

**ICON  
Drugs  
Support  
Service**

Evaluation Report

October 2002

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## **Acknowledgements**



## Section One

### Background to the ICON Drug Support Service

#### **1.i Community Development and the ICON Drugs Support Service**

The ICON Drugs Support Service (IDSS) emerged during the escalation of heroin use and street drug dealing in Dublin's inner city in the 1990s. The Service developed as part of ICON'S response to one of the most devastating problems facing families living and working in the north inner city, a problem which had been begun over ten years earlier but had declined towards the end of the eighties.

The Inner City Organisations Network (ICON) is a network of community, voluntary and statutory organisations based in The north east inner city of Dublin. ICON'S response to the high level of heroin addiction took three forms; policy development (Inter-Agency Drugs Project), support for peaceful street protest by local tenants, residents and community organisations to highlight the neglect of marginalised areas within the City, and the provision of support and advocacy for drug users and their families unable to access the limited number of treatment places available in the City at that time.

The IDSS developed in 1996 as a direct response to the demand created by the street protests for access to and information on treatment services for local individuals, and the gap in the provision of culturally appropriate support to family members, mothers in particular. Mr Joe Dowling, a local individual with direct experience of the impact of addiction within inner city families began to provide an informal service operating out of the Inner City Renewal Group (ICRG) / ICON offices on Amiens Street.

The Service continued when ICRG and ICON moved to offices across the road on Amiens Street, with ICRG providing an office for the Service and additional support being provided by ICON and the Inter-Agency Drugs Project (IADP). Mr Dowling's role was funded through the Whole Time Jobs Initiative and an administrative support worker was engaged through Community Employment. In 1998 funding was awarded to the

service through the North Inner City Drugs Task Force<sup>1</sup>. The Management Committee of the Service was consolidated as part of the condition of Task Force funding and an evaluation of the service was funded by the Eastern Health Board in May 1999.<sup>2</sup>

### **Service provision & networking**

The ICON Drugs Support Service offers a range of supports to local individuals and their families as well as engaging in drugs policy development and local development through structures such as the North Inner City Drugs Task Force and ICON. The service is also networked with a number of key agencies across the city and nationally for referral, advocacy and information gathering purposes.

#### **1.ii Addiction Services in the North East Inner City<sup>3</sup>**

Since the 1960's there has been a considerable development in addiction services in Ireland. The Northern Area Health Board provides in its area, five treatment centres and fourteen satellite clinics and has 2,496 registered clients.

#### ***Drug Treatment & Rehabilitation Services;***

There are currently three ERHA satellite drug clinics operating within the geographical area. These offer methadone maintenance, programmes for those smoking heroin, counselling and allied services. The mobile clinic offers low dosage maintenance for individuals whose addiction is classed as chaotic.

Figures as of November '99 indicate that the City Clinic had 299 clients. The Mews 78, The Thompson Centre 131 and the smokers programme 27. The mobile clinic has 101 clients from across the city. 70 individuals currently attend a GP prescribing clinic in the North Strand Health Centre. Local individuals have access to Cuan Dara through the satellite clinics.

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<sup>1</sup> Funding was allocated in the first NICDTF Strategic Plan under the name Summerhill Community & Youth Drugs Support Service when a change in the target group of the Service was considered. This consideration was not implemented, however, and the service reversed back to IDSS with its original target group of the whole ICON area by request through the NICDTF to the National Drugs Strategy Team.

<sup>2</sup> ICON/Summerhill Community Drugs Support Service, Evaluation Report, May 1999 - Deidre McCarthy, Community Technical Aid.

The Soilse programme (ERHA) is also based within the local area but has a city-wide remit.

The Talbot Centre (ERHA) offers non medical services for young people; counselling, family therapy, education and referral.

The Crinan Project, a partnership between the ERHA, the Salesian Brothers and ICON, offers a holistic detoxification and social rehabilitation programme for 15 young drug users from the north inner city. Current work also involves street outreach with young people known to be at risk of developing a serious drug dependency, parents support and training, parent outreach and family therapy.

The SAOL project is a social rehabilitation and education project for women stabilised or drug free who have progressed from the City Clinic.

The Ana-Liffey Project is the longest established service in the area which offers a wide range of training initiatives, a drop in, peer work, a children's project and other allied services.

There are two other community led drugs support service operating in the locality. The Snug and Chrysalis Counselling Service are based in the north west area and were established by NICDTF funding.

The Family Support Service (ERHA - Community Care) offers practical support and interventions for local families experiencing difficulties, including those with drug addictions.

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<sup>3</sup> North Inner City Drugs Task Force (2000, p24) Strategic Plan Phase II - 2001-2003

Oasis Counselling service, based in North Wall, is a voluntary service offering counselling and referral to individuals from the locality.

The After-Care and Recovery Group (ACRG) is a relatively new service offering a drug-free training and development programme to 12 local individuals.

Dublin Aids Alliance, Open Heart House and Cairde are based within the area and offer services and training regarding AIDS, HIV and Hepatitis.

UISCE is a drugs service users forum established by the NICDTF to enable drug users to participate in Task Force and other structures and hence impact on drugs policy.

Both the Bridge Project and Pathways provide services for individuals released from detention and have structured links with drug services. PACE are seeking to set up a residential facility within the north inner city. It is intended that the facility will provide training and support for females released from prison.

### **Drugs Policy**

Current provision is underpinned by findings of the following reports

- The Government Strategy to Prevent Drug Misuse (1991)
- The National Aids Strategy (1992)
- The Ministerial Task Force on Measures to Reduce the Demand for Drugs (1996 - 1997).
- Evaluation of Local Drugs Task Force Projects (2000)
- National Drugs Strategy 2001-2008

**The aims of these strategies is to provide a localised focused service.**



### **Alcohol Policy**

A separate policy document the National Alcohol Policy (1996) informs policy on problem alcohol use. In 1992 Alcohol accounted for 23% of psychiatric hospital admissions and 22,482 prosecutions.

Following the publication in 1984 of Planning For the Future alcohol services based in psychiatric institutions were discontinued in line with the development of out-patient treatment models and in-patient detoxification facilities. Alcohol continues to be addressed as a public health issue in the current Health Promotion Strategy (Department of Health and Children 2000.)

A National Alcohol Strategy has been published in 2002.

### **Implementation of the National Drugs Strategy 2001-2008 by the Northern Area Health Board**

The implementation of the National Drugs Strategy by the Northern Area Health Board seeks to provide the individual drug misuser with a range of service developments which include the following:<sup>4</sup>

- Immediate access to professional assessment and counselling followed by commencement of treatment not later than one month after assessment.
- Treatment services based on key-worker approach - to enhance movement between -the different phases of treatment and rehabilitation
- The amalgamation of the alcohol and addiction services.

*The ICON Drug Support Services offers immediate support and referrals services, a first point of call within the continuum of drug services and accepts clients with drug or/and alcohol addiction. The IDSS offers specific complimentary the implementation strategies of the Northern Area Health Board highlighted above..*

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<sup>4</sup> Northern Area Health Board, Addiction Services Report February 2002, Dublin

### 1.iii Treatment Statistics in the north east inner city

**Table 1**

**All contacts who presented to the treatment services for problem drug use in 1999 and resident in Dublin's north inner city<sup>56</sup>**

<i>Ward</i>	<i>Number</i>	<i>Ward</i>	<i>Number</i>
Ballybough A	9	North Dock A	107
Ballybough B	10	North Dock B	108
Mountjoy A	104	North Dock C	109
Mountjoy B	105	Rotunda A	138
North City	106	Rotunda B	139
Sub-Total	334	Sub-Total	601
<b>Total</b>			<b>935</b>

These figures from the National Drug Treatment Reporting System show nearly a thousand people have presented for treatment by 1999, the majority of people reporting for treatment live with their family of origin. *The ICON Drugs Support Service offers immediate support to clients and their families.*

### 1.iv Statistical area profile -significant increase in Population Density

Table 2 (next page) shows that there has been an overall percentage increase of 25.3% in the north east inner city population which is comparatively higher than the national rise of 8%, and higher again than the increase of 6.1% in the County of Dublin and significantly higher than increase in the City of Dublin which is 2.7%. Rotunda A, Rotunda B, North City and North Dock C have seen population increases ranging from 45% to 69%. This latest Census data shows that the north east inner city is experiencing a population revival bringing additional demands for health services, family support services, housing and social services.

