

Domville House

**Eastern Health Board
HIV and Addictions Service**

Ballymun

**First Annual Report
1996-99**

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Introduction

Domville House, popularly known as the Redbrick, is a community-based addiction centre operated by the Eastern Health Board. The clinic operates as the Ballymun branch of the Board's HIV and Addictions Service, which aims to provide a statutory multidisciplinary approach to prevention, treatment, and rehabilitation. We provide a range of services on a confidential basis to persons resident in our catchment area. The team adheres to service policies of promoting a drug-free lifestyle, developing outreach contact with the greatest possible number of local drug misusers, and of encouraging them to move towards a more normal existence. Since opening in May 1996, we have accepted a large number of persons into our treatment programmes, and we have offered assessment, referral and related services to many more. Our team members are also involved in prevention, education, harm minimisation and rehabilitation activities.

The team recognises that Ballymun is a community with a unique history, and which continues to endure severe socioeconomic inequality, with its consequent effects on physical and mental health. We are aware that chronic disadvantage is compounded by the problem of drug misuse, with its tragic loss of life, family breakup and community tension. We have the benefit of a good relationship with the Ballymun Local Drugs Task Force, and we appreciate the challenge which is presented by the Regeneration Initiative, together with the importance of preserving and enhancing community drug stability that context. We recognise the importance of evaluation, and the need to obtain the best possible result from the mix of services which we provide. This first report illustrates the work of the team to date, and sets out our direction for the forthcoming year.

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GP Co-ordinator

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Area Operations Manager

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SERVICE THROUGHPUT 1996-99

The Ballymun team has rapidly built up a substantial caseload since the commencement of service in June 1996. The implementation of the Methadone Protocol in 1998 increased service throughput very considerably, leading to a slowing down in the rate of new admissions in 1999, as capacity constraints at Domville House have become evident.

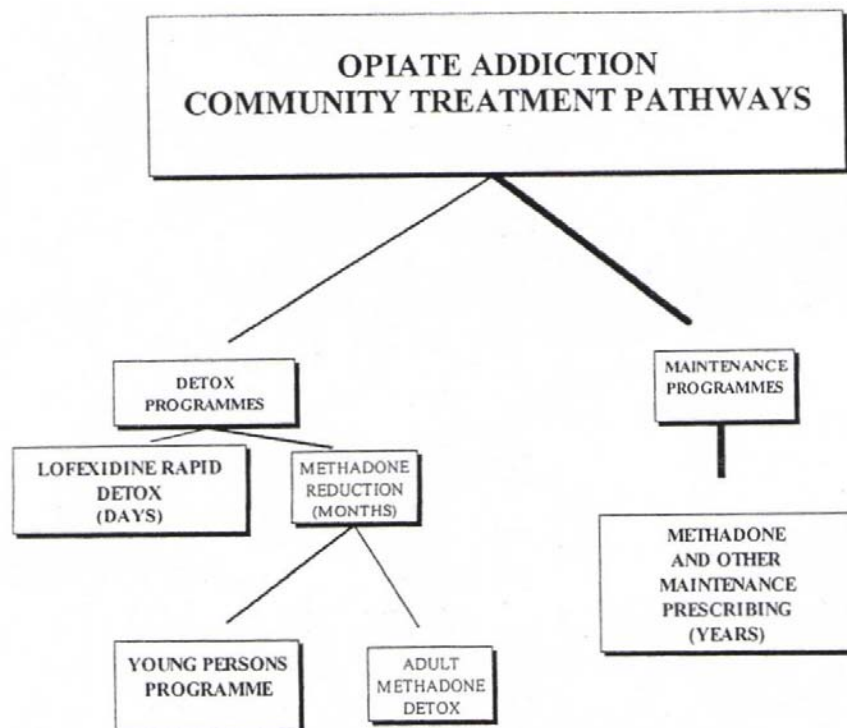
	1996	1997	1998	1999	TOTAL
ADMITTED	78	116	147	87	428
DISCHARGED	6	22	87	67	182

TREATMENT PROGRAMMES

The service operates a number of treatment programmes, most of which involve the prescription of methadone as an opiate substitution regime. The maintenance programme is designed to provide long-term support to clients who wish to stabilise their drug-taking and to break their links with illicit opiate supplies, Methadone detoxification regimes, including the Young Person's programme, are intended to supply a gradually reducing dose of methadone over a number of months, with a view to opiate-free lifestyle. The majority of our clients are attending for treatment on a daily basis.

