy of the clients. Sara feared that information was passed without permission, between the different arms of the service. This made nonsense of the counselling service for Sara, as she would not discuss issues which she felt might put her treatment at risk or result in inquiries into her children’s care.

After two years of heroin use Sara decided that she had had enough. She felt that she had had enough of methadone and enough of heroin; she wanted to do a detoxification. Sara was serving a prison sentence at the time. After her release from prison Sara went into-hospital for her first, detoxification and has not taken heroin or methadone since. She has been off opiates, synthetic or otherwise, for three years.

Since coming off heroin and methadone Sara’s long term partner has died. Sara’s family and friends were afraid that she was at risk of a relapse as a result. It was at this point that she was in touch with the ICON Community Drug Support Service. Her partner had been a client of the service. The ICON service contacted her around the time other partner’s funeral and has been a support to her since. The service has helped with fund raising

events for herself and her children, helped her to change her accommodation, access other services and provided her with support.

Sara is now living with some of her children and hoping to get a place on a CE scheme.

JENNY

Jenny is a young mother from the north inner city of Dublin. She comes from a large family. Jenny and her own child live with her family of origin.

Jenny was expelled from her local school at 13. She spent a short time in another school in a special class for children with behavioural problems. At 15, after in effect having two years with no education. Jenny started a Fas course.

When Jenny was 13 she started smoking hash and drinking with some other friends. At 14 she had moved onto taking E and acid while going clubbing. Jenny was still attending school when her drug taking started. When Jenny was still 14, she drifted from these friends and met some new people. It was with these new acquaintances that she started taking heroin. At 14 Jenny started smoking heroin moving onto injecting in the next couple of years.

Jenny had had a very troubled adolescence, by the time she was 16 she had served time in juvenile retention, prison and had undergone residential detoxification. Jenny went between treatment for her drug use to incarceration during which time her drug use was on and off. During her second of two short-term stays in Mountjoy, Jenny discovered she was pregnant. Jenny said that being pregnant made the difference, she became determined to become entirely drug free.

Jenny's mother knew about Jenny's drug use at a very early age, almost as soon as she had become involve. Her mother brought her to the ICON Community Drug Support Service, which she knew about through local knowledge, when she was 13.

At the moment Jenny is involved in a youth project which she really enjoys. Jenny is on a methadone programme, which is prescribed by a doctor involved in one of the services that she attends racier than at a treatment clinic. Jenny has never used the services of the local treatment cline. She is on a detoxification programme and is due to be finished in two to three weeks. Jenny is anxious to finish her methadone course and feels confident that she will be successful.

Jenny still uses the ICON service. She feels if she needs anything she can always go down to the service and talk though her problems and see what can be done. She feels that she wouldn't be here only for the support that the service gave her during difficult times. Of the ICON Community Drug Support Service she felt that, "he (Joe Dowling) never washed his hands of me no matter what I was like." Jenny does not really identify the ICON service as a service; she sees it as Joe.

Jenny hopes to get a job soon and is organising her C.V. for this purpose.

JOHN

John is a young man from the north inner city. He is in his late teens and lives at home with his parents and siblings.

John left school just after completing his junior certificate.

When John was 16 he started going to “raves,” with his friends. They starting taking E, acid, speed and cocaine. This was once a week event, a social night out. After using these drugs in this manner for a number of months he starting taking heroin. Again this was within the pattern of using the other drugs. He took heroin to come down off the other drugs. John said that some of his friends started taking heroin first and then himself and others joined them. John and his friends kept using in this manner. The friends were all male and most of them did get involved in heroin use to some extent. In six months John was “strung out.”

John smoked the heroin that he took. He says that he never injected but he did skin pop on a number of occasions.

John did not notice at first that he was strung out or going through withdrawal. He felt sick and experienced flu-like symptoms but he did not identity them as withdrawal. Himself and his friends all experienced the same “sickness,” around the same time, someone else had to tell them that they were strung out. John acknowledges that it was not a shock, he knew it was coming.

John thought that this was going to be the lowest point but it was not.

John had got to the point that he was smoking heroin every day. “I couldn’t move without it.” John says that he became an excellent liar, he maintained his job and kept his drug use from his family for a period.

John eventually told his family about his drug use. A friend “pushed,” him into telling his parents as a start to gaining control of tits drug use with an aim to stopping. He feels that his family had an idea, but were shocked when confronted with the information.

