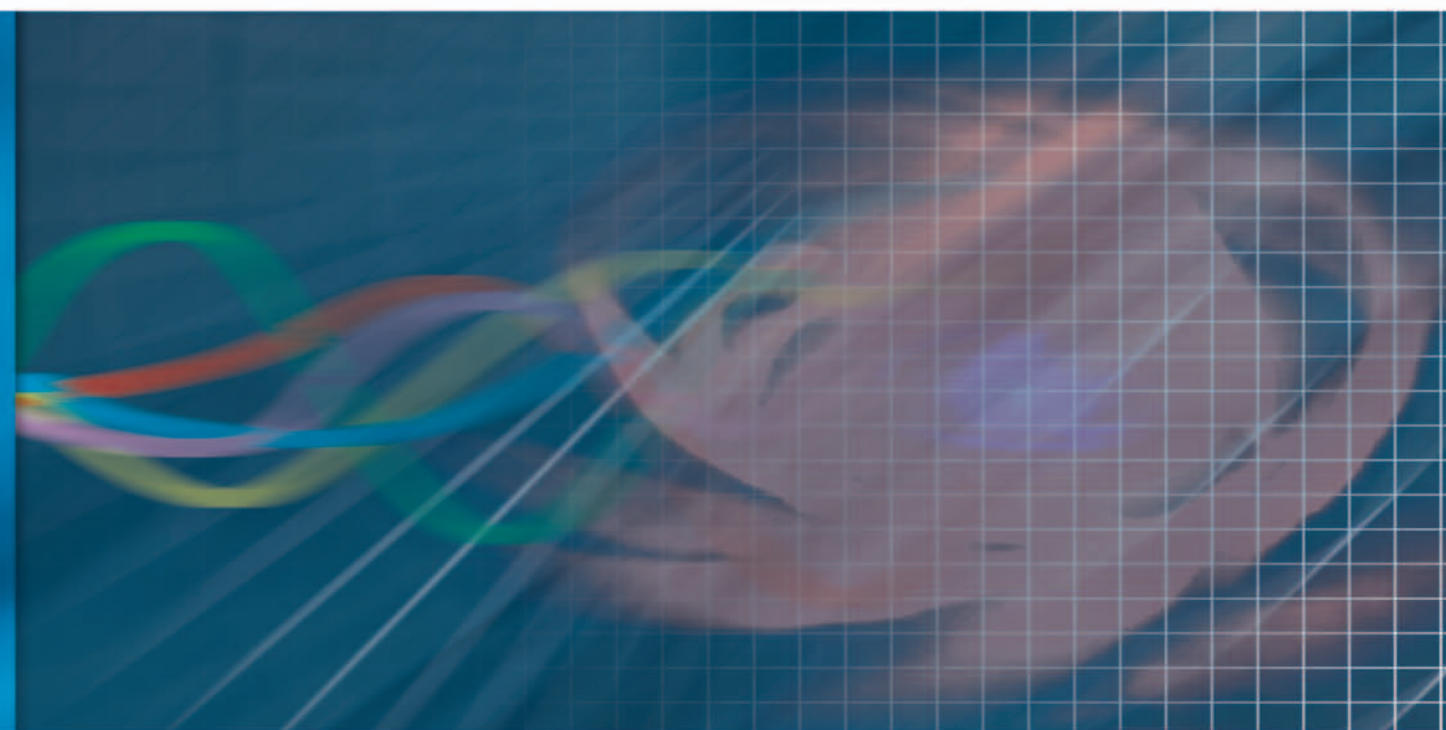


Towards a  
Comprehensive Drug Treatment Service  
in Blanchardstown

Prepared by **Dave Farrington**  
on behalf of The Blanchardstown Local Drugs Task Force

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# ***POSITION PAPER***

## ***TOWARDS A COMPREHENSIVE DRUG TREATMENT SERVICE IN BLANCHARDSTOWN***

PREPARED BY DAVE FARRINGTON  
ON BEHALF OF THE BLANCHARDSTOWN LOCAL DRUGS TASK FORCE

NOVEMBER 2004

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The process of consultation and development of this document was led by the justice and supply sub-group of the Blanchardstown Local Drug Task Force and ratified by the full membership of task force.

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## **FOREWORD**

This document outlines the position of the Blanchardstown Local Drugs Task Force in relation to the further development of drug treatment services in the Blanchardstown area. We believe that the range of provision envisaged in the document provides a basis for establishing Blanchardstown as a centre of excellence in drug treatment.

The document was prepared on the basis of extensive consultation and discussion. Whilst there were a number of difficult issues to be resolved a large measure of agreement was ultimately reached between most of the agencies represented on the Task Force. There was, however, one significant exception to this: the Northern Area Health Board (NAHB) did not, and does not support the recommendation for the establishment of a central drug treatment facility within the grounds of James Connolly Memorial Hospital.

The Task Force acknowledges the right of agencies, including the Health Board, to dissent from particular recommendations or policies of the Task Force. We have therefore agreed to a request to include the following excerpts from a letter to the Task Force from the Assistant Chief Executive (Child Care and Addiction Services) of the NAHB and to reproduce this letter in full as an appendix to the report.

*“Our Board endorses most of the content of the position paper but cannot agree to the recommendation that a central treatment unit be located in the grounds of James Connolly Memorial Hospital. This has been the consistent position of the Board for some considerable time and remains the position today.*

*In essence it has been national health policy for many years to provide for hospital and community services separately wherever possible. The current national health strategy, Quality and Fairness, published in 2001 is based on principles of equity and fairness, people centredness, quality of care and accountability and placed an increased emphasis on providing the widest possible range of health services at primary care level where they are most accessible to the public. The health service reform process under way at present proposes to establish a national hospitals office and a national office for primary, community and continuing care giving further practical expression to this policy of providing appropriate care in the appropriate location. Addiction services are in the realm of primary care provision and it is the position of our Board that every effort will be made to ensure that addiction services are adequately provided at this level.”*

The Northern Area Health Board has a vital role in the future development of drug treatment services in the Blanchardstown area. The Task Force welcomes the involvement and contribution of the Board and its staff to the development of services and to the formulation of policy, including the present document. We believe that the quality of drug treatment services will ultimately be enhanced by the open exchange of ideas and opinions. Thus, whilst we respect the views of the Health Board and appreciate its desire to conform to its understanding of national health policy, we wish to make the following points in relation to the letter.