Numbers in methadone treatment by programme at Dec 31st 1999

MAINTENANCE	DETOX	YOUNG PERSONS	TOTAL
193	9	44	246



The team also piloted three other treatment initiatives in 1999.

1 The **Community Lofexidine Detox** programme is a treatment initiative which aims to provide motivated and well-supported clients with a safe, monitored, rapid access, ten-day transition to opiate free status as part of a structured recovery pathway, monitored by our nurses, counsellors and medical staff. We are optimistic about uptake and outcome of this new programme.

2 Following our joint visit to the Wirral with the Task Force, we have piloted an **Addiction Keyworker** project. The scheme is an attempt to address resource constraints on the safe implementation of substitute prescribing in the Ballymun area, where there is historic underprovision of primary medical care and community pharmacy services. The keyworker has a central role in the monitoring of treatment progress, and in the development of reliable and appropriate arrangements for continuity of the recovery process. Secure client linkage to appropriate and accessible primary care services is an essential part of long term recovery and has important implications for individual and community health in Ballymun.

3 Downstreaming of clients into Protocol-based **general practitioner** care at our local Health Centre has been significantly enhanced. This process offers the prospect of long-term integration of addiction treatment into Ballymun primary care services.

Low-threshold Access to Prevention and Treatment

Addicted persons vary in their motivation to enter treatment, and often live chaotic and troubled lives. In keeping with the Board's policies, the team attempts to provide an accessible service, with as few barriers as possible to client entry. For that purpose, two-low threshold programmes are offered in Ballymun.

1 A confidential needle exchange is run locally on a weekly basis by outreach staff, and has been well received by the target group of local injectors. This essential service is soundly based on public health principles, and has benefits which go far beyond the welfare of those individuals who attend. It is recognised that monitoring of the use and disposal of needles is part of the outreach function, and the safe operation of the exchange is kept under constant review.

2 The EHB mobile bus offers a low-dose rapid-access methadone programme. Our current local policy is to admit applicants for maintenance treatment to the bus as a first step to stabilising injecting lifestyles and developing constructive relationships with treatment services.

Waiting Lists and Emergency Access

Applicants for treatment who are considered to meet the criteria for emergency care on grounds of age, pregnancy or medical complications are given immediate access. Separate waiting lists are operated for the daily treatment programmes and for the evening programme for Young Persons. Waiting lists for treatment reflect the dynamic nature of addiction and the fact that an application for treatment is generally a choice, based on previous treatment experience and informal discussion among our current and potential clients. The team are in the process of estimating future treatment needs in Ballymun, and the epidemiological work - carried out under the auspices of the local Task Force has been very helpful in that regard.