John started to received methadone through his local family GP. This was only as an interim measure while John waited for a place on a clinic. The G.P. devised a detoxification programme for John, reducing his methadone gradually.

By the time John got a place on a clinic he was on such as low level of methadone that they reduced his dosages to nothing within a very short space of time. John could not cope and went back to using heroin and methadone bought on the street.

It was one of John's parents who contacted the ICON Community Drug Support Service, they knew about the service from local knowledge. After the initial contact John went down to the ICON service with his parents. John was trying to get a place on a different drug treatment centre and to obtain counselling. John says that it was the ICON service that organised these services for him. Within a month John got a place on the treatment clinic, in the interim period he was buying methadone on the street. John also started attending a counsellor who was based in a different service to the treatment centre.

John has tried two detoxifications under medical supervision, both of which failed. He feels that the reason that they failed is that they were not conducted at his pace, but rather at a rate the practitioners felt suited him. He is currently on a methadone maintenance programme. John aims to cut down his dosage at a time that he feels he can handle the change.

John is working full time and on methadone maintenance, this means that he needs to take his methadone away from the clinic as he is not available for appointments during the day. He says that the clinic was initially not very flexible when it came to responding to his needs, but this has changed more recently.

John's response to treatment has changed. Initially he was obsessed about the exact dosage of methadone that he was receiving. He would get very stressed when his dosage was lowered, even slightly, deciding that he could not survive on the new dosage. This has changed now that he is focusing less on the physical addiction. He feels the counselling has helped him deal with the psychological issues that accompany his drug use.

John greatly values the service provided by ICON. He feels that, "without this place I would have been lost." He feels that he would never have tried the local treatment centre, as he didn't think that they offered a service to young smokers.

John did point out that there is an identification issue with the ICON service. John is wary of the image that the ICON based service has among some in the community. Some drug users and former drug users identify the ICON service as part of a vigilante response, "people would think that you are coming into rat." He says the clients of the service are secretive. Although a lot of clients from the treatment centre also use the ICON service they would not tell one another.

But John also feels that the ICON service is a huge benefit to the community, "I think without it, the community would be lost."

For the future John is going to remain on methadone maintenance until he feels prepared to reduce his dosage gradually. He is also keen to keep his job.

TIM

Tim is in his mid thirties and comes from a small family from the north inner city area of Dublin.

Tim left school at the age of 13 after being on continual suspension from the age of 12. In effect Tim never went to second level. Tim did leave school literate but without any qualifications.

Tim has young children who live with their mother in the area. Tim is in contact with his children.

Tim first started using a variety of drugs or “picking up,” when he was 17 or 18. In the initial stages he was smoking hash, using LSD and various painkillers. In the early 1980’s Tim was sentenced to a mid term prison sentence. He found this prison sentence extremely difficult. During this time in prison Tim was angry and upset, prison authorities injected him with tranquillisers which resulted in Tim gaining a large amount of weight.

When Tim was released from prison his self-esteem had taken a battering, he felt insecure and vulnerable. It was at this point, with acquaintances, he started using heroin. He developed a serious heroin habit quickly. At this stage, the early 1980’s, Tim says a lot of people were using heroin openly.

Tim spent the next 15 years using heroin and in and out of prison. Tim has spent three-quarters of his adult life in prison, “for my addiction.”

Tim has had a long experience of drug treatment and support services and has used a number of different services.

Soon after starting to use heroin, Tim did a detox, but he felt that at that point he was not ready for it and it did not work. After this Tim was not in treatment for a period of six years where he was using drugs heavily and serving prison time. He sought out treatment again in the late 1980’s and was started on a methadone maintenance programme.

As Tim spent so much time in and out of prison the treatment for his drug use was constantly interrupted. He feels that the treatment of drug users, or those on methadone, within prisons is very inhumane. Care and medical regimes are not maintained with prisoners being given what is in effect an 11/12-day rapid detox in prison. This response is not sufficient for some drug users or people on methadone maintenance.

By the mid 1990’s Tim received and served his last prison sentence and was attempting to gain a place on another drug treatment service. It took some time for Tim to gain this place as he had been barred for previous aggressive behaviour. Tim looks back at this time in his life and explains that he was “very angry.”

Tim eventually obtained a place at the clinic and was put on a methadone maintenance course. Tim only stayed with the clinic for a few months; he had reached a stage in his life where he wanted to be drug free, this included methadone free. "I did not want to be a government junkie."

Tim's experiences of the medical services were negative- One service described Tim as a "hopeless case." While he felt that the prescription based services do not care about the individual patients, they react to patients on the basis of type and category.