<sup>5</sup> Health Research Board, Drug Misuse Research Division, data from the National Drug Treatment Reporting System, request 14/08/2002.

**Table 2****North East Inner City Population based on 2002 Census<sup>7</sup>**

<i>North East Inner City Wards</i>	<i>Population 1996 Census</i>	<i>Population 2002 Census</i>	<i>Percentage Increase</i>
Ballybough A*	3,570	3,368	-5.7
Ballybough B	2,571	3,045	18.4
Mountjoy A *	3,108	3,158	1.6
Mountjoy B*	1,994	2,739	37.4
North City	2,391	3,967	65.9
North Dock A	1,188	1,292	8.8
North Dock B	3,655	3,598	-1.6
North Dock C*	2,411	3,516	45.8
Rotunda A*	2,522	4,267	69.2
Rotunda B	1,122	1,770	57.8
Total	24,532	30,720	25.3%

The areas highlighted with an asterisk are areas which fall within the RAPID programme

**1.v Health and Outreach Services**

During the measles outbreak the Department of Public Health mapped areas of affluence and deprivation. This showed that the reported incidence of measles corresponded with the areas of highest deprivation. The same areas display a poor response to the uptake of the breast check programme and a high incidence of problem drug use.

Table 3 (next page) shows demographic statistics for the north east inner city which the Northern Area Health Board presents as requiring multi-agency approaches for the purposes of health and social gain.

<sup>7</sup> CSO (2002) 2002 Census: Preliminary Report, Central Statistics Office, Dublin

**Table 3****Demographics from Community Care area 7 in the North East Inner City expressed as a cause of Concern by the Northern Area Health Board<sup>8</sup>**

<i>Northern Area Health Board Community Care Area 7</i>	<i>% of Households headed by Single Parents</i>
Mountjoy A	54%
Ballybough A	44%
North Dock C	42%
	<i>% Child Population</i>
Mountjoy A	33%
Mountjoy B	19%
North Dock C	35%
	<i>% Households headed by an unemployed person</i>
Mountjoy A	36%
Mountjoy B	30%
North Dock C	28%

These four wards which are highlighted by the NAHB as needing a multi-agency response in response to demographics indicating deprivation are all fully included in the new RAPID programme (which also includes most of the Rotunda A ward)

*“Outreach services usually provide the first point of contact with drug users to begin to access the range of addiction services available. The role of outreach services is to promote HIV/Hepatitis drug and sexual awareness. Outreach services act as a channel of communication with drug misusers and provide advice, help, and referral to either the generic primary care service or the specialist service for drug misusers.”<sup>9</sup>*

The ICON Drugs Support Services offer outreach with immediate access and referral to a wide network of primary care and specialist services

<sup>8</sup> NAHB (2001) Annual Review of Adequacy of Child and Family Services, Northern Area Health Board, Dublin

<sup>9</sup> Northern Area Health Board, Addiction Services Report February 2002, Dublin

## Section Two

### The ICON Drugs Support Services (IDSS)

**Table 4 ICONDSS Development**

<i>Date</i>	<i>Development</i>
1988-1996 Informal Service	Informal support for drug users and families
1996-1998 ICON Drug Support Service	Integration of informal support worker into new community initiative by ICON Establishment of ICON Drug Support Service Supported by ICON staff and officers
1998 Task Force Recognition	Service recognised with funding by North Inner City Drugs Task Force Separate Management Committee established. New offices in Summerhill New Part-time administrator
1999 Evaluation	Evaluation by McCarthy, D. recommends adequate funding for; <ul style="list-style-type: none"> <li>• future planning</li> <li>• integration into drug service networks</li> <li>• employment of key-worker</li> <li>• development of staff and office</li> </ul> The service had been visited by 269 clients <ul style="list-style-type: none"> <li>– 168 visited only once using the service as gateway to the drug service continuum</li> <li>■ the other 101 clients use the service more than once some very often others less giving an average of 5.25 visits per client</li> </ul> Total visits 651
2000 Statutory Representation on Management Committee	Employment of part-time assistant support worker (key-worker) Statutory Funding support from the Probation and Welfare Services and the Northern Area Health Board
2001	New Premises at Five lamps
2001	Employment of additional administration worker - now two part-time administration workers
2001	New Premises on North Strand

#### 2.i Development of the IDSS

In 1996 ICON engaged a local drug support worker to assist the growing number of local addicts requiring urgent help. Table 4 shows how the Inter-Agency Drug Project (IADP) and the Inner City Organisation's Network (ICON) helped recognise and integrate existing 'informal' or 'unpaid' neighbourhood support into more formally recognized

community support. This informal support had been immediately available to local drug users and their families for nearly a decade. The recognition and integration of the local leadership displayed by the informal worker providing the existing service (Mr Joe Dowling) was in keeping with a community development philosophy and practice which sought to recognise and encourage existing informal arrangements in a ‘bottom up’ approach to sustainable development. The aim of the new service was to create a safe and respectful service for drug users and their families in an environment of respect and dignity.

A management committee was established in 1998. Statutory recognition, funding and representation followed in 2000.

**Table 5 Management and Staff**

<i>Current Management Committee</i>	<i>Name</i>
<b>Agency</b>	
North Inner Drugs Task Force	Mel MacGiobuin
North Inner City Drugs Task Force	Tim O’Brien
Probation and Welfare Services	Maeve O’Hare
Northern Area Board - City Clinic	Robbie Fulham
Volunteer	Paddy Connolly
Community Representative (ICON)	Christine Taylor
Community Representative	Breda Dixon
Parish Priest	Michael Casey
Volunteer	Deirdre McCarthy
<b>Staff</b>	
Co-ordinator	Joe Dowling
Senior Support Worker/Key Worker	Olivia Uzell
Administrator	Jean Brown
Administrator (on maternity leave)	Donna Sheridan

The evaluation in 1999 (McCarthy, D.) recommended adequate funding for;

- planning
- integration into drug service networks
- employment of key-worker
- development of staff and office

Following the evaluation the IDSS received statutory support by the Probation and Welfare Service, in recognition of its potential benefit to the services’s target group. The Probation and Welfare Service was a keen promoter and supporter of inter-agency approaches and service integration in the north east inner city area.

## 2.ii Funding and Human Resources

**Table 6 Funding**

<i>Source</i>	<i>2000</i>	<i>2001</i>	<i>2002</i>
Probation and welfare Service	€10,000	€12,500	€12,500
Northern Area Health Board	€20,000	€29,000	€29,000
Local Drug Task Force/ City of Dublin Youth Services Board	€24,000	€24,000	€24,000
Local Drugs Task Force			€22,500
<b>Total</b>	<b>€54,000</b>	<b>€64,500</b>	<b>€97,500</b>

### Resources

There is one full-time worker, the Co-ordinator supported by a part-time Key-Worker or Senior Support Worker and a part-time Administrator. Between them they have developed the profile of the service and are known to clients and agencies alike.