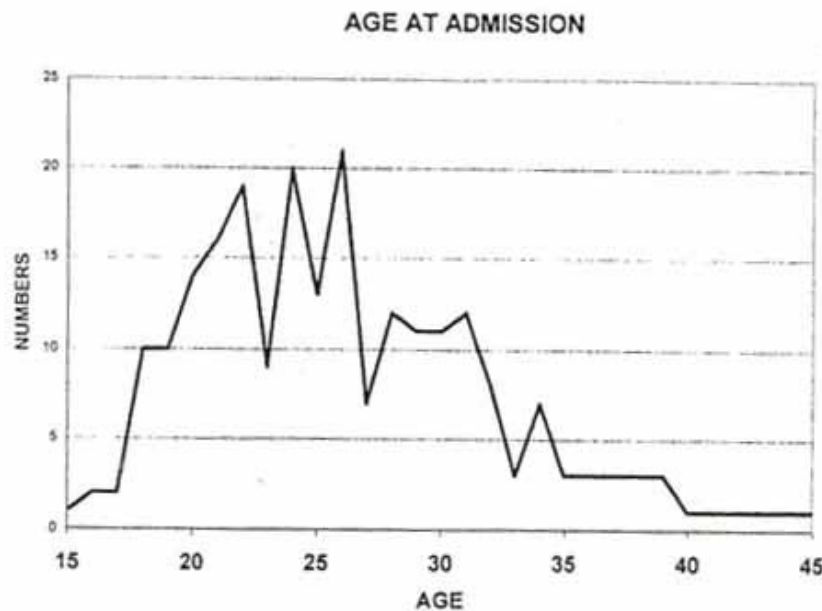
There is a historic shortfall in the number of community pharmacies in the Ballymun area, and this has limited our capacity to move clients to a downstream service in the community. The resulting capacity constraints at the clinic have impacted on waiting times during 1998 and 1999, and this issue is being addressed on a priority basis by our Pharmacy Co-ordinator.

The Ballymun Client Group

Persons accepted for treatment at Domville House must be resident in the local area, and procedures for verification of identity and residence have been in place from the start of our operation. Initial assessments have been carried out on all clients and an analysis is presented below. *

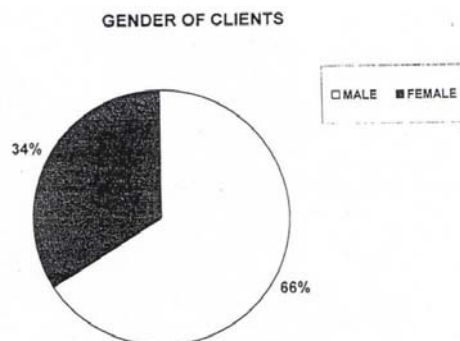
Age at admission

Mean age at entry to treatment was 26 years, with a considerable spread in both directions, as shown below.



Gender

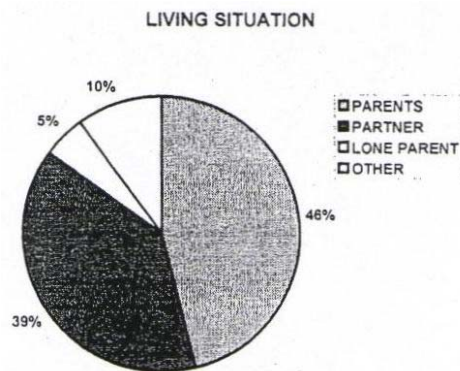
We have admitted an unusually high proportion of female clients to the Ballymun service, a factor which may reflect the demography of the Ballymun community as a whole. This gender balance has clear implications for the work of the team.



* Based on an analysis of data from 240 Pompidou assessment forms kindly returned as a dataset by the Drugs Misuse Division, Health Research Board

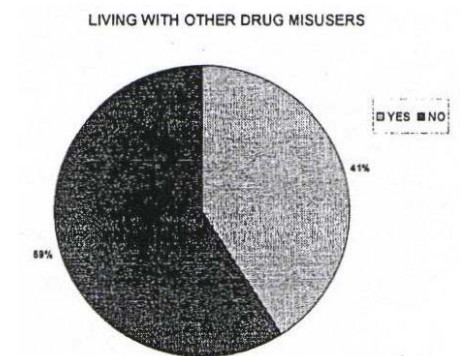
Living situation

A high proportion of clients were still living in the parental home.