Tim has found the non-medical side of services much more positive, both in statutory and non-statutory agencies. This would include services like counselling, narcotics anonymous, acupuncture and massage. Tim feels that counselling is the foundation for recovery.

Tim first came in contact with the ICON Community Drug Support Service when Joe Dowling approached him on the street. They would have known of each other from the area, Tim describes himself as somewhat of an addiction legend and Joe, according to Tim, is known all around the community. Tim was in a very bad way, he was very sick. Joe gave him his bus fare and worked to get him a place in a treatment clinic.

Tim has thought a lot about his recovery, addiction and the current provision of services. Tim does not think that methadone maintenance is an appropriate response, he believes that services should be providing the initiative for drug users to become drug free. He feels doctors have far too much control in designing people's treatment, they decide who should stay or come off methadone. Tim argues that those who "know," addiction are those who know it personally and not those who know it professionally, and that it is addiction that needs to be addressed, not heroin use. "I see the bigger picture, it is addiction, we see the extremes, people are dying."

Tim feels that those who took drugs and who are "recovering," people "who have been there," are the best equipped to provide services. They can also provide a sort of role model to addicts who are not as far along in the recovery process, showing others that it can be done.

Tim also argues that those who are drug free, are still in recovery and are still addicts, they are just not active addicts. These people need ongoing support.

Tim would also like to see how the drug services spend their money, exactly how and why.

Tim also talked about the effects of long term drug use has had on his health. Tim did not contract HIV but he does have hepatitis C. Tim is angry about the treatment that drugs users who contracted hepatitis C received in comparison to those who contracted the virus through blood transfusion or blood products- He feels they get much more respect than drug users. The treatment of those who contracted hepatitis also compares badly to those who are HIV + or living with Aids. In relation to hepatitis C there is not enough

information, there is very little explanation of the condition and sufferers do not receive a diet allowance.

Tim is currently working. His employers know about his drug use. He is also rebuilding his relationship with his children. Tim feels that the time, when you are drug free, is the time when the pain of what you have done with your life has to be dealt with. A time when the addict must take responsibility for their actions. "I am an addict, I know all the scars, I know what is it to deal with the shame, guilt and the extremes." Drug users have to deal with their own poor self-esteem, they have to face recovery; the services can only support them.

Tim has taken up writing and has won an award. He finds it a good way to express himself.

There are "so many damaged goods, they need tools to be fixed."

JOANNE

Joanne is in her early thirties, born and reared in the north inner city of Dublin. She comes from a large family, some of whom were also involved in drug use. More than one of Joanne's siblings have died as a result of drug use.

Joanne left school at 13 with no qualifications and without having sat any state exams. Before she was 14 she was introduced to heroin. Joanne's first experience at heroin followed an evening of drinking with some friends who were 'skin popping.' Joanne describes how many of those friends are now dead.

Joanne became heavily involved in heroin use very quickly, she was injecting almost straight away. Joanne feels that this was the way heroin was used at the time, the early 1980's, whereas now, new users tend to spend some time smoking heroin before possibly moving onto injecting. Joanne was a chronic heroin user, by her own description, for twenty years. During this time, like many heroin users, she also used a variety of tablets.

Joanne's life has been dramatically affected by her addiction. Joanne has children in long term foster care and three other partners, fathers of her children have died, as result of drug use. Joanne was homeless while pregnant with her last child, spending time sleeping rough eventually finding herself in a psychiatric institution because of the lack of suitable alternatives.

Joanne has contact and support from some members of her family. They have tried to provide her with support in certain situations but have been unable to do so. Joanne has, at times, required very high levels of support.

Joanne has experienced a number of responses, treatment centres, prison and social services in relation to her addiction. She has used the services of Trinity Court, City Clinic, ICON, Ana Liffey, Narcotics Anonymous and hospital treatment.

Joanne's experience of treatment for her addiction has been mixed. Her earlier experiences of treatment were more negative. She was referred to as "a hopeless," case and felt that she was looked down on as a person. She felt that the treatment programmes were designed without any input from the clients and with very little explanation. In some cases she felt that the expectations of the service providers were unrealistic, yet if you did not comply, your treatment/medication was punitively withdrawn. Joanne has had thirteen treatment contracts with one treatment service.

Joanne also argued that while heroin addiction is treated in some way, 'tablet,' addiction is not. During the latter stages other drug use it was slips with 'tablets/that were more common.