The letter welcomes the development of the position paper and states that, “it has great merit in that it articulates a clear rationale for a treatment services framework”. The provision of a central treatment facility is, however, not a minor detail, but a vital

component of this framework: omitting the proposed central treatment facility undermines the whole strategy for service development outlined in this paper.

The NAHB's main argument appears to confuse two separate issues: the need for a central treatment facility and the location of such a facility. The letter concentrates on attempting to draw a clear distinction between primary care, where it argues addiction services belong, and hospital care, where they do not.

The Task Force supports the provision of community-based drug treatment services in primary care settings where these are appropriate to the needs of service users. Indeed, one of the defining characteristics of the Local Drugs Task Forces has been the promotion and support of such services. This document envisages the establishment of three such primary care centres, rather than the two proposed by the NAHB. Nevertheless, as argued in the position paper, there are aspects of treatment, which for some service users at least, could be provided more effectively, and more economically, from a central treatment facility. The Task Force believes that the failure to provide such a facility will reduce the scope for the development of a comprehensive treatment service and may prevent the provision of specific treatment interventions and contribute to the exclusion of some client groups.

The location of the facility is not a matter of principle: the principle is that the necessary services be put in place. James Connolly Memorial Hospital was the preferred location of the majority of agencies consulted, for a range of practical reasons, which are listed in the document. Although there is a strong case for this location, it is quite possible to support the proposal for the provision of a central drug treatment facility whilst making a case for an alternative location. It is the considered view of most members of the Task Force that a central drug treatment facility is necessary to ensure that a full range of treatment services is available and accessible to all current and future service users. This should be the focus of discussion, whilst the issue of siting the facility can be addressed once the need for this facility, to supplement community-based services, has been accepted.

The Blanchardstown Local Drugs Task Force believes that the adoption of the position outlined in this document, in its entirety, represents the best available strategy for developing a drug treatment service which is equitable, effective and efficient, and which may serve as a model for other similar areas seeking to provide a quality service. We therefore wish to thank all of those who contributed to the formulation of the document.

**Phillip Keegan**  
**Chairperson, Blanchardstown Local Drugs Task Force**

## **INTRODUCTION**

This position paper outlines the views of the Blanchardstown Local Drugs Task Force (BLDTF) on the range and types of drug treatment services needed in the Blanchardstown area. It also indicates the views of the BLDTF in relation to the development and co-ordination of these services.

The BLDTF recognises the significant progress made in the provision of drug treatment services in the area since its formation in 1997. The existing range of drug treatment services currently provides treatment to over two hundred people from the area with drug-related problems, mainly dependence on opiates. The BLDTF acknowledges the contributions made by all of the statutory, voluntary and community agencies, which have been involved in service development and provision.

In spite of this progress, however, there remain some areas where further development is necessary, and a number of issues to be resolved. The BLDTF aims to work with its partner agencies to develop a comprehensive drug treatment service which epitomises best practice and which has the capacity to respond effectively to new trends and developments both in patterns of drug use and in approaches to treatment.

There are a number of critical areas, which need to be addressed in order to achieve this aspiration. These include determining the necessary treatment approaches and facilities, devising a systematic approach to service development, and securing the necessary resources.

The purpose of this paper is simply to set out, in general terms, how a comprehensive drug treatment service might be delivered in Blanchardstown. Considerable further work, on detailed planning and implementation, will obviously need to be undertaken, once agreement is reached on the fundamental elements of such a service.

## **CHARACTERISTICS OF A COMPREHENSIVE DRUG TREATMENT SERVICE**

The BLDTF believes that a comprehensive drug treatment service should be available within the Blanchardstown area. A comprehensive drug treatment service will have the following characteristics:

- It will provide for the treatment of all those affected by problem drug use. It will therefore meet the treatment needs of both opiate and non-opiate drug users and will provide treatment interventions, as appropriate, to families and others affected by problem drug use.
- It will provide a full range of treatment options including medical and non-medical interventions. Clients will be supported to make informed choices and decisions relating to their treatment.
- It will adopt a holistic approach to treatment, which recognises the diverse needs of each client, in all aspects of their lives, and supports them in resolving, to the fullest possible extent, all issues arising directly or indirectly in relation to their drug use.
- It will provide for a range of treatment goals, including goals relating to the reduction of harmful consequences of drug use as well as to abstinence from problem drug use.
- It will provide treatment services at times and locations, which are convenient and accessible to clients. It will provide for the immediate assessment of clients presenting for treatment and the commencement of treatment within the shortest possible time frame.
- It will support clients in accessing a range of appropriate treatments and other supports and facilitate access to all agencies involved in the provision of these services.
- It will provide services in a manner, which upholds the dignity and self-respect of the client and in accordance with an agreed charter of client rights.
- It will be innovative and flexible, and will monitor trends in drug use and developments in treatment, to ensure that it remains responsive to local needs.
- It will be provided by a range of statutory, voluntary and community agencies, working together in a co-ordinated and integrated manner.



## **DRUG TREATMENT FACILITIES**

The BLDTF believes that a comprehensive drug treatment service is best delivered through a range of facilities located mainly within and adjacent to the communities served. The following range of facilities is necessary for the development of the service.