### Co-ordinator

The Co-ordinator is the main outreach worker and manager of the service. The coordinator organises the work of the other staff and provides support to clients and families. The post entails dealing with office visits, assessments, referrals inter-agency networking and movement of clients within the drug services continuum. The Coordinator also provides emergency support and often practical care and help to individuals in their homes, in prisons and in hospitals. This may involve being a chauffeur or informal ambulance service or arranging food hampers, particularly where young children are caught up in parental crisis. A valued part of the service is helping with arrangements for funerals, at the request of the family, and arranging memorial masses, again at the request of family members. The work also involves supporting parents and clients on hospital visits in circumstances of extreme suffering caused by addiction. The Coordinator provides monthly reports to the management committee. The Co-ordinator is a well known advocate for clients within the drugs services continuum.

### **Senior Support Worker or Key Worker**

The Key Worker supports clients in the continuum of services and specialist services and brings to the service a knowledge of services which is highly developed. This member of staff is very well networked into other agencies and also has the trust and respect of the client group. The post involves being the main referral agent and agency liaison link in the service. The Key Worker and the Co-ordinator try to meet first time clients together to agree a support strategy with the client and to ensure that if the client returns then they will be sure to meet someone they know. Both the Co-ordinator and the Key-Worker are experienced in assessing the drug or alcohol addiction status of individuals. The service usually refer clients to Soilse for assessment purposes.

### **Administration**

The administrators arrange for advocacy letters and update client, and work outputs on a daily basis as well as covering phones and welcoming clients when the co-ordinator and the key-worker are busy. There is quite a lot of hospitality work involved. The administrators have been very much involved in developing systems of recording work activities and service outputs. The administrators carry out no financial administration, this is contracted out, and an individual management member acts as Chief Administrator and Treasurer. The main work of the service can be presented as follows

- **Client Support** - Key worker & Co-ordinator
- **Advocacy on behalf of the client with other agencies** - Key -Worker & Coordinator
- **Family Support** - Co-ordinator
- **Crisis Care and Support** (including homelessness) - Co-ordinator
- **Bereavement support and practical help** - Co-ordinator
- **Client Assessment** - Key worker & Co-ordinator
- **Access to residential care and Referral to agencies** - Key worker & Co-ordinator

*Both the Co-ordinator and the Key worker bring added value of being peer workers in the field of addiction services which supplements their formal qualifications and experience.*



### 2.iii Recording of clients using the service

A file is kept for each client who visits the service. The previous evaluation showed that between June 1996 and December 1998 268 clients used the service. Current records of clients show 330 clients between 2000 and 2002. The majority of current clients are new clients since the last evaluation. Hard copy files exist for 330 clients (289 computerised records were available for the purposes of the evaluation). There were more male clients than female clients.

**Table 7 Gender**

<i>Clients</i>	<i>Number</i>
Male	168
Female	121
<b>Total</b>	<b>289</b>

Date of births were shown for 203 clients and the results were as follows

**Table 8 Age**

<i>Age</i>	<i>Number</i>
16 - 21	25
22 - 30	103
30 - 40	56
Over 40	19
<b>Total</b>	<b>203</b>

The majority of Clients presenting to the service are in their twenties and thirties. These are long-term addicts. Research has shown that long-term addicts commonly face a crisis when their addiction seems hopeless, this is critical time for support.

No address was available for 36 clients while 35 presented as homeless.

Some clients were local people out of home after residential care or prison terms.

**Table 9 Address**

<i>Address</i>	<i>Number</i>
ICON area	162
Dublin	56
Homeless	35
No Address	36
<b>Total</b>	<b>289</b>

The dates on which clients visited gives a picture of an annual case-load

**Table 10 Annual caseload**

<i>Year</i>	<i>2000</i>	<i>2001</i>	<i>2002</i>
Active clients		84	199
			80

The duration between the first and last visit recorded for the client shows how long people remain active clients.

**Table 11 Duration of client visits**

<i>Duration between first and last visit</i>	<i>Number</i>
One visit only	110
Under one month	49
Under six months	48
Under One year	22
Under eighteen months	26
Over two years	20
<b>Total</b>	<b>273</b>

Many of the clients are referred on after one visit and do not return. The majority do return and many need ongoing support from the service. For some individuals the service almost provides a personal assistant role to help in times of crisis.

### 2.iii IDSS Services and the Recording of Work and Outputs

#### Daily Record

**Table 12 Daily log of contacts with IDSS**

<i>Week ending</i>	<i>Number of Contacts</i>
Friday 24 <sup>th</sup> May	20
Friday 31 <sup>st</sup> May	25
Friday 7 <sup>th</sup> June	19
Friday 14 <sup>th</sup> June	29
Friday 21 <sup>st</sup> June	28
Friday 28 <sup>th</sup> June	27
Friday 5 <sup>th</sup> July	no record
Friday 12 <sup>th</sup> July	26
Friday 19 <sup>th</sup> July	29
<b>Total</b>	<b>203</b>
<b>Average Weekly Visits/enquiries</b>	<b>25</b>
<b>Average Daily Visits/enquiries</b>	<b>5</b>

Contacts with the IDSS are logged by hand in the 'log book' by the staff. At the end of every day the administrator inputs the contacts into a Microsoft Word file under the following headings:

<i>Client</i>	<i>Referred by</i>	<i>Method of work</i>	<i>Services sought</i>	<i>action taken</i>	<i>notes</i>
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Under **notes** are logged comments or observations such as 'doing well', - 'will keep in touch' - 'he is doing much better' - 'fax of letter to his solicitor' - 'remanded for two weeks' - 'very concerned for daughter' - 'father extremely worried about him' and others such as - 'was put out of Cherry Orchard last night' - 'going into hospital tomorrow' 'expressed suicidal thoughts' - 'back in work, doing well' and 'struggling'.

The records are brief note of the work carried out by the staff. Each individual client file is modified using the brief information in the daily log. A hard copy of each clients record is maintained. The hard copy of the record has no name only a client number. The IDSS records are kept on confidential and professional systems. The service would benefit from improved equipment and data-processing and data-base training for staff.

**Table 13 method of contact**

<i>Method of contact</i>	<i>Number</i>
Phone	23
Office	165
Street	5
Client's home/hospital/prison	10
<b>Total</b>	<b>203</b>

The majority of contacts are by clients visiting the services, although there are a significant number (5%) of visits outside the centre and street encounters (2.5%). The phone calls can often be from an agency who are trying to make contact with a client or advising that a shared client is in hospital which creates a visit outside the office.

**Table 14 who contacts**

<i>Who contacts the IDSS</i>	<i>Number</i>
Client	173
Family	20
Agency	10
<b>Total</b>	<b>203</b>

Inter- Agency support makes up about 5% of the work of the IDSS. The following agencies were logged as requesting back-up services from the ICON Drugs Support Agency,

- The Marist,
- Soilse,
- the Homeless Agency,
- the Neighbourhood Youth Project,
- the Probation and Welfare Service
- SAOL.

All requests received a response.

**The issues raised by clients during this period were,**

- support resulting in referral to other agencies,
- support - struggling with maintenance of programmes or recovery
- accommodation,
- bereavement service - funeral arrangements
- relapse and crisis support
- access to High Park, Marist or Soilse,
- cocaine use on maintenance,
- counselling referrals to OASIS,
- advocacy or 'specking' with agencies for clients,
- aftercare support and
- family support.

All issues raised by clients were acted upon.

The Co-ordinators report (Table 15) for the period presents information organised in relation to individual clients. It shows visits by a total 67 clients including 6 new clients. The IDSS presents its workload under the following issues or categories

**1) Active Drug Use - 2) Drug Free Clients - 3) Homelessness**

**4) Family Support - 5) Methadone Maintenance.**

The following appear under Any Other Business

- Organised mass for deceased residents,
- Took part in March on Dail about drugs issue
- Staff and clients made presentation to Belfast group and French students.