Joanne has also had to wait for long periods of time to get treatment despite serious socio-economic crises in her life alongside the drug use.

More recently, Joanne feels that the service provision has improved, but she felt that the statutory agencies were unable to provide her with emergency and crisis care and support, particularly around issues that were not specific to her drug use, i.e. bereavement, homelessness and issues around her children.

Joanne has used the services provided by the ICON Community Drug Support Service. Her experience of the service has been extremely positive. Centrally, Joanne feels that the service will deal with any client in a caring manner and will not give up. The ICON Community Drug Support Service helped Joanne find accommodation and helped her furnish her new home and ceremonially gave her the key to open her own front door, •which gave her an enormous psychological boost.

Joanne feels that some people are not aware of the type of service that ICON Community Drug Support Service offer. Some drug users and former drug users fear that there is a link between some community-based services and 'vigilantes.' Although she thinks this is changing.

Joanne requires many things in her battle against addiction, fundamentally she needs support, support that she can access at any time and support that believes in her ability and right to fight her addiction. Joanne has turned her life around. She is aware that she required a huge amount of support but now that she has moved into a more independent phase.

"I'm doing things I never did."

"Joe cares, he doesn't give up on you."

SUMMARY

The respondents in the case studies had commonalities in their profile and experiences.

None of the respondents completed school, in fact only two remained in school till the statutory age and only one completed any state exams. The other three respondents were effectively out of school at 13 having had only a cursory experience of post primary education.

Four of the five respondents have children. Only one of the four respondents with children lives with all her children, one lives with some other children and two do not live with their children. Their drug use has fundamentally effected their relationships with their children and their roles as parents.

All of the respondents were multiple drug users using a variety of drugs, prescription and other wise.

Four of the five respondents have spent time in prison while the last has been arrested but never incarcerated.

There were differences in the pattern of drug use and experiences between the younger (under 20) and older (over 30) drug users. The young drug users became involved in conjunction with 'rave drugs/such as E. Their drug use was part of a social event which included an outing. The older drug users did start their drug use with friends, but the environment was private and not socially based. The two respondents with the longest history of drug use described cultural changes in drug use. Injecting is not as common as it was in the early eighties and drug use is being addressed on some levels. To some extent the knowledge and treatment of drug use has become a part of the culture of the area, this was shown by the two young drug users being taken to the ICON Community Drug Support Service by their parents.

Two of the drug users described not recognising their physical symptoms of addiction, and being told by other, longer-term, drug users that what they were experiencing was withdrawal.

All of the respondents described difficulties with treatment services. All five felt that treatment was designed by the provider without input from the drug user and therefore not owned or taken on board by them. Respondents described being given a form of treatment they did not want or did not feel ready for and three described punitive measure taken against them if they broke with the imposed regime. Two respondents could not get a detoxification programme when they wanted one. Two of the respondents also made comments about how they were treated, socially, by the services that treated them medically, they felt they were given up on and looked down upon. These two, once described as lost causes, are both in recovery, one completely drug free and one stabilised on methadone.

All of the respondents had a positive experience of the ICON Community Drug Support Service. Four of the five respondents were very positive about the ICON Community Drug Support Service; the energy and commitment of the service impressed the fifth.

The respondents trust the service, felt that it was on their side and felt respected by the service. They felt that the service gives people the right to try and deal with their drug use, respects its clients and also took them as they came.

For three of the respondents it was the ability of the service to provide them with emergency and flexible support, at times when they needed it, that was the difference the service made to their lives. For two of the respondents the service has dealt with their considerable non-drug specific needs, including housing, which has helped them reach a point in their lives where they are stable or drug free.

The only problem identified by the respondents in relation to the ICON Community Drug Support Service, related to the identification of the service with vigilantes, although one respondent felt that this was changing. Two respondents felt that the service was incorrectly associated with vigilantes and that this made some drug users reluctant to use the service or be seen to use it.

STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS

Dividing the information into strengths, weaknesses, opportunities and threats gives an outline of the areas of value and opportunities for the ICON Community Drug Support Service and also clearly identifies areas of concern.