### Central Drug Treatment Facility

The BLDTF supports the development of a Central Drug Treatment Facility for the Blanchardstown area. The purpose of this facility is to supplement the treatment services provided at community level. The central facility will provide greater flexibility both in the range of treatments available and in the capacity of the service to meet the needs of diverse client groups. Specifically, the central facility will:

- Increase the capacity of the drug treatment service in Blanchardstown
- Facilitate assessment and treatment by multi-disciplinary teams, particularly for clients with complex needs
- Facilitate the provision of treatments requiring ongoing medical input
- Facilitate the provision of services which would not be cost-effective at community level
- Enable the service to cater for clients who are not able or willing to access services at community level
- Enable the service to cater for clients who are unable to comply with the requirements of community-based treatment services
- Enable in-patient treatment to be provided in an accessible location

The BLDTF recommends the location of the Central Drug Treatment Facility in the grounds of James Connolly Memorial Hospital. This location has a number of advantages:

- Ease of access from all parts of the Blanchardstown area
- Access to medical support services
- Access to other hospital services including Accident and Emergency and Psychiatric Services
- History of drug treatment service provision in this location
- The availability of sites for the facility in grounds of the hospital
- Recommendation of Fingal County Council that no alternative green field sites are available
- Recommendation of Garda Síochána to locate any central treatment facility in a “neutral area”
- The reduced likelihood of opposition from local communities or interest groups

### **Community-Based Drug Treatment Services**

The BLDTF supports the provision of drug treatment services in or adjacent to local communities where this is feasible. The benefits of community-based treatment include ease of access for clients, flexibility in provision and links to other community supports. Community-based treatment services may be provided by community-based

drug projects, local primary health care centres, and general practitioners and community pharmacists.

The community-based drug projects (Community Drug Teams) are regarded as an essential element of drug treatment provision. These projects have a vital role in the provision of advice and information, outreach services, health promotion and needle exchange, referral, counselling, day programmes, complementary therapies, and other services.

The BLDTF supports the planned provision by the Northern Area Health Board of primary health care centres in Hartstown, Corduff and Mulhuddart and the renovation of the health centre in Mountview. These centres are essential for the provision of community-based drug treatment. It is important that such facilities are of a satisfactory standard and quality, and that they provide adequate and accessible services.

Local general practitioners and community pharmacists have an important role to play in the provision of drug treatment services, particularly in relation to advice and information and to the prescription and dispensing of medication, including methadone. These services are particularly important for drug users who are in the later stages of treatment and/or who have difficulty in accessing other services.

### ***Residential Drug Treatment Services***

The BLDTF recognises the importance of residential facilities for the treatment of some problem drug users. Residential facilities are usually aimed at relapse prevention for clients who are drug-free, programmes often following on from in-patient detoxification. Residential facilities usually accept clients from a wider geographical area than a Local Drugs Task Force area. Although this is the case with the Coolmine Therapeutic Community, the BLDTF recognises the benefits of having this facility located within its immediate area.

The BLDTF believes that it is important for clients in need of residential programmes to have ready access to such programmes at the appropriate stage in their treatment and that the care plan should provide for this. The philosophy, approach and duration of residential programmes vary considerably and the suitability of the programme should be considered in the light of the individual client's needs.

The BLDTF believes that it is necessary to monitor the availability of appropriate residential programmes for clients from the Blanchardstown area and to ensure the availability of adequate places and of funding to secure such places at the level required.

The BLDTF recognises the accommodation problems experienced by many drug users and the increased difficulties such problems pose for people preparing to enter treatment, currently in treatment, and/or in recovery. The BLDTF therefore believes that the accommodation needs of drug users at all stages of treatment need to be considered. In particular, the potential of pre-treatment residential facilities and supported accommodation for those in recovery should be explored.

## **APPROACHES TO DRUG TREATMENT**

Drug treatment is one of the four pillars of the National Drugs Strategy. The objectives of the Strategy in relation to treatment are as follows:

“To encourage and enable those dependent on drugs to avail of treatment with the aim of reducing dependency and improving overall health and social well being, with the ultimate aim of leading a drug-free lifestyle  
and

To minimise the harm to those who continue to engage in drug-taking activities that put them at risk.”

National Drugs Strategy, 2001

Drug treatment has been defined as:

“A range of interventions which are intended to remedy an identified drug-related problem or condition relating to a person’s physical, psychological or social (including legal) well-being.”

Models of Care, 2002

According to this definition of treatment, it is clear that the concept of treatment potentially includes a very wide range of interventions, which include but are not restricted to, medical interventions.

### ***The main categories of treatment interventions are as follows:***

- Advice and information
- Assessment
- Health promotion
- Counselling and support
- Prescription of medication
- Day programmes
- In-patient treatment
- Residential treatment

Each of these categories may include several different approaches to treatment. The reasons for different approaches to treatment relate, fundamentally, to differences in drugs and drug usage, on the one hand, and differences in the personal and social characteristics of drug users, on the other. The need for a range of treatment options is emphasised in the National Drugs Strategy:

“To have in place, in each Health Board area, a range of treatment and rehabilitation options as part of a planned programme of progression for each drug misuser, by end 2002. This approach will provide a series of options for the drug misuser, appropriate to his/her needs and circumstances and should assist in their re-integration back into society.” Action 48.NDS, 2001

A brief description of the types of treatment which are necessary within the Blanchardstown area and the categories of treatment, specific treatments, client groups, service providers and routes through treatment are shown in the diagrams on pages 13-15.

## **Advice and Information**

General advice and information should be available in primary health care centres and community-based drug projects, in the central drug treatment facility, and in as many other non-drug specific locations, such as community centres, youth projects, surgeries, and so on, as possible. The target group for general advice and information on drugs and drug related problems will be determined by the users of each particular facility. In addition, advice and information on issues other than drugs and drug use, relevant to drug users, (for example, housing, childcare, justice/legal issues, training, employment, budgeting) should be available within these centres to drug users and their families.

More targeted and specialist advice and information will be provided in the primary health care centres, community drug projects and the central facility, by trained drugs workers and/or medical staff, as appropriate. In addition, outreach workers in each community will have a key role in disseminating advice and information to drug users not currently in contact with services.

## **Assessment**

Assessment will be carried out at three levels. Initial assessment for screening and referral will be provided at the first point of contact, often in the community drug projects. Triage assessment, aimed at identifying an appropriate treatment strategy and treatment goals, will be carried out by multi-disciplinary teams, usually in the primary health care centres. Comprehensive assessments on clients with more complex needs, including dual diagnosis, will be carried by the specialist team in the central facility.

## **Health promotion**

Health promotion interventions will be primarily, but not exclusively, concerned with safer injecting practices and sexual behaviour. Needle exchange will be provided in each community drug project and by outreach teams. Needle exchange will be available on a regular basis in each community and will provide for evening and weekend sessions. Outreach workers will provide a needle exchange service (backpacking) on a regular basis in each community for those drug users unable to avail of centre-based services. These should be at times and locations likely to maximise take up of the service. The needle exchange services will all offer advice and information on safer drug use and safer sex.