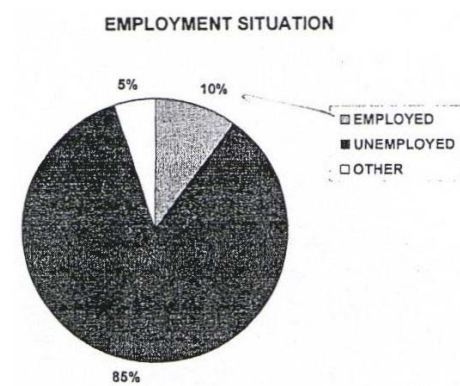
Living with drug misusers

A substantial proportion of clients were living with other drug misusers



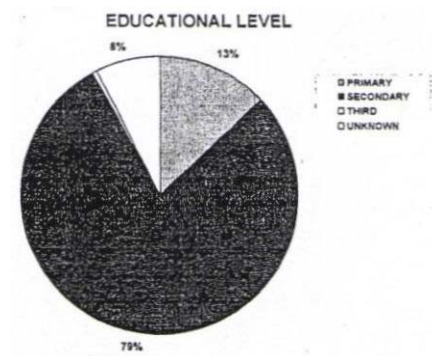
Employment

A very high proportion of clients were unemployed, reflecting the socio-economic characteristics of the local area.



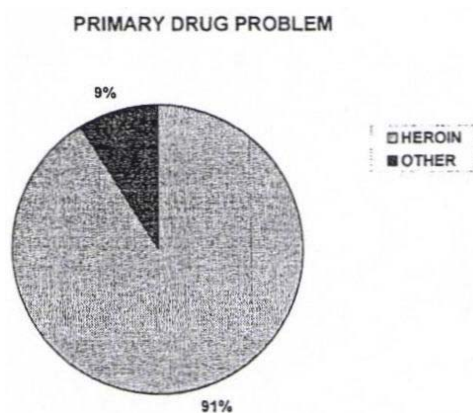
Education

The educational level of the clients, with negligible third level participation reflects the well recognised problems of the locality, and presents a significant obstacle to rehabilitation.



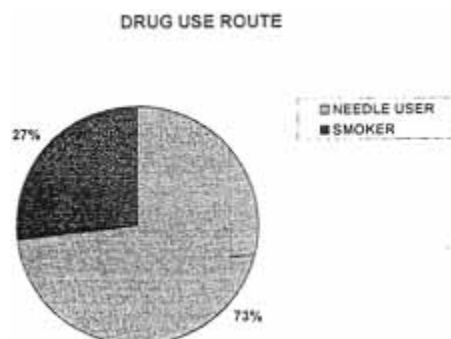
Primary Drug Problem

The overwhelming majority of persons admitted to treatment at Domville House were seeking treatment for heroin addiction. This in keeping with the experience of community-based treatment centres throughout the city



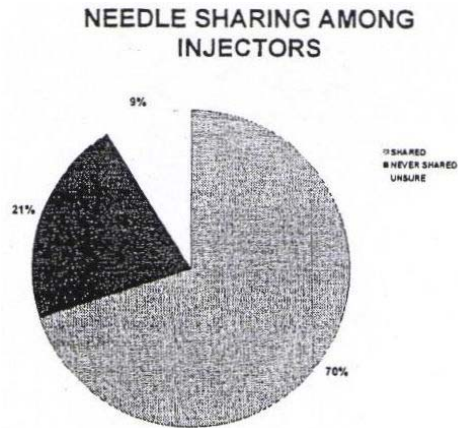
Route of drug use

Most persons admitted were injecting the drug(s) on a regular basis, a practice which carries very serious risks to life and health.