**Table 15 COORDINATORS REPORT 8<sup>th</sup> July 02**

<i>TOTAL no of visits made to the service 20<sup>th</sup> may-5<sup>th</sup> July</i>	<i>Total no of clients</i>	<i>FEMALE</i>	<i>MALE</i>	<i>NEW</i>
170	67	25	42	6

**Age Range: 19-59**

<i>Client type</i>	<i>Service Sought</i>	<i>Contact</i>	<i>Approx. No.</i>
Active Drug Use	Referral to treatment/ Information on waiting list	Bruee/ Amy / Marist / City Clinic/ Oasis / /Soilse/ Info on health Promotion	22- active drug use
Drug free	On -going support/ Access to education/ Aftercare	NA/A.C.R.G./Soilse New Start / LES	12 -drug free
Homeless	Accommodation		5 homeless
Family support	Mediation / Information and home visits	Oasis / Info on above services	15 parents
Methadone maintenance	Struggling with drug use/ issue's with clinic/ on- going support	City clinic/ outreach/ medical team.	17 methadone maintenance

The IDSS is a client centred service. The work of the staff is focused on supporting individual clients and their families. Staff time spent on funeral or religious memorial

services seem devalued within the service and appear under any other business, likewise networking and political or lobbying campaign engagement.

Whilst the service retains the client as its central focus it is clear that these other areas of support work do not detract from the services central mission. In fact they are an integral part of the mission in a community context and should therefore be within the mainstream agenda of the management and staff rather than under any other business. The service is currently developing a bereavement support group.

All the work of the service is Outreach Work as defined by the Northern Area Health Board as ‘a first point of contact’ or by the IDSS as a *first port of call* in the service continuum. The outreach work also involves a significant amount of dealing with homelessness and out of office visits and street-work. There is a considerable amount of support provided to clients receiving prescribed methadone, there is support for active drug users and ongoing support for post rehabilitation clients who are remaining drug free.

Direct inter-agency work other than onward referrals makes up about 5% of the work of the IDSS. Most of this work is the inter-agency management of care pathways with individual clients on an informal basis. Family support work takes up about 20% of the support outputs.

#### **2.iv Residential Treatment and Assessment**

The IDSS has established a track record in referring people for residential treatment. The staff agree the appropriateness of such referrals with clients by listening to and talking with the person. Gathering as much information on their drug status, present circumstances including family circumstances, housing, legal issues, social support networks and the individuals levels of motivation and commitment to treatment. After several meetings to establish levels of need and motivation an agreement is reached with the client. Depending on the persons circumstances and how urgent it is that they be

removed from their environment a match is made with a detoxification centre which sometimes comes down to availability.

The staff look at the level of support the person needs, which centre can give them support, what will the person gain from being involved in the centre, what after-care they provide. Also the level of support the addict is capable of receiving.

Obstacles facing clients who feel their next step is residential detoxification include; disagreements with their General Practitioner over detoxification from methadone or other prescribed drugs, the pre-requirement of being drug-free before entering residential treatment, centres requiring confirmation of clients being free of all prescribed drugs or tablets, childcare and legal issues or judicial status.

### **2.v The Family, Peer and Community context of the IDSS**

The staff of the IDSS suggest that families may experience excessive feelings of shame, guilt or blame that they have failed the addict in some way. Families live in fear regarding the addict's safety. When families interventions are ineffective they can blame themselves, becoming hopeless, helpless, isolated and depressed. The staff feel it is important for families to get an understanding of addiction and support for themselves. They regard family support or lack of it as very influential after residential treatment.

Family support refers not only to the practical support of food, money, shelter and childcare but also strong emotional support, a sense of belonging and feelings of being loved.

Peers bring a lot of experience and knowledge into this work with them- They bring their own experience of active addiction and the challenges and obstacles they faced trying to overcome addiction or 'get clean'. Peers feel a sense of identification from and with the client, which helps build trust. Peers have to have done a lot of work on themselves and addressed their own issues before working in the field of addiction. They have to have

received dedicated training. The staff of the IDSS are peer support workers in a family and community setting. Without such a setting the nature of their service would be different.

The staff describe the community context of the service in relation to drug users and their families experiences of accessing services. Their experiences suggested people needed advocacy. People attempting to access services lost motivation. The IDSS aimed to offer access, advocacy and a non -therapeutic approach to support. Location in an area with a large drug culture was seen as important as families needed a place to go.

The staff see maintaining the service in an area of deprivation as important in itself. In their own words

“We have an open door policy, and are community based, staffed by locals, and the community feels like they own it, as a non-statutory service, which is represented with ICON, which is a well known organisation. The service has a credibility and a good reputation for working with people in this area.”

## **2.vi Key cases in the development of the IDSS**

People attending the IDSS have their own unique story and will impact on the service, but some more than others will make the service question how it interacts with people and make the staff take a closer look at themselves on a personal and professional level. Outlined below in table are key cases that caused such questioning by the staff.



**Key Cases**

<b><i>Key Case</i></b>	<b><i>Case Description</i></b>
Suspension of client from City Clinic	Three months of work by IDSS staff to negotiate re-entry of client onto methadone maintenance programme. The work involved ongoing support for the client and advocacy with General Practitioners, with and on behalf of the client. New representational structures have since been initiated by the NAHB in place to help facilitate solutions to similar types of cases.
Client suspended for one year from City Clinic	Similar to the case above. This case brought conflict between IDSS and City Clinic. Family began purchasing methadone on the street. The suspension was lifted after six months
Homeless addict	A woman reported an incident involving a man to staff in a hostel. The IDSS advocated on her behalf and subsequently a man was charged in relation to the incident
Seizures taken by client after admittance to residential treatment	Raised questions about the IDSS doing screens. Residential treatment centers now require a screen test prior to accepting clients from IDSS. Raised questions about how the IDSS responds to people on tablets during assessment for residential treatment
Client expressed thoughts of suicide	Client unable to access residential treatment. Led service to question how it deals with suicidal clients. Referred client for counselling. Raised issue of IDSS having access to NAHB funding for referring specific cases to residential treatment.
Clients impending court appearance a barrier to residential treatment	IDSS negotiated with treatment centre to accept client despite impending court appearance. Clients subsequently convicted and allowed to serve sentence working in treatment center
Bereaved Client	Raised issues of how much support the service can offer, client agreed to referral for counselling and Bolton Abbey
Family-reunited	Addicts in family had not spoken to their father since becoming addicts - clients and father re-united to start re-building their family
Homeless client accepted for Social Housing	Rhendu Housing organisation requested IDSS to provide reference for client and attend meeting as advocate. IDSS now have relationship with organisation for referral.

### **2.vi Care Planning and Soilse**

The staff describe the service as an information, referral and support service. They believe care-planning is not something which can be rushed through, it takes time and commitment. The nature of the service would be changed if they were to take the care planning approach. They do not have the staff or resources. They refer clients to Soilse for that level of support. They have a good working relationship with Soilse and have made in the region of sixty referrals to the service. All progress made by clients at Soilse is fed back to the IDSS.

### **2.vii Providing a reliable, responsive and flexible street service**

The staff of the IDSS provide a service which is driven by providing immediate responses to the needs of clients as they arise. The profile of the service is high enough for most clients to know about the office and to call in as they require. Many clients make contact with staff as the opportunity presents itself on the street, and will only call to the office for a specific reason. Street contacts are only recorded if they require action back at the office. Often they do not require action, they are a way of the client maintaining a contact with the service and vice versa. Practically this means that the staff, and in particular the Co-ordinator regularly encounters clients while walking around the neighbourhood.