## **Counselling and support**

Counselling skills may be used by a variety of staff in all agencies in the course of their work with individuals, families or groups. This type of supportive intervention is distinct from the more goal-oriented counselling interventions provided by trained and qualified counsellors. There are numerous therapeutic approaches, which may be effective with drug users and their families. The aim of the service will be to make available trained staff with expertise and experience in the widest possible range of counselling therapies.

## **Prescription of medication**

The primary pharmacological intervention among drug users in Ireland is the prescription of methadone to opiate users, for maintenance or withdrawal. The prescription and administration of methadone will be carried out at community level in primary health care centres and through general practitioners and community pharmacists.

Prescribing and administration will also be carried out in the central drug treatment facility. The central facility will have responsibility for prescribing to particular client groups and/or for prescribing particular types of medication. It is envisaged that the central facility will have primary responsibility for the following:

- New clients in need of stabilisation on opiate substitute (e.g. methadone)
- Clients undergoing short-term detoxification on opiate substitute
- Clients undergoing detoxification on non-opiate medication (e.g. lofexidine)
- Clients maintained on opiate substitute who do not wish to avail of community-based services
- Clients maintained on opiate substitute who are unable or unwilling to comply with the requirements of community-based services
- Clients receiving symptomatic prescribing for relief of withdrawal symptoms
- Clients receiving medication for relapse prevention (e.g. naltrexone)
- Clients in need of particular care for a specific reason, including dual diagnosis or young age

## **Day programmes**

Day programmes will be provided in local communities. The aim will be to provide a range of high-quality programmes to meet the needs of recovering drug users in relation to education, training and employment. In addition programmes will be provided for drug users at all stages of treatment which are aimed at developing skills, providing for self-expression, promoting self-esteem and encouraging retention in treatment. These will include programmes in recreation, sport, creative arts, personal development, social skills and complementary therapies, such as massage, acupuncture, aromatherapy and relaxation. The programmes will cater for different needs and will include: structured full or part-time programmes; courses; once-off sessions; and regular, unstructured drop-in sessions. Where appropriate some programmes will be offered during the evening and/or at weekends to cater for clients who are working or otherwise engaged during normal working hours. Childcare facilities will be provided as an integral part of these programmes, as well as for other services above, as appropriate.

### **In-patient treatment**

The central facility should include an in-patient unit consisting of four beds, for clients requiring in-patient detoxification from opiates or other drugs. The unit will provide for referral to a residential rehabilitation facility on completion of the detoxification where this is appropriate and admissions will be scheduled to co-ordinate with the availability of a suitable placement. The in-patient unit will be principally for the use of clients from the Dublin 15 area, but may be made available to clients from other areas within the NAHB area if and when there is surplus capacity. When necessary clients may be referred to existing in-patient facilities outside the area.

## Residential programmes

There is currently one residential rehabilitation unit, the Coolmine Therapeutic Community, within the Dublin 15 area, although this does not cater specifically for local clients. As such facilities are usually established on a regional or national basis it is not proposed to recommend the provision of further such services within the Dublin 15 area. The BLDTF will, however, seek to ensure that clients have access to such facilities. In addition, research will be conducted to ascertain the housing needs of drug users, prior to, during and following treatment, and to identify appropriate and feasible responses.

## Drug Treatment Services in Blanchardstown

TREATMENT CATEGORY	SPECIFIC TREATMENT	CLIENT GROUP	SERVICE PROVIDER(S)
ADVICE & INFORMATION	General advice and information on drugs and drug use	Drug users Families of drug users Other professionals General public	Community drug teams Blanchardstown Resource Centre Outreach workers (NAHB & CDT) General practitioners Other professionals
	Specific advice and information targeted at client groups	Drug users Families of drug users	Community drug teams Outreach workers (NAHB & CDT) General practitioners
ASSESSMENT	Initial assessment and referral	Drug users on initial presentation	Community drug team Outreach workers (NAHB & CDT) General practitioners Other professionals
	Triage assessment and care planning	Drug users referred to drug treatment service	Community drug team Primary health care team
	Comprehensive assessment	Drug users with complex needs including dual diagnosis	Central treatment facility