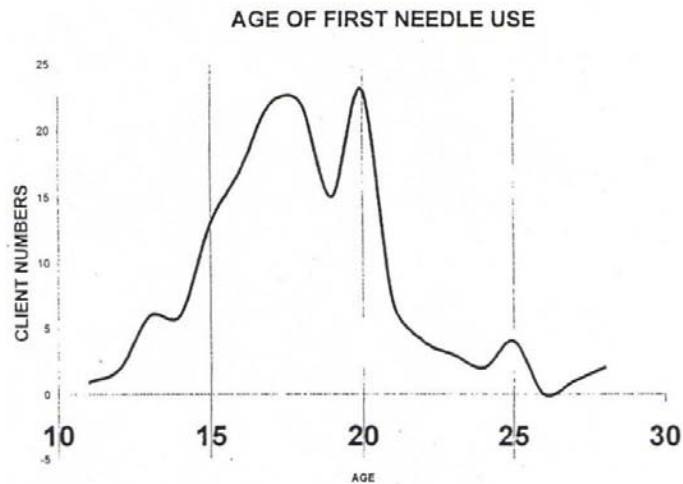
Needle Sharing

Most persons admitted had shared needles in the past, as is shown below. Almost half were still sharing at admission.



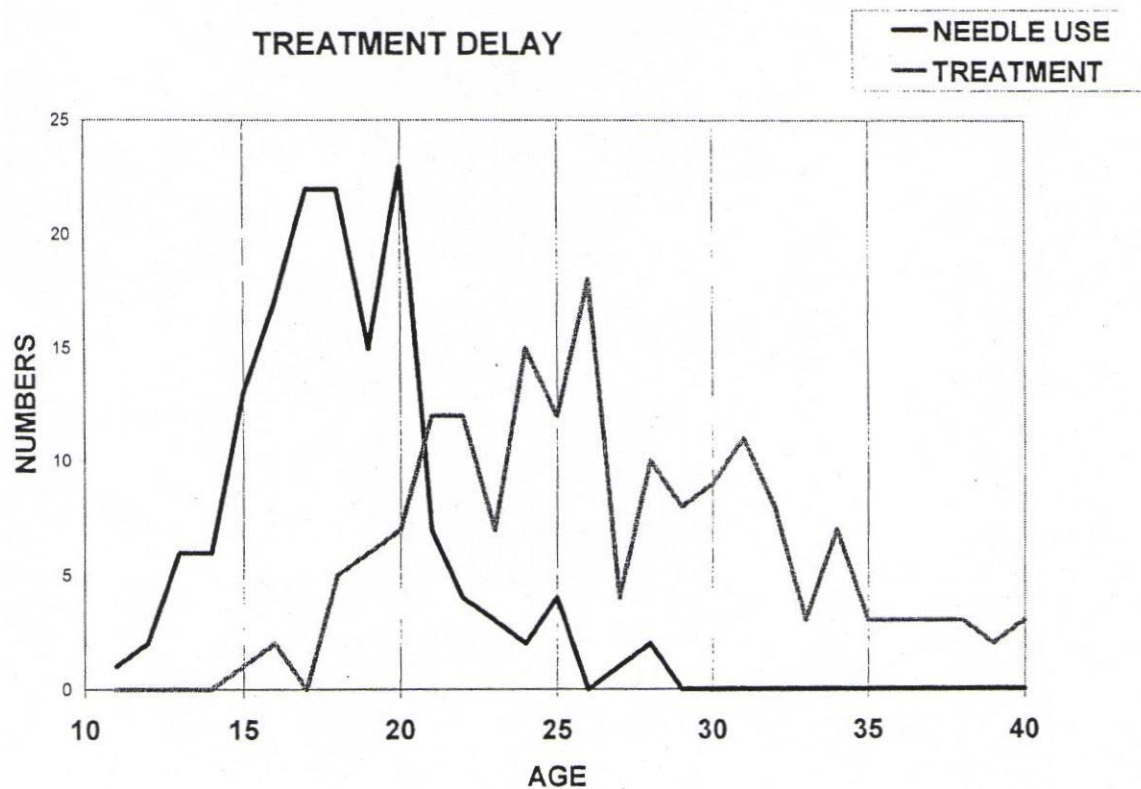
Age of first injecting

The mean age of first injecting was 16.8 years, with some clients claiming to have commenced the practice in their early teenage years. This pattern of drug use has grave prognostic indications for health and social recovery, and indicates the nature of the problems faced by the service.