Ordinarily the Co-ordinator can't help but give a hundred percent attention to clients met on the street so ordinarily clients receive one hundred per cent attention on the street. Street contacts highlight the demanding nature of the service and the necessity of being attentive to client criticism. Attention to such criticism should involve the service as a whole, staff and management and clients.

It is an imperative of the IDSS that clients can depend on street contact and that the IDSS is seen to be a visible presence in the neighbourhood for addicts inside and outside the office. Neighbourhood outreach or street-work can take the form of particular visits to clients homes, or prisons or hospitals. Usually street work takes place in non-work scheduled time, (e.g. during working hours or outside working hours but not scheduled in

separately as time for street work). Scheduling street work into service plans and daily -routines is a required priority area of development by the IDSS.

It is recommended that the service begins by dedicating twenty hours per week street work or three hours per day. This would be a significant step for the IDSS. It would create the kind of presence normally associated with An Gardia Siochana rather than health treatment services. It would be a reliable local outreach service available seven days a week, with a five day office back-up and an emergency weekend office access.

One of the principles of the IDSS is that clients have to be self motivated, that it is premature to look for clients. The street service will give the service a profile. It will help the service maintain contact with clients, it will give addicts who are at the stage of considering presenting for treatment a chance to make contact with the service and it will keep the service up to date on the nature of the addiction in the area. It will also mean the service can integrate street contact, visits to homes, hospitals and prisons with agency visits and bereavement work into a reliable out of office service. The element of the service will also help to further establish the nature of addiction in the area by focusing on illicit drugs, alcohol and tablets.

In the client evaluation some clients suggest that the IDSS has been a life-saver for them. The seriousness of this claim has to be weighed against the fact that the staff of the IDSS report at least eight people who were registered clients of the service or regular street contacts have died pre-maturely within the last two years. One person's death was recorded as being a result of HIV/Aids. One person's death was recorded as death by misadventure. Each case recorded differently. These deaths occurred within two the two parishes of Matt Talbot church, Sean McDermott Street and St Laurence O'Toole's Sheriff Street. The service is currently working to create a bereavement group to help people cope together. In a wider context the Drug Supports nationally services have highlighted the scale of fatalities in Ireland in recent years from drug-related causes.

It is the nature of addiction that the staff, when asked, could not think of a parent of ‘ clients who wasn’t on some form of medication. Tablets for parents and tablets for people on methadone maintenance are increasingly at the centre of the IDSS services understanding of the nature of addiction. The harmful side effects of maintenance programmes, particularly in relation to prescription drugs which are necessary to sustain methadone maintenance are being raised as issues by clients of the service.

The scale of prescription of Benzodiazepines is widely recognised as a problem in itself and a particular problem for people in drug treatment problems. The 1960\*s California Civil Addict Programme traced 581 males over 33 and found just under 50% died from overdoses, or other causes including accidents, chronic liver failure suicide and cancer. On average users died 9 years earlier than the general population. Suicide among young men 18-24 in Ireland has been linked to Alcohol and cocaine use.

The IDSS is close enough to the action to witness the cutting edge indicators of trends in drugs use. The Service recognises that support for addicts is a long-term commitment that needs to respond to the changing needs clients at different stages of the life cycle.

## Section Three

### Client Evaluation of the IDSS

#### 3.i Methodology

A survey questionnaire was distributed to twenty of the clients who had used the service within the last month. The form was either completed privately in the office or by the clients at home. The form was completed by 12 clients who are in the services continuum and by eight parents, two of whom are also in the service continuum themselves, making the real client figure 14\*. The IDSS seems to be a father friendly services to an extent where other agencies may have lessons to learn.

**Table 16 Survey participants**

<i>Clients or Family</i>	<i>Number</i>
Clients	12 (14)
Parents	8*
<b>Total complete</b>	<b>20</b>

#### 3.ii Services identified by the clients

Support for clients and then services for families were the shared top priorities for the families and clients (see table 12 next page). The next priorities were referral into or along the specialist addiction services continuum, the provision of emergency support and crisis care and client advocacy or professional services for example letters and advice.

Access to residential care was seen as an important output of the service as was advocacy or speaking on behalf of clients and assisting their progress and mobility through the continuum of services. Over half of clients identified wanted ongoing support through the continuum of services, bereavement support and the promotion of best practice as a requirement of the service.

**Table 17 Services Provided**

<i>Service Provided</i>	<i>Number of clients who use service</i>
Support For You	18
Family Support	18
Putting you in touch with agencies	15
When the service speaks on you behalf to agencies (letters to court/checking with agencies how you are getting on)	15
Emergency Care/Crisis Support	15
Provide access to residential treatment	14
Speaking on you behalf about difficulties	13
With services and improvements they can make	11
Bereavement Support	10
Spread information about treatment, best practice	9
Assessing client drugs status	8

**3.iii Client Rating of IDSS services and premises****Table 18 client rating**

<i>Service rating</i>	<i>Number</i>
Excellent	18
Good	2
<b>Total</b>	<b>20</b>

**Table 19 premises rating**

<i>Premises Rating</i>	<i>Number</i>
Good	10
Excellent	7
Fair	1
Blank	2
<b>Total</b>	<b>20</b>

The IDSS service receives a generally excellent commendation from clients but the clients are less impressed with the premises. **The premises of the IDSS are lowering an otherwise generally excellent service satisfaction rating.**

**Table 20 Empowerment**

<b>The IDSS and the process of recovery</b>	<i>yes</i>	<i>no</i>	<i>blank</i>	<i>Total</i>
The IDSS empowers me in my recovery process	14		6	<b>20</b>
Drug services generally make me feel empowered	8	6	6	<b>20</b>
The IDSS is a user friendly service	18	-	2	<b>20</b>
Drug services are generally user friendly	10	5	5	<b>20</b>

All fourteen clients stated they felt empowered by IDSS in their recovery process. The six blank responses to this question were from parents not in recovery themselves. Just over half the clients felt empowered generally by drugs services. 18 respondents felt the IDSS was user friendly with half of the respondents feeling drug services were generally user friendly. **The ICON Drugs Support Services compares well with other services in the experiences and perceptions of the clients who took part in the evaluation.**

The comments in table 16 (next page) give an excellent commendation to the IDSS from clients and parents who have used the service. Two clients seriously suggest that the service helped save their lives. The IDSS is finely tuned to the needs of clients. The client feedback is very positive.

*Clients and families do not have any meaningful representation on the management committee of the IDSS. This may be a participatory structural weakness from both community and quality services perspectives. Meaningful representation would involve family members and clients.*

**Table 21 Clients comments**

<i>Type of User</i>	<i>General Comments made about the ICON Drug Support Services</i>
Father	"ICON Drugs Support Services has been of great support to my family on many fronts"
Client	"For me I think ICON is a great Support Service. They were there for me when I needed help and I don't think I would have got better help and support anywhere else."
Client	"The last few years Joe has helped me so much in my recovery. I have got a lot of help and support over the years and would not be where I am today without the help of Joe."
Mother	"Joe got me into a support group and it changed my life for the better. He also has given my son an awful lot of support and help. He has done so much for me and my family."
Mother	"Very good with my family. Always there to give support when needed. Very good listener, and always there for you when you have a crisis."
Client/ Mother	"Only for the service I would be lost and would not know where to turn."
Client	"IDSS is a very friendly and supportive service. I think the people who work there play a very important role in our community and with the right funding & support they have the potential to make a huge difference to the addicts and their families in our community."
Client	"The services ICON have done for me have me have been great. It has helped me in my recovery and advised me in areas that I would have had problems with."
Client	"I think only for the ICON drug support services I would be dead today."
Client/ mother	"Invaluable support to me."
Client	"It is the best service out there. I have used loads of services. I think this is the best."
Client	"Very Good. Very Confidential and friendly, not judgmental."
Client	"A lot of people who leave residential care are homeless. ICON spoke to the Eastern Heath Board on my behalf and got me B+B accommodation."
Client	"Since I started using the service, ICON has done everything in its power to help me. But I think there should be more services like this all over the city."
Client	Anybody with an addiction of any description, this is the place. I would recommend it to anyone. It has helped me stay alive (seriously). Helped me get a course to do in the daytime and helped me stay clean.