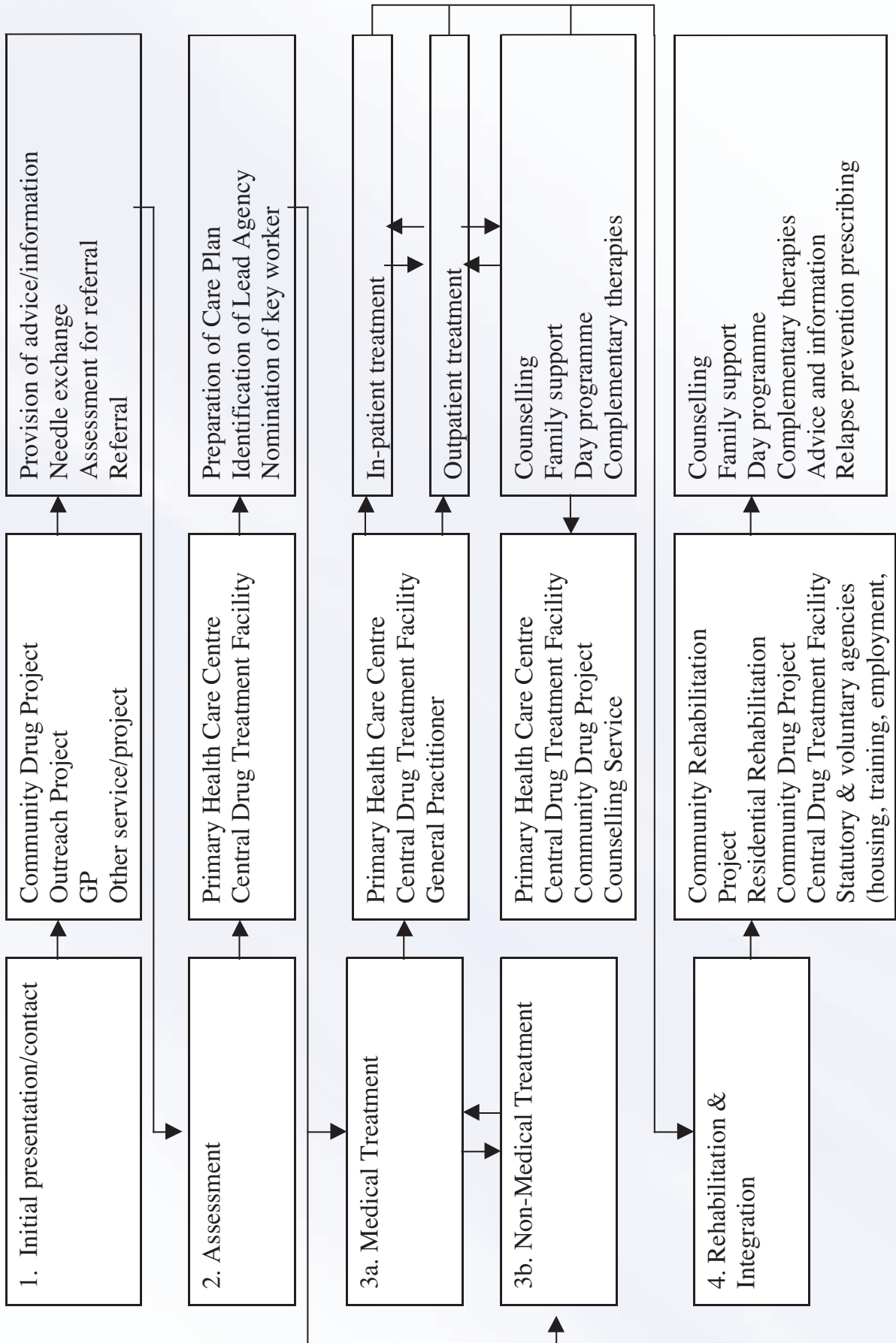
TREATMENTCATEGORY	SPECIFIC TREATMENT	CLIENT GROUP	SERVICE PROVIDER(S)
HEALTH PROMOTION	Needle exchange and safe injecting advice	Injecting drug users	Community drug team Outreach workers (NAHB & CDT)
	Supply of condoms and safe sex advice	Drug users and their partners	Community drug team Outreach workers (NAHB & CDT)
COUNSELLING AND SUPPORT	Assessment	Drug users	Community drug team Primary health care team Counsellors (NAHB)
	Keyworking	Drug users	CDT Outreach workers (NAHB & CDT) Counsellors (NAHB) Primary health care team Other professionals
	Counselling	Drug users	Addiction counsellors (NAHB) Specialist counsellors
	Family support	Families of drug users	Family support workers Family therapists Specialist counsellors

TREATMENT CATEGORY	SPECIFIC TREATMENT	CLIENT GROUP	SERVICE PROVIDER(S)
PRESCRIPTION OF MEDICATION	Stabilisation on opiate substitute (eg methadone)	Opiate users (especially new to treatment)	Central treatment facility
	Withdrawal on opiate substitute (eg methadone)	Opiate users (aiming for detoxification)	Central treatment facility
	Maintenance on opiate substitute (eg methadone)	Opiate users (requiring medium to long term maintenance)	Central treatment facility Primary health care team General practitioners/ Community pharmacists
	Withdrawal on non-opiate substitute (eg lofexidine)	Opiate users (especially young or moderate users)	Central treatment facility
	Symptomatic prescribing for relief of withdrawal symptoms	Drugs users withdrawing from opiates and non-opiates	Central treatment facility
	Relapse prevention (eg Naltrexone)	Clients who have undergone detoxification and are drug-free	Central treatment facility

TREATMENT CATEGORY	SPECIFIC TREATMENT	CLIENT GROUP	SERVICE PROVIDER(S)
DAY PROGRAMMES	Structured day programmes Training programmes	Drug users in treatment	Community drug teams
	Drop-in facilities		Community drug teams
	Complementary therapies: acupuncture, homeopathy, massage, reflexology, relaxation, shiatsu, etc	Drug users Families of drug users	Community drug teams General practitioners
IN-PATIENT TREATMENT	Stabilisation, withdrawal, symptomatic treatment for opiate and non-opiate drug dependence	Drug users in need of in-patient treatment	Central treatment facility Other in-patient treatment facilities (Beaumont & Cuan Dara)