Treatment delay

Most clients admitted for treatment have continued with risky practices for many years before accessing an appropriate treatment programme. The figure below demonstrates the average gap of 6 to 8 years between the commencement of injecting and the entry to treatment. This is in keeping with the general experience throughout Europe and is probably related to the extensive health and social problems which have developed as a secondary consequence of injecting,



The Multidisciplinary Team

The HIV and Addictions service is part of the EHB programme on Health Promotion, Mental Health, Addiction and Social Development. The Domville House team consists of 30 fulltime and sessional staff members, who meet regularly to coordinate the effort and improve service quality.

Counsellors, with their generic training, bring to the team their expertise in addiction, and a client-centred approach to care. It is generally accepted that the client-counsellor relationship is critical to effective counselling. Clients often present in a crisis, offering the opportunity for brief solution focussed therapy. However, good practice that facilitates recovery and lifestyle change involves ongoing, in-depth work. The counselling staff includes members with specialist skills and experience in the field of HIV-related illness, and their services are also available to the general public.

General Practitioners bring their holistic approach to health care, recognising that many clients have significant mental and physical complications related to drug misuse. Prevention of infection, identification of mental illness, women's health and childcare issues are all critical in a situation where many clients have little or no links to other health care providers. GPs prescribe methadone, lofexidine and other medications under protocols developed jointly by GP co-ordinators and psychiatrists, and meet regularly to review problems and progress. Unstable or otherwise problematic clients are interviewed on a frequent basis, offering the opportunity for our doctors to practice motivational interviewing and brief interventions.

Pharmacists have lengthy training in the safe handling of drugs, and provide a daily dispensing service to the many clients who are stabilising in the clinic. Storage and dispensing of controlled drugs has important practical and legal aspects, and the knowledge and skills of the pharmacist are vital to a quality service. Stabilised clients need to move downstream to a community pharmacy for long-term dispensing, and pharmacists carry out the painstaking liaison work which enables us to develop new options for long-term primary care.

Domville House **specialist nursing staff** provide a wide range of clinical and epidemiological services, including many practical aspects of prevention and primary care, such as serology testing, vaccination, injectable treatments and dressing of wounds. Our nurses are also involved in the assessment of potential clients and the generation of data for the Health Research Board, and are responsible for the development of the Keyworker Pilot Project

Psychiatrists have traditionally had responsibility for the clinical direction of addiction services, and have had a particular role in the assessment of under-age clients. They bring a broad awareness of the mental health field, and a familiarity with healthcare policymaking at senior level. Psychiatrists provide a sessional service to Domville House, where they accept referrals from our GPs, and also have a number of beds at the Cuan Dara Unit in Cherry Orchard, for in-patient detox or stabilisation purposes. Emergency psychiatric consultation is essential in the care of our client group, and this is available to members of the team at all times.

Outreach workers are the leading edge of the team, and often the client's first point of contact with the service. Outreach staff operate the Ballymun needle exchange, a busy evening service, where therapeutic relationships are initiated, and crucial public health information and advice is delivered in a client-centred and confidential atmosphere. Street work is also an important part of this professional role, and outreach staff are responsible for the collection of information about drug misuse, drug markets and drug problems in the locality. This process naturally brings them into contact with a wide range of individuals and organisations, increasing opportunities to facilitate drug misusers in accessing our services.

The **Welfare Officer** is a core member of the Domville House staff, advising on a multitude of practical issues in the lives of the clients. Housing is a vital issue for the attainment of stability, particularly where the welfare of children is also involved. The welfare officer role provides the opportunity for brief interventions and supportive interviewing, especially for many clients who do not link regularly with counsellors. This process improves the quality of the service and increases our opportunities to intervene in a positive manner.