STRENGTHS

- The high level of service usage.
- All of the agencies and clients who responded to this research were positive about the service.
- The staff of the ICON Community Drug Support Service have been described as excellent, operating with integrity and providing a warm and responsive attitude to clients and working with conviction for their needs.
- The style of working with clients inspires trust and respect. Clients feel that they will never be rejected, that they are safe and that they are being dealt with from where they are.
- The community basis of the service.
- The service has local credibility and status with the clients and the community.
- As a community based service it is responsive to community needs and trends.
- The high level of awareness of the service within the local community.
- Contacts. The ICON Community Drug Support Service benefits from a wide range of contacts both within the community and with other agencies. These contacts aid in accessing information and resources in both the community and with the agencies.
- The high level of contact between the ICON Community Drug Support Service and other organisations working with drug users, both formally and informally, and directly relating to specific clients and on a network basis.
- The service is non-judgemental.
- The open door policy, the minimum amount of barriers encourages the most needy and least capable of clients to access the service.
- There is no screening of clients all clients are catered for.
- The service can work with a client for as long as necessary as there is no appointment system.
- Availability after working hours to provide support and deal with crisis situations.
- The service is seen to deal with certain needs particularly well such as; accommodation, particularly in accessing local private accommodation, advocacy and community issues such as mediation.
- Independence of the service. The service can work as an advocate independent of agencies that it is accessing for clients. This independence is valuable as the service is advocating for the-client and not the agency.
- The records of the ICON Community Drug Support Service have been computerised which should provide the organisation with valuable records of the service that they provide.

WEAKNESSES

- Very poor funding level and funding basis. The funding only covers the salary of one of the workers; administrative funding and running costs have to be provided by support services. The service has little or no resources at its disposal. The lack of a non-salary budget hinders planning and developmental work.
- One and half staff who work under extreme pressure. The service is identified as one person based and although this one person is seen as a very capable and compassionate worker it is a weakness of the service. The community drug worker operates under constant pressure to service clients running the risk of burnout, being swamped and suffering from a loss of direction.
- As the staff of the service are local, some clients may not feel comfortable using the service, as it is too close and too involved within a very closely-knit community.
- There is some confusion as to who and what the ICON Community Drug Support Service are/is. To some extent the service has been identified as one individual working in the community and not a service. The role and function of the service is not clear to all the clients or peer agencies.
- The service has also become associated, to some extent, with the vigilante campaigns as ICON were involved in community marches.
- The poor identification, has to an extent, resulted in some of the work of the service not being recognised. E.g. agencies often do not identify that they are using the service for information or referrals.
- The service is often not recognised as a resource within the community.

OPPORTUNITIES

- Evaluating the ICON Community Drug Support Service provides it with an opportunity to sit back and look at the service as it stands. The completed report also examines the effectiveness of the service and provides it with a documented account of the service to use to develop and plan for the future.
- The development, in collaboration with other peer workers, of An Aftercare Recovery Group. The Aftercare Recovery Group will be providing training and rehabilitation to former drug users who are drug free. This project will be piloting a model to provide support to drug users in recovery and highlights the developmental work of the service.
- The network structures such as the Drug Task Forces. The networks provide agencies and organisations with the opportunity to liaise in a formal structure.
- The development of a new management committee provides the service with a new development path, which may impinge upon the services funding, development and image.

THREATS

- Some tensions between the ICON Community Support Service and some statutory agencies were identified. These do not appear to be serious or ongoing, but the impression of an adversarial relationship would threaten the effectiveness of the service. This could isolate the service and affect communication between the ICON Community Drug Support Service and other agencies who are working with similar clients.
- The service runs the risk of being side lined by more powerful agencies should any difficulties arise between them.
- The ICON Community Drug Support Service is questioned, as all community based non-statutory agencies are, about its credibility and expertise, particularly around issues such as confidentiality, accountability and role definition. These tensions are not specific to the ICON Community Drug Support Service.
- The work of the service relies to a large extent on the work of other agencies. The majority of clients attend the ICON Community Drug Support Service to access other services. Therefore, the work of the service can be hindered by difficulties with other agencies.
- The community drug worker lives in the area, at times his life is in danger of being taken over because his client group have almost 24 hour access to him.
- New funding, if from if statutory source, could effect the independence of the service.

CONCLUSION

The ICON Community Drug Support Service operates from one small office, with no funding beyond that of the wages of the staff. They have no resources beyond the staff and what is provided by other agencies. Despite these difficulties the service deals with more than a quarter of the number of clients dealt with by the City Clinic, a well-resourced health board funded statutory treatment service.