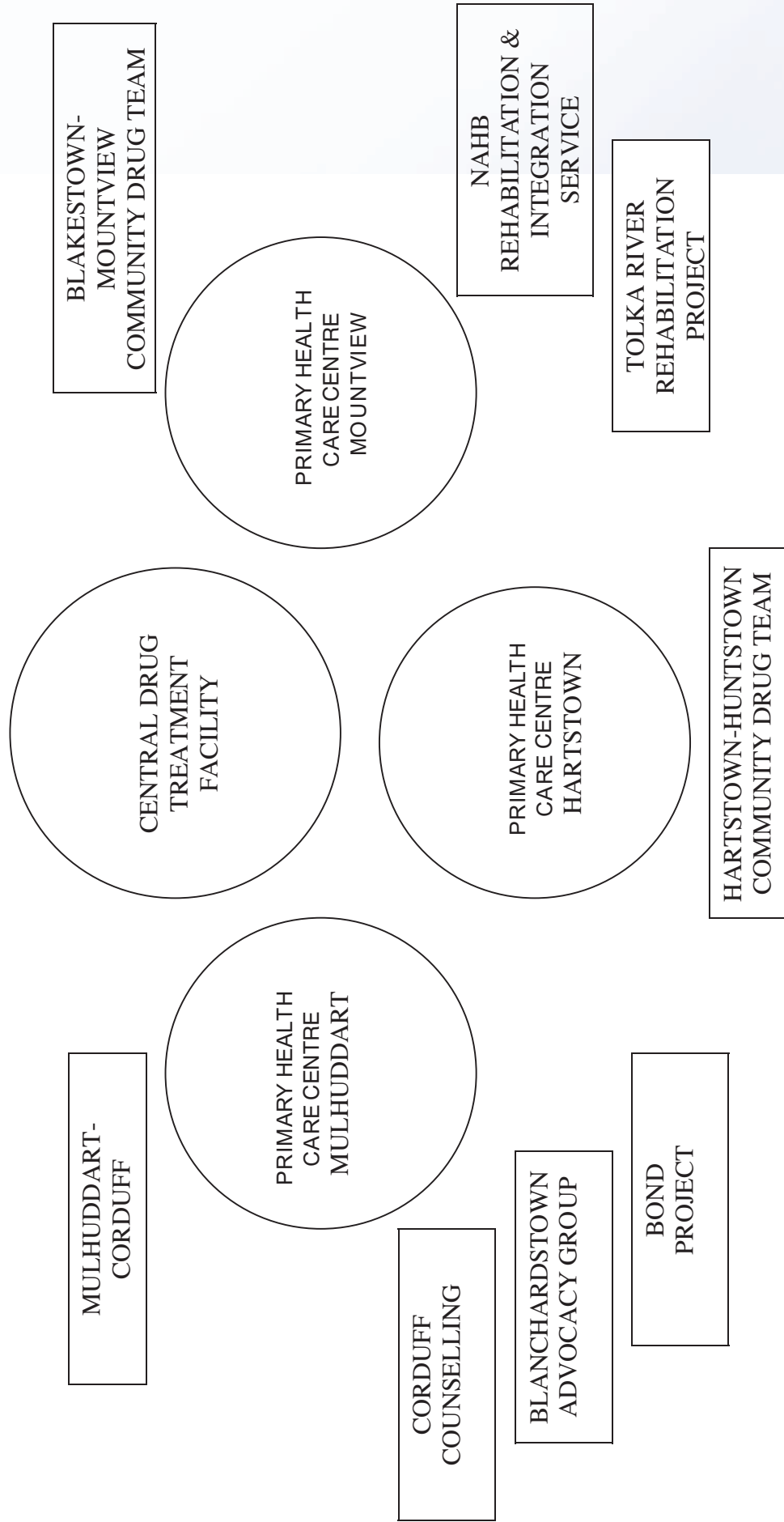
TREATMENT CATEGORY	SPECIFIC TREATMENT	CLIENT GROUP	SERVICE PROVIDER(S)
RESIDENTIAL TREATMENT	Residential rehabilitation	Clients who have undergone detoxification, are drug-free and require residential programme to prevent relapse	Coolmine Therapeutic Community Other residential rehabilitation centres
	Continuing residential care/halfway house	Clients who need ongoing residential support for accommodation and/or relapse prevention	
	Pre-treatment residential facilities	Drug users who are unable to move into treatment due to accommodation issues	

ROUTES THROUGH TREATMENT





**KEY AGENCIES INVOLVED IN THE PROVISION OF DRUG TREATMENT SERVICES IN BLANCHARDSTOWN**



## **DELIVERY OF DRUG TREATMENT SERVICES**

The aim of the BLDTF is to ensure that the full range of treatment options is available to clients in the Blanchardstown area. The particular treatment or combination of treatments provided to each individual client will be based on an objective assessment of their needs and the determination of appropriate treatment goals. This process will be carried out in consultation with the client and clients will be enabled to make informed decisions about the types of treatment to be provided and about the intermediate and ultimate goals of the treatment.

The goal of complete abstinence from all drug use is not appropriate for many drug users. Even where it is appropriate, it is often attainable only through the progressive achievement of a number of intermediate goals. Models of Care (2002), identifies a "hierarchy of goals of drug treatment". These are described as follows:

- Reduction of health, social and other problems directly related to drug misuse
- Reduction of harmful or risky behaviours associated with the misuse of drugs
- Reduction of health, social or other problems not directly attributable to drug misuse
- Attainment of controlled, non-dependent or non-problematic drug use
- Abstinence from main problem drugs
- Abstinence from all drugs

The delivery of drug treatment will be based on three key concepts: the care plan; the lead agency; and the key worker. The delivery of treatment services to clients will be based on individual care plans. The care plan will be drawn up following assessment and will indicate the agreed treatment(s) and treatment goals, that is, the intended outcomes of the treatment. The care plan will be drawn up in consultation with the client and will be provided to him/her in written form. The care plan is defined as follows in Models of Care (2002):

"A care plan is a structured, often multi-disciplinary, and task-orientated individual care pathway plan, which details the essential steps in the care (of a drug user) and describes (his/her) expected treatment and care course."

In all cases, but particularly where several agencies are providing services to the client, it is necessary that one agency be identified and agreed as the lead agency. The lead agency is defined in the EQUAL Protocols as follows:

"The term 'lead agency' refers to that participating organisation which, at any given point, provides a client with core supports or services aimed at establishing or maintaining recovery or a drug-free lifestyle. A lead agency assumes the most significant role in providing services and offering service co-ordination to clients."

The lead agency will be responsible for compiling the care plan, for its maintenance and periodic review, and, where appropriate, through three way meetings (between the client, the lead agency and other agencies providing services to the client). The care plan may be modified at any stage in treatment through consultation and agreement with each of these parties.

The lead agency will allocate a key worker to each client. The key worker will be the

client's main contact with the treatment service and will assume responsibility, on behalf of the lead agency, for the implementation of the care plan. Where appropriate the key worker will facilitate the client in accessing other services. The key worker allocated to each client will have skills appropriate to the client's needs and will be acceptable to the client. The lead agency, and therefore the key worker, may change during the course of treatment. Where this is considered necessary it will be discussed and agreed at a three way meeting.

This approach is in line with that recommended in the National Drugs Strategy:

"To base plans for treatment services on a "continuum of care" model and a "key worker" approach to provide a seamless transition between each different phase of treatment." Action 47, NDS, 2001

The BLDTF believes that the design and delivery of drug treatment services for young people warrants particular attention. As far as possible, treatment for young people should be carried out at separate locations and/or times to that of adult drug users. Treatment strategies for young people, particularly non-dependent poly-drug users, should, as far as possible be based on non-medical or short-term medical interventions. Treatment for young people should, wherever possible, involve the young person's family and should aim for re-integration into the community through appropriate youth work, educational and training programmes. Drug treatment services will continue to develop links with family support projects, community based youth projects, the Blanchardstown Youth Service, Youthreach and other local services for young people.