## Section Four

### Management Evaluation of the IDSS

#### 4.i Methodology

With the exception of the community representative, who could not attend, all non-staff members of the management attended a morning session and completed a survey questionnaire similar to the one completed by the clients. Management were asked to prioritise the services the IDSS is involved with (the lower the score the higher the rating). All The management committee discussed strategic planning and the overall mission of the services. The results of six questionnaires are presented below.

#### 4.ii Prioritising services

**Table 22 Management & Services**

<i>Agency Services</i>	<i>LDTF</i>	<i>Church</i>	<i>LDTF</i>	<i>Vol</i>	<i>P+W</i>	<i>Vol</i>	<i>Priority Services</i>
Client Support	5	1	1	1	1	1	10 (1)
Family support	8	3	5	3	3	2	24 (3)
Referral to Agencies	4	8	6	6	8	9	41 (7)
Referral from Agencies	6	10	11	9	9	10	55 (9)
Advocacy	2	5	4	2	4	4	21 (2)
Client assessment	1	6	10	7	5	7	36 (6)
Bereavement	9	4	2	5	6	8	34 (5)
Crisis Care	3	2	7	4	2	11	29 (4)
Gaps in services	10	11	8	10	7	3	49 (8)
Info	11	8	9	11	10	12	61 (10)
Access	7	7	3	8	11	6	41 (7)
other	12	12	12	12	12	5	65 (11)

In order of importance the Management Committee prioritises the following services to clients

1. Client Support
2. Advocacy on behalf of the client with other agencies
3. Family Support
4. Crisis Care

5. Bereavement support and practical help.
6. Client Assessment
7. Access to residential care and Referral to other agencies
8. Identifying gaps in services
9. Referral from agencies
- 10 Disseminating information
- 11 Other

This is an important agreement for the non- staff members of the management committee. It puts client support, advocacy, care, and family support, at the core of the mission of the ICON Drug Support Service.

It declares that client and family support involves coping with bereavement and grief and the practicalities of funeral arrangements in cases of premature deaths and suicide as is already reflected in the job description of co-ordinator.

It recognises that the IDSS is not primarily a referral service but rather a first port of call for support for families and clients in accessing services and moving between services and ongoing support and crisis care.

This shows a convergence between the perspectives of clients and management on the role and responsibilities of the IDSS that is reflected in the job descriptions of the Key-Worker and the Co-ordinator.

**4.iii Areas Where the Management committee feel progress has been made**

1. Support for clients
2. Improvements to Office
3. Recording
4. Advocacy and networking with other agencies on clients behalf
5. Referral to other agencies
6. Employing key-worker
7. Services and daily activities
8. Planning for the future
9. Management
10. promotion
11. Co-ordination
12. Integration into agency networks

There has been an efficient delivery of the service since its inception and the integration of new staff and their workloads plus the development of a team spirit that clearly exists among the staff.

The IDSS service has demonstrated over time a consistent demand by clients based mainly on word of mouth and peer recommendations based on client's experience of the service- Other agencies speak highly or at least well of the service and of the capacity, expertise and knowledge base of the service. Reservations being mainly in relation to issues of inter-agency systems and co-operation about how best to meet the needs of clients in the past.

The management committee was formed in 1998 that is two years after the service was integrated into the community infrastructure. The management committee was expanded in 2000 to take on board the Probation and Welfare Service and has increased more recently with the representation of the Northern Area Health Board

Communicating the achievements of the service and the expertise of the staff as a team to the wider community is critical to the success of the service. A high positive profile of the service is critical for potential clients who have as yet not expressed a need for support. Team building and gaining a shared knowledge of the achievements of the service should be a priority development of the Co-ordinator, staff and Management Committee, and in particular by the chairperson. User participation and representation is critical.

#### **4.v General Comments from individual members of the management Committee**

*“I believe the service has an important function and role to play. Management roles haven’t been defined. Members are over-stretched and resist committing themselves to specific roles.”*

Fr Michael Casey -  
Parish Priest

*“The project is potentially a key player in the overall response to the drugs crisis. Management roles are evolving.”*

Mr Tim O’Brien  
Community Worker and Temporary Outreach Worker with LDTF

*“There is a clear role for the management committee which is to insure that the project adheres to the philosophy of community input and control.”*

Mr Paddy Connolly - Volunteer

*“There are no clear roles for individual members of the management committee, there is a vague collective role.”*

Ms Deirdre McCarthy - Volunteer

*“The service is there to provide a local accessible service that is committed to the changing needs of the community and interacting with other agencies.”*

Mr. Mel

*“The IDSS is part of a continuum of services available in the north east inner city. The service - was funded on my own recommendation as one of the services relevant to our target group.”*

Ms Maeve O’Hare - Area Manager - Probation and Welfare Service

#### **4.v Mission**

*To provide a practical response to the nature of addiction in the north east inner city of Dublin*

*To provide immediate support on request to individuals and families whose lives have been compromised by addiction.*

*To create a community service and environment where clients and families are treated with respect and dignity.*

*To provide within the continuum of services a first port of call to which clients and families can return at any time for support, emergency care, and practical help.*

#### **4.vi Future Development of the IDSS**

In order of importance (see table 18 next page) the Management Committee prioritised the following developmental issues

1. Co-ordination - additional staff to relieve pressure on co-ordinator
  2. Staff development - Training in addiction, outreach and administration, support groups .  
e.g. parents, peers, bereavement
  3. Management functions and development -
  4. Work-plans
  5. Premises
  6. Client records
  7. Local credibility
  8. Statutory credibility
  9. Research
  10. Conferences
- Service expansion

**Table 23 Priorities for development**

<i>Agency Services</i>	<i>LDTF</i>	<i>Church</i>	<i>LDTF</i>	<i>Vol</i>	<i>Probation Vol and Welfare</i>	<i>Total</i>
Staff Support	3	4	2	3	10	1 23 (4)
Conferences	11	10	12	10	11	11 65 (10)
Premises	6	5	1	7	7	10 36 (5)
Client records	7	7	6	6	8	7 41 (6)
Research	8	12	11	11	9	8 59 (9)
Work-plans	1	6	7	2	1	4 21 (3)
Service expansion	12	8	10	12	12	12 66 (11)
Co-ordination	2	1	3	1	4	6 17 (1)
Management Committee	5	2	4	5	2	3 21 (3)
Staff Development	4	3	5	4	3	2 20 (2)
Local credibility	9	11	9	9	5	5 48 (7)
Statutory credibility	10	9	8	8	6	9 50 (8)

Support for the co-ordinator and staff development and staff-management relations and functions plus work-plans and premises are all the top of the list for development. Key areas for development include

### **Support and Supervision**

- Staff training
- Team building for all
- Non-management staff mentors or supervisors
- Formal adoption of positions of Chairperson, Treasurer and Secretary by management members
- Other services represented on management from services continuum

### **Premises**

- Up to date fixtures, fittings and IT equipment - the latter is a priority.
- Secure premises

**Planning and Reporting**

- Work-plans based on co-ordinators monthly management report
- A monthly report which focuses on the quality of support and equally important the quality and appropriateness of the referral plus the numbers involved
- Utilisation of daily/weekly work output records by staff to help plan work and identify trends
- The service has a role in analysing that clients needs are being met both through referral and through ongoing support and care.