Our **administrative staff** have a range of responsibilities, which includes the normal switchboard, typing, fax and photocopying duties on which the service depends for our internal and external communication. GP prescribing lists are updated on a daily basis, and a database of current and discharged clients is maintained for epidemiological and administrative purposes. Hundreds of urinalysis reports are also received weekly from the laboratory at Trinity Court and are individually recorded for the attention of the prescribing doctor.

General Assistants (GA's) carry out a number of essential functions, which include collection and labelling of supervised urine specimens, receipt and storage of supplies, maintenance of order at the dispensary, and supervision of clients on the premises. Their presence in the clinic enables them to play a vital role in the safe, welcoming and efficient operation of the service. Our general assistants have an increasing commitment to outreach and rehabilitation work, and have developed sound relationships with clients and relatives, leading to improved client attendance, retention in treatment and deeper engagement in the recovery process. The latter function is also an essential part of the Board's community-based approach, as it offers the long-term prospect of increased local participation in the running of the service.

Liaison and referral

Domville House clients have a wide range of health and social care needs, and staff are actively engaged in linking them with other local and central services. A specialist nurse midwife attends the clinic on a regular basis, providing antenatal care and maternity hospital liaison for clients who are pregnant. Many of our clients are also attending a local general practitioner, and clinic staff regularly liaise with medical colleagues on matters of common concern. Most clients have dependent children, and the Ballymun social work team is in frequent communication with us around childcare and related issues. Public health nurses provide additional nursing services to Domville House clients, particularly at weekends or during periods when our regular nursing staff are unavailable. Some clients require help with problems of mental health, and this may entail a referral to the Ballymun community psychiatric clinic, or to St Vincent's Hospital, Fairview. A specialist medical clinic for hepatitis C problems and a public viral testing session are provided on-site each week, and clients are frequently referred to the Mater, Beaumont or other hospitals, for investigation or treatment of acute or chronic conditions.

Relations with Voluntary Organisations

The team recognises the consistent work carried out by the many individuals and voluntary organisations who are working to reduce the problems created by drug misuse in the Ballymun area. The Youth Action Project is particularly notable in its contribution, which has been sustained over two decades. Through our contacts with YAP and others, we have been enabled to develop a better understanding of the range of local initiatives which are currently in progress or at the planning stage. This process is vital in enabling the team to target our efforts more effectively and to avoid duplication of activities. Team members also took part in the Combat Poverty-sponsored discussions around local drugs policies organised by the Community Action Project in Ballymun.

Domville House Staff
31st Dec 1999

Counsellors

Leonie Masterson, Caroline Lennon-Nally, Sean McDermott, Judith Penkart

General Practitioners

Ide Delargy, Aine Daly, Ann Lynott, Hugh Gallagher, Shay Keating, Paul Quigley

Psychiatrists

Brion Sweeney, Richard Cahill

Pharmacists

Danny Can-oil, David Otero Fernandez, Mick Barrett, Jennifer Anderson (Techn.)

Nurses

Vivienne Fay, Aine Hall, Rachael O'Byrne

Welfare Officer

Maeve Daly

Outreach worker

Eamonn McAroe

Administrative staff

Liz Tarmey, Caroteann Brennan

General Assistants

Paul Lynch, Hughie Gahan, Robbie Fullam, Liam Sower, Dympna Davitt, Celine Behan, John Kelly, Doreen Joyce, Fiona Campbell, Karen Rickard, Noeleen Cummins, Annette O'Gorman

Acknowledgments

Tracy Kelleher and colleagues. Drug Misuse Research Division, Health Research Board
Fionnuala Rafferty and staff of the Central Treatment List, for assistance with our data requirements.

Hugh Greaves and the Ballymun Local Drugs Task Force for consistent support.

The team also wishes to send our thanks and good wishes to those staff members who have worked here in the years covered by this report, and who are no longer working at Domville House.