## **CO-ORDINATION AND INTEGRATION OF SERVICES**

The BLDTF believes that the needs of drug users and their families are best served by a partnership between statutory, voluntary and community agencies, each contributing to the overall service according to its resources, expertise and ethos. It is unlikely that a single agency could offer the full range of treatment options identified as necessary to meet the needs of drug users and their families. In addition to specialist agencies whose mission is concerned solely or primarily with drug related issues, it is recognised that there are many other agencies whose work contributes to the welfare of drug users and their families. Critical areas which are of particular importance to drug users include childcare, education, employment, housing, income support, justice, and training.

The involvement of multiple agencies in drug treatment, and in the provision of other services relevant to drug users, does, however, pose some difficulties. These centre around the need to ensure that services are planned and delivered in a co-ordinated manner by the key agencies involved (see diagram, page 16). The BLDTF has a critical role in facilitating such co-ordination and integration: this is outlined in the BLDTF Plan (2001-5)

“In terms of contributing to this overall strategy Blanchardstown Drug Task Force devised and implemented its first drug strategy for the area seeking to co-ordinate all relevant programmes and addressing, through development of a range of new projects and extension of existing projects, identified gaps in service provision. Importantly the Task Force sought to develop a partnership- based approach which would harness the relevant strengths of local communities, State and voluntary organisations.”

A major step has been taken with the development of the EQUAL Protocols. These protocols, which were jointly drawn up by the key agencies involved in the provision of services for drug users in the area, aim to address the need for an integrated service at the level of the individual client. The Protocols are aimed at: improving co-ordination of service delivery; decreasing duplication of services; eliminating gaps in services; establishing a continuum of service delivery; and assisting client progression. Specifically, the EQUAL Protocols, are intended to provide for the “seamless transition between each different phase of treatment”, advocated in the National Drugs Strategy. There is, however, a further need to ensure that treatment services are co-ordinated and integrated at the planning and development stage. Different agencies within the statutory, voluntary and community sectors, may be best equipped to provide particular treatment services or to provide those services to particular client groups. It is essential that there is an agreed system for identifying the most appropriate role for agencies in the delivery of treatment services and for allocating resources in accordance with an agreed plan.

An integrated service cannot be delivered where agencies are in competition for resources, clients or influence. The BLDTF includes representatives of the all the key agencies and other stakeholders, including service users and local communities, involved in drug treatment services. It therefore has the potential to act as an effective forum within which the development of treatment services can be planned.

The BLDTF therefore proposes to invite all agencies engaged in the provision of drug treatment services to participate, on a voluntary basis, in the joint planning of services and allocation of resources. An effective planning system will have the following characteristics:

- The services necessary to meet the needs for drug treatment are identified and agreed
- The level of provision of each of the necessary services is identified and agreed
- The most effective means of providing each service, including the identification of the agency or agencies responsible for its delivery, is identified and agreed
- It is agreed and understood how, when, where, and by whom, each of the necessary services will be provided
- Resources are allocated in accordance with an agreed set of priorities
- The objectives of all agencies involved in the provision of drug treatment services are clearly stated and understood
- The interests and views of service users and communities are effectively and accurately represented in the planning process

Individual agencies and projects may, of course, continue to plan for their own development, but such planning should take account of the agreed overall plan for drug treatment services in the area. Development plans of an agency or project should be brought to the LDTF for discussion and agreement if they have the potential to impact on the agreed plan for local drug treatment services in the BLDTF area.

## **FURTHER ISSUES**

### **RESOURCES**

The BLDTF aims to lobby for and secure, on its own behalf and on behalf of its partner agencies, sufficient funding to ensure the delivery of an effective and comprehensive drug treatment service for the Blanchardstown area.

Drug treatment services require significant resources in terms of suitable premises and facilities, trained and qualified staff, and programme funding. Resources are also required for research, monitoring and evaluation. Resources need to be adequate to meet the demand for services and to be provided on a secure and consistent basis.

It is important that resources are allocated on an equitable basis, in accordance with an agreed plan and set of priorities, to those agencies responsible for the provision of treatment services. All agencies are accountable for the efficient, effective and equitable delivery of the services they are resourced to provide. The introduction of service agreements between service providers and funding agencies is necessary to ensure that such accountability is achieved.

### **COMMUNITY CONSULTATION**

The BLDTF believes that the provision of drug treatment services within or adjacent to local communities is an essential feature of a comprehensive service. BLDTF is committed to the provision of such services and regards adequate consultation with local communities as a necessary condition for the development of such provision.

Consultation with the community is essential in order to win community acceptance and support for the local provision of drug treatment services. Consultation should be organised in such a way as to permit maximum participation and to facilitate the expression of legitimate concerns. In particular, it is essential that consultation is timely, that is, that it occurs at an early stage in service development, when there still exists a real possibility of exploring alternatives to agency proposals. Consultation should include, but not be confined to, community leaders.

The services provided must be clearly explained in terms of their relevance to the needs within the community, and, in general, facilities should not be provided within local communities for drug users from outside of that community. It is necessary and possible for communities to be encouraged to regard local drug treatment services as a resource for their community rather than a source of further problems imposed from outside. In addition to consultation prior to establishment of services, community participation in the ongoing development of services should be encouraged, through the involvement of community representatives in the management structures of all agencies involved in service provision, and by other means as appropriate.

### **CLIENT PARTICIPATION**

The BLDTF is committed to supporting clients to participate in all aspects of the development and delivery of drug treatment services.

Clients should also be encouraged, at an appropriate point in their treatment, to play

an active role in the overall development of services, and arrangements should be made for the formal representation of service users in the management structures of all agencies involved in the provision of treatment services. Other, additional methods of consultation should also be developed and used as appropriate.

Clients have a right to treatment and a right to be treated with dignity and respect while availing of treatment services. Clients also have responsibilities in relation to staff, other service users and the community in which services are located. The rights and responsibilities of clients will be outlined in a Service Users' Charter, which will be displayed in all relevant facilities and provided to all staff and clients of each drug treatment centre and project. Training for staff in the rationale for and compliance with the Charter will be provided as necessary.

## **TRAINING**

The BLDTF recognises the critical role of competent and committed staff in the delivery of drug treatment services.