**4.vii Management Models**

It is critical that the management committee serves to represent the IDSS. Statutory agency representatives and community representatives need to represent the IDSS back to their agencies or constituency. Where a dispute arises between the IDSS and another agency the members of the committee should seek and represent the perspective of the co-ordinator and the service. Management Committee members do not primarily represent their agency on the committee, they represent the Management Committee of the IDSS to their agency. To contact the agencies officially the IDSS will go through appropriate channels.

It is important that the clients and staff are well represented on the committee so that the management committee is aware of the service and different perspectives within it and so that client's influence the shaping of the service. A co-ordinators report alone will fail to keep the committee informed. Bringing staff and clients on to the committee relieves pressure on the Co-ordinator to keep the management informed.

Team building for the management committee as a whole is recommended as a priority. An inter-agency and inter-sectoral approach to the management of a community led service is the recommended model, similar to the models created by the Integrated Services Process.

## Section Five

### Integration of the IDSS

#### 5.i Methodology

Agencies were generally contacted by phone and asked to respond to a series of set questions that are presented as follows. All seemed very aware of the service and spoke positively about the service, some with minor reservations, some of which are presented below. Several of the agencies gave high commendations to the IDSS.

**Table 24 Referral and Agency Networking**

<i>Would Your Agency Accept referrals from the ICON Drug Support Services</i>	
<i>Agency</i>	<i>Answer</i>
<b>Soilse</b>	Yes - for a very long time
<b>Marist Rehabilitation Centre</b>	We have done so - funding is the issue
<b>Inner City Renewal Group – Welfare Rights Service</b>	Yes, although main involvement is accessing expenses for funerals from the St. Vincent De Paul or from the Sick and Indigent Society
<b>Oasis Counselling</b>	Yes
<b>Neighbourhood Youth Project 11</b>	Yes we would
<b>ACRG</b>	Yes We have taken referrals and vice versa
<b>High Park - Merchants Quay</b>	Yes - we always have
<b>Probation and Welfare Service</b>	No our referrals come from the courts
<b>Gardia Siochana</b>	Joe will send people for simple things like a passport form or help or advice with a problem
<b>SAOL</b>	There is no formal arrangement, but we can do. We'd like to formalise it.
<b>Trinity Court</b>	Yes . It's usually ok
<b>City Clinic</b>	Yes

#### 5.ii Referral and Networking

All of the agencies recognised the IDSS as an equal partner in the continuum of specialist services. A few were a little unsure as to its exact place in the continuum, while others could situate it very well and commend its services. Some agencies recognised the IDSS as a source of clients for their services. Some agencies use the service as first port of call for clients whose needs they couldn't meet. Agencies trust the service to know how to meet the needs of clients or to identify the next step with the client. One agency



providing expensive residential care raised the issue of paying for the service. This is currently being discussed with the Northern Area Health Board. Residential agencies spoke highly of the IDSS role in preparing and supporting clients and in being part of their after-care support network.

### 5.iii Referral to the IDSS

**Table 25 Referring to the IDSS**

<i>Do you ever Refer clients to the ICON Drugs Support Service</i>	
<i>Agency</i> <b>Soilse</b>	<i>Answer</i> Yes because they have a good concept of addiction, philosophically and practically
<b>Marist Rehabilitation Centre</b>	Yes - for support when they leave rehabilitation
<b>Inner City Renewal Group Welfare Rights Service</b>	I have on occasion.
<b>Oasis Counselling Neighbourhood Youth Project 11</b>	No Yes in particular older ex-clients who come back to us looking for advocacy in that particular area.
<b>ACRG</b>	Yes, especially when people come to us who are not drug free.
<b>High Park - Merchants Quay</b>	People who leave rehabilitation often link back with the agency who referred them in the first place. It's very good that they can.
<b>Probation and Welfare Service</b>	I'd send someone along if I thought it was useful
<b>Gardia Siochana</b>	If someone has come to a point saying they're stopping their addiction and they're genuine, I know if I send them to Joe, he can be counted on and the service is flexible enough to respond
<b>SAOL</b>	We have done but it tends to be the other way around.
<b>City Clinic Trinity Court</b>	Yes to continue their contact with the IDSS

Where referral to the IDSS was appropriate all agencies did so and seemed happy to be able to do so regarding the service as of benefit to clients. Some said that they had referred clients but wouldn't necessarily be down as a referral agent unless the client mentioned it when they arrived at the IDSS.

#### 5.iv Joint care of clients with the IDSS

The co-management of care for clients, co-operation between agencies and across the statutory, voluntary and community sectors, and a move away from agencies making unilateral decisions about clients seems to be becoming the general trend within an overall framework of service integration or inter-agency approaches. Most of the agencies felt that the IDSS was only a phone call away and was very approachable when clients needed assistance (see table 26).

**Table 26 Co-care of clients**

<i>In some instances do you jointly care for Client with the ICON Drugs Support</i>	
<b>Agency Soilse</b>	Yes we operate a care management system. All those with a vested interest in individuals progression would be involved to ensure that progress is maintained.
<b>Marist Rehabilitation Centre</b>	Quite possibly and we run our after-care service in Clondalkin.
<b>Inner City Renewal Group – Local Welfare Rights Service</b>	No
<b>Oasis Counselling</b>	No we refer and the link is broken
<b>Neighbourhood Youth Project 11</b>	Yes definitely if someone is referred or receives a set back we would liase with Olivia on the best move forward with the client.
<b>ACRG</b>	No
<b>High Park - Merchants Quay</b>	I'd contact Joe in the interests of a client
<b>Probation and Welfare Service</b>	If someone had hit a problem I'd ring Joe and we'd link up
<b>Gardia Siochana</b>	Yes in an informal way. Especially if we come across people in the street in crisis we would send them to the IDSS or if our service wasn't appropriate.
<b>SAOL</b>	I think so. My main involvement would be accepting referrals or giving advise on treatment pathways,.
<b>Trinity Court</b>	I'm sure there would be. Joe and the staff in the clinic would often link up and phone.
<b>City Clinic</b>	

#### 5.v Agencies rating of the IDSS

The other agencies in the service continuum gave the IDSS a very high rating. It was obvious that there are agencies out there that are very impressed with the service and others who think it does a good job, (see table 27). Caution was expressed where the

service is seen as being very close to the client to exclusion of the broader needs and procedures of other agencies.

Even where agencies felt the IDSS might be too close to the client it was recognised that times have changed. Procedures such as 'sanctions' for clients on methadone maintenance programmes that were often viewed as intolerable by the IDSS are now generally viewed as problematic by most agencies. New structures have been put in place by the Northern Area Health Board with community representation to deal with such issues.

The Health Board sees a generic value in community services and works to create a good rapport between service providers rather than stress sectoral differences. The outreach function is clearly a valued one. While the IDSS is seen to have become a real player in the services continuum, time does not stand still and new demands will continue to develop as other agencies grow and shape strategies to keep pace with client demands.

There maybe a lessening need for the IDSS as a trouble-shooter for clients within the service continuum and a increased role in relation to ongoing support, care and developing pathways of treatment with other agencies.

Agencies stressed that the IDSS staff need support and dedicated training to keep abreast of developments. Non the less the overall view was very positive and the IDSS has clearly continued to develop its integration into the agency networks since the previous evaluation. Investment in publicity and profile development of the IDSS would be helpful to both agencies and clients.