From June 1996 to December 1998 268 clients used the services of the ICON Community Drug Support Service, primarily to access other agencies and services and to get support. Clients also came in looking for advice, information, to have a chat and to deal with the problems they encounter in their daily lives, both drug use and non drug use related. Drug treatment agencies that provide methadone as part of their service indicated that most of their clients approach their agency to access methadone; the primary service usage of agencies that provide methadone is methadone provision. Yet, the ICON Community Drug Support Service has a very high level of usage without providing methadone.

Clients of the ICON Community Drug Support Service were overwhelmingly positive about the service. The value and worth of the service to its clients is evident on two levels. Initially, the service is valued by the clients for providing practical support, helping them access other agencies and providing information and advice. Clients who continue to access the ICON Community Drug Support Service value the service for the commitment that it gives to them as individuals. Clients are always accepted, always dealt with, listened to and heard. In itself the provision of a service that gives clients the Space to be heard and the right to try and address their problems is immensely valuable.

Peer agencies, providing services to the same client pool also gave a very positive evaluation of the ICON Community Drug Support Service. Agencies valued the knowledge, particularly community knowledge, the commitment and the work rate of the service.

The primary concerns raised about the ICON Community Drug Support Service; confidentiality, accountability and the role of the community based worker, were raised within the context of an ongoing tension and debate between the 'professional' statutory services and community based services. The concerns in themselves are of course valid and require monitoring, but are they any more pertinent for community based services than any other model of service? In this evaluation clients expressed concern about confidentiality within statutory agencies and community based services expressed ..concern-about the accountability of statutory agencies.

The role of community workers and the model of community based services appears to be misunderstood by some service providers. It is an ideological approach in that it takes much more than a local physical base to provide a community with a community based service. A community based service is one that is operated by the community for the

benefit of the community and one that is usually non-statutory although it may be funded by a statutory body.

There are concerns about the identification of the ICON Community Drug Support Service. There is a need to promote the service, explain the roles and aims of the service and to reassure potential clients that it is not vigilante associated. At this stage, the service is so under funded that it is difficult to deal with any areas of concern beyond the immediate work of the service. This weak funding structure is inhibiting the services ability to deal with issues such as promotion, image and identification.

Legitimate concerns were raised about statutory funding of community based services, such as the ICON Community Drug Support Service, e.g. as a loss of independence. While these concerns are valid poorly funded services struggle to pay their way. Poorly funded services are often exhausted by the pressure to sustain themselves, expending energy on surviving rather than providing services. The effectiveness of these services is compromised and pioneering and innovative models run the risk of being side-lined or misrepresented. Concerns are all very well, but services need to be properly funded to survive.

The ICON Community Drug Support Service provides a valuable service to drug users and the families of drug users seeing an average of 132 clients a year. This substantial client base relies on them for a wide range of information and support- The current funding of £17,000 a year makes the service a remarkable bargain. The service has only remained sustainable at this level of funding due to the commitment and work rate of the staff. It is unfair to both the staff and the clients to run the risk of losing this service by maintaining it at its current level of funding and resources. In order to solidify the service, guaranteeing the continuing provision of this successful service in the long term, adequate funding is required:

- To plan for the future of the service.
- To further integrate the service into the networks of response to drug use.
- To employ a key worker for the service.
- To resource the office and the staff of the service.

And to maintain and sustain a valuable and valued service within the community.

APPENDIX ONE: INTERVIEW LIST

SERVICE PROVIDERS INTERVIEWED

Gary Broderick	Director - Ana Liffey
Geraldine Byrne	Counsellor - Oasis
Joan Byrne	Manager - Saol
Dr Des Crowley	GP Co-ordinator - City Clinic
Lynda Cullen	Community Welfare Officer
Ellen Gallagher	Project Leader - Talbot Centre
Tony Geoghegan	Director - Merchants Quay
Angela Glen	Inner City Renewal Group - Welfare Service
Tony Keogh	Outreach - Crew Network
Denis Laverty	Director - St James Resource Centres
Joe Lucy	Project Leader - Crinin Project
Paddy Malone	Project Leader - Neighbourhood Youth Project 2
Gerry McAlpenan	Manager - Solise
Joe Merry	Outreach Worker - Trinity Court
Kathy O'Flaherty	Senior Counsellor - City Clinic
Maeve O'Hare	Senior Probation and Welfare Officer - Probation and Welfare Service
Liz Riches	Co-ordinator - North Inner City Drugs Task Force
Nina Smyth	Staff Nurse-City Clinic
Isobel Somerville	Area Operations Manager - Eastern Health Board
Dr Brian Sweeney	Consultant - Trinity Court & City Clinic