The relatively recent expansion of drug treatment services in Ireland means that it may not always be possible to recruit staff with the optimum levels of experience and/or qualifications. In order to ensure the best quality of service possible it is necessary to provide for in-service training and ongoing development for staff at all levels and in all roles. Training should be provided by recognised training agencies, should be accredited, and should lead to a relevant and appropriate qualification. The provision of training on an inter-agency and inter-disciplinary basis, where appropriate, may play an important role in promoting inter-agency co-operation.

## **EVALUATION**

The BLDTF is committed to the ongoing monitoring and evaluation of drug treatment services. Monitoring is necessary at two main levels.

The first is the monitoring of activity, that is, the numbers and frequency of interventions, such as, for example, the number of sessions of street work carried out by an outreach team and the number of contacts made in the course of this work, or the number of clients receiving methadone maintenance. Recording systems which ensure that this information is available should be set up in all agencies and in relation to all services offered. This information should be collected on at least a monthly basis and collated at least annually in order to prepare an accurate overview of the level of activity of the drug treatment services in the area as a whole.

The second is the monitoring of outcomes, that is, the extent to which agreed treatment goals are achieved in relation to each client. Outcomes are measured by examining the original care plan, with any subsequent modifications, and assessing the extent to which the agreed goals have been achieved. Continuous monitoring of individual client's progress will be a feature of the care plan, but the collation of outcomes for all clients, as part of the process of reviewing the effectiveness of a programme or service will happen periodically, and at least annually. It is essential that confidentiality is safeguarded in the manner in which data is compiled and presented.

The monitoring of both activity and outcomes should be standardised as far as possible within and between services. The adoption of standardised instruments for assessment and standard methods of compiling and presenting data, will facilitate evaluation of individual services and the treatment service as a whole.

In addition to monitoring local services, provision will be made for ensuring that research and other developments in drug treatment from elsewhere in Ireland and abroad, are identified and disseminated within the service: this function will be carried out by the resource centre.



## REFERENCES

Blanchardstown Local Drugs Task Force Action Plan, 2001-2005, 2001

Blanchardstown EQUAL Inter-agency Initiative Protocols, NAHB, 2003

Ireland's National Drugs Strategy 2001-2008, the Stationery Office, 2001

Models of Care, National Treatment Agency for Substance Misuse (UK), 2002

## **APPENDIX**



**northern area  
health board**

bord sláinte an  
limistéir thuaidh

17<sup>th</sup> September 2004

Mr. Philip Keegan,  
Chairperson,  
Blanchardstown Drugs Task Force,  
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**Re: Northern Area Health Board position on the Blanchardstown Local Drugs Task Force position paper on: A Centre of Excellence for Drug Treatment in Blanchardstown**

Dear Mr. Keegan,

The Northern Area Health Board welcomes the development of this position paper by the Blanchardstown Drugs Task Force and the consultation engaged in about a centre of excellence for the treatment of drug misuse in the Blanchardstown area. The position paper itself has great merit in that it articulates a clear rationale for a treatment services framework and benchmarks against which services can be measured. As a constituent member of the Task Force our Board is happy to have contributed to the paper and is committed to working with other stakeholders on the joint planning of future service developments in relation to drug treatment in the Blanchardstown area.

Our Board endorses most of the content of the position paper but cannot agree to the recommendation that a central treatment unit be located in the grounds of James Connolly Memorial Hospital. This has been the consistent position of the Board for some considerable time and remains the position today.

In essence it has been national health policy for many years to provide for hospital and community services separately wherever possible. The current national health strategy, *Quality and Fairness*, published in 2001 is based on principles of equity and fairness, people centeredness, quality of care and accountability and placed an increased emphasis on providing the widest possible range of health services at primary care level where they are most accessible to the public. The health service reform process under way at present proposes to establish a national hospitals office and a national office for primary, community and continuing care, giving further practical expression to this policy of providing appropriate care in the appropriate location. Addiction services are in the realm of primary care provision and it is the position of our Board that every effort will be made to ensure that addiction services are adequately provided at this level.

The primary care strategy unveiled as a constituent part of *Quality and Fairness* promotes the development of a network of primary care centres staffed by a range of health and allied professionals with a capacity to deliver a broad range of health interventions to the local population. The objectives of such a strategy include making health services more accessible to the local community and ensuring that interventions that do not require hospital care are provided at the point closest to the customer. In the context of the rapidly growing population of the Dublin 15 area our Board is planning the development of two such primary care centres at Hartstown and Mulhuddart/Tyrrelstown. With adequate preparation and planning our Board envisages that addiction services to meet the needs of the presenting population will be delivered in these centres.

As already outlined in your discussion paper addiction treatment services are also provided at primary care level by local GP's participating in the methadone protocol and at local pharmacies and this will continue to be rolled out.

The delivery of addiction services has distinctive features that relate to the culture surrounding illicit drug use. These features require that special consideration be given to the safety and security elements of the delivery of the service for the benefit of all those using the health facility where addiction services are provided, clients of the service, health service staff and other members of the public accessing health services in the facility. Our Board is currently piloting a model of service delivery in a local health centre in another area that is designed to comprehensively address these issues.

Our Board understands the issues that have been raised by other stakeholders in relation to the provision of addiction services in the Blanchardstown area and has given full weight to the concerns expressed so clearly and vocally in a number of different ways. We have actively considered the strong representation of the Local Drugs Task Force and local communities, including the submission of our own addiction service staff, supporting the siting of a central treatment unit on the grounds of James Connolly Memorial Hospital. As the statutory agency with primary responsibility for the delivery of health services in the locality it is our Board's considered position that siting a central treatment unit on the James Connolly Memorial Hospital campus is not appropriate. Providing for addiction services within the hospital campus does not accord with national health policy and in particular the increased role of primary care in health care provision. It is the intention of our Board that addiction services will continue to be developed in accordance with the plan to enhance primary care provision in the Blanchardstown area.

Yours sincerely,



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**PAT DUNNE**  
**Assistant Chief Executive**  
**Child Care & Addiction Services**

**Copy: Dr. Brion Sweeney, Drug Treatment Centre Board**  
**Mr. Gerry Reid, Drugs & Aids Service, Phibsboro Tower**