**Table 27 1DSS rating with other agencies**

<i>How do You rate the ICON Drugs Support Services? Has it Proved itself to clients and agencies?</i>	
Soilse	It has significantly proved itself. It's drawn many people in to look at the epidemic holistically. It's raised issues and provided an integrated response. It's a small service with a long effect.
Marist Rehabilitation Centre	Yes
Inner City Renewal Group	I would say so most definitely. They are very in tune with the clients and very attentive to their needs. Its an invaluable service.
Welfare Rights Service	Yes I Think so. It's great that it's local. They seem very concerned and follow up and ask did the client attend and how are they doing. There are not just passing them on to us.
Oasis Counselling	Maybe to agencies, there are still people out there who are cautious about it.
Neighbourhood Youth Project 11	Yes most definitely and clients keep going back . They are still getting clients.
ACRG	I see two people Olivia and Joe as committed as anyone around addiction. The Service has proved itself, very much so. I can think of five people who have come through the service. It's their first port of call after residential care. It's of great help to them.
High Park - Merchants Quay	Local addicts find it supportive, they wouldn't say that if it wasn't. They are close to the client, it's a major stepping stone.
Probation and Welfare Service	I think so. I'm not 100% sure on the scale of the service but they come to him. They help genuine people.
Gardia Siochana	I think the clients think it has. I can't speak for other agencies as far as we are concerned then definitely, yes. They are very approachable, helpful and experienced, a lot of knowledge.
Trinity Court	I think clients would say so. As a low threshold immediate access service I'd rate it quite well. What they do they do well.
SAOL	We definitely value the service especially out of hours. Problems don't confine themselves to 9-5. They are very close to the client, they know what's happening and there is easy availability. Being too close can obscure the broader picture into which everybody fits.
City Clinic	

## **Chapter Six**

### **Conclusions**

#### **Establishing a new life**

- A ‘mammoth gap’ between the policy aspirations of organisations such as the Local Drugs Task Forces and the reality of treatment services and how heroin users experience services ‘let alone the problem of after-care and establishing a new life and identity\* was identified in north inner city Dublin<sup>10</sup>. The IDSS attempts to help people re-build their lives and their family lives in response not to abstinence, but rather in response to people’s recognition that their heroin use is a problem to themselves and their families. The IDSS is a service which helps people in the process of re-building their lives as soon as they present for help with their addiction

#### **Addiction and Demography**

- The population of the north east Inner City has increased by 25% since the last census in 1996. The IDSS client group will contribute to increasing demands for social services, health services and housing in the area. Client’s needs in relation to the public provision of housing, health, family support service, after-care and counselling services will need to be constantly highlighted to the appropriate agencies, e.g. the Northern Area Health Board, Dublin City Council, the Department of Social and Family Affairs, as well as the local community services and the drug treatment continuum.
- The amalgamation of Alcohol and Addiction services by the Northern Area Health Board reflects the nature of addiction. The IDSS mainly encounters addiction to alcohol primarily in relation to poly-drug use and in relation to support for families of clients overcoming addiction to heroin.

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<sup>10</sup> ISIS Research Group, Centre for Women’s Studies TCD (1999) Prevalence, Profiles and Policy, a case study of drug use in north inner city Dublin, Dublin

- The IDSS service responds to clients in a family and neighbourhood context in the north east Inner City. The service recognises that addiction impacts on families and communities and the IDSS serves the client, the family and the community.

### **Maintaining Sustained Support for Clients**

- The IDSS has served approximately 500 clients since 1996. About half or 250 visited the service more than once. About 200 sought support during the past year. Some clients have been with the service for three years. Many clients view the service as their permanent first port of call within the continuum of drugs services and in relation to their general welfare.
- The main categories of work are; support for active drug users, support or after-care for drug -free clients, support for homeless drug users and ex-drug users, family support, support for people on methadone, advocacy and support to bereaved families and clients
- The majority of clients are presenting for treatment services in their twenties and thirties after developing a long term addiction to heroin.
- The service can be described as an ‘outreach high street service’. It is a high street office with an ‘open door’ policy as a first port of call for people entering the addiction services continuum. It carries out a substantial amount of out of office services. The service remains a first port of call for people in the addiction services continuum and for people who have stepped out of the continuum.
- The IDSS offers to sustain people for the duration of their recovery and post recovery process offering support, family support, advocacy and crisis care and joint care with other addiction services.

- The main issues requiring a response include; advocacy, maintenance programmes which combine prescription drugs with methadone, support for clients through the stages of their recovery, and re-integrating drug users with families, community and maintaining a home.
- The IDSS supports families in relation to bereavement and in coping with addiction generally. This type of support is a gateway to dealing with addiction within families particularly addiction to alcohol and addiction to prescription drugs in families especially benzodiazepines. The IDSS is increasingly having to address not only drugs, prescription drugs and alcohol in the context of poly-drug use but also the effects of alcohol, prescription drugs and drugs other than heroin being used in families attempting to cope in communities where heroin addiction is widespread.

### **Management of a Community Treatment or Support Service**

- The Management Committee is committed to developing a community support, treatment and care service which is responsive to the nature of addiction in the north east inner city
- The Management Committee includes professional volunteers, community groups and local residents, statutory agencies and staff but no clients.
- The Management Committee has received no training or development with regard to its identifying responsibilities.
- The Management Committee has an agreed vision and priorities which include; client support, family support, advocacy, crisis care and bereavement.
- The Management Committee is kept informed of the work of the service through a co-ordinators monthly report, management meetings and evaluations.

**Co-ordination, Staff and Administration**

- The daily work of the service is well co-ordinated and responsive to clients needs. The staff have a proven track record with clients and agencies
- The service has an under-developed administrative capacity. This has impacted negatively on maintaining a functioning office and the strategic development of the service particularly in relation to; access to residential treatment, co-caring for clients with other agencies, homelessness, family support, bereavement, and crisis care.
- The service is 'close to the action' and staff can analyse and identify trends in how addiction to heroin, alcohol, cocaine, cannabis, methadone and prescribed drugs are taken up or offered at different stages of the life cycle, within families and within cycles of personal addiction.
- The IDSS requires administrative support for strategic development

**Addiction Agencies and Services**

- The IDSS has developed a high profile with other agencies and a wide network of support contacts within statutory, voluntary and community providers.
- The IDSS has developed strong inter-agency linkages with some agencies notably Soilse, the ICRG Welfare Rights Service, the ACRG and the City Clinic
- Other agencies respect the service and the staff and acknowledge that 'what it does it does well' but there is confusion at agency level and to some extent within the Management committee about what it actually does.



## **Recommendations**

1. The IDSS creates a clear service profile for clients and agencies through publicity
2. The IDSS develops and maintains a comprehensive client data-base and demonstrates the extent to which IDSS clients are being supported by the addiction services continuum and the IDSS and to what extent there is social gain and health gain by clients.
3. The IDSS invests in staff training, management training, team building and office equipment and fittings.
4. The IDSS encourages user participation and creates user representation on the management committee
5. The IDSS strategically develops in the following areas;

### **Administration**

**Homelessness** - e.g. Links with specific housing agencies and the City Council

**Residential Access and Aftercare** - e.g. NAHB funding and residential agency linkages

**Client groups** - e.g. IDSS Client Forum, Bereavement Support Group

**Out of hours Service/Street Outreach/Crisis care**

### **Advocacy**

6. The IDSS employs a full-time administrator to help develop the IDSS strategically and a part-time outreach and crisis care worker.
7. The IDSS provides staff with specific mainstream professional training in advocacy, assessment, and support. The management and staff are unequivocal advocates on behalf of clients.