Evaluation of the Safetynet Methadone Programme Pilot at the Dublin Simon Emergency Shelter

July 2008

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Safetynet

PRIMARY HEALTHCARE FOR HOMELESS PEOPLE

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Key Learning Points

- **There is exceptionally high morbidity resulting in hospitalisation amongst homeless drug users**
- **The majority of drug users in a hostel for homeless can be successfully treated using the Methadone Protocol**

Summary

The Dublin Simon Emergency Shelter provides up to six months accommodation to 30 residents. Hostel admission is largely restricted to persons living on the streets and referrals usually come through the through the Simon Rough Sleeper team. Most of the homeless persons accepted are high risk intravenous heroin users who are not in treatment. The level of risk has meant a high rate of hospital admissions for drug related conditions. The health and resource implications of neglecting to treat residents' opiate addiction are high.

This internal evaluation of the Safetynet methadone programme in the Dublin Simon Emergency Shelter was undertaken after six months of programme implementation in order to evaluate its impact. Methods included interviews with staff and clients of the shelter, assessment of drug use and social functioning before and after commencing treatment and an analysis of quantitative Shelter and nursing data.

Fourteen Shelter residents were initiated on the methadone programme during the six month period from December 2007 to May 2008. At the end of that period 10 patients remained in treatment with Dr K Harkin. Two patients had been transferred to another GP (Dr A O' Carroll) within the Safetynet service and two had left the hostel without further contact. A further 15 patients who met the inclusion criteria were unable to be accepted for treatment as the quota of 10 treatment places (at any one time) had been reached.

This internal evaluation has shown that the Methadone Protocol objective of reducing or stopping heroin use among programme participants was achieved. Other positive impacts included a reduction in the number of medical complications associated with illicit opiate use and a reduction in the number of residents evicted from the hostel and barred for unsafe drug use.

An expansion of the programme is recommended to allow access for all Dublin Simon Emergency Shelter (27 Harcourt St.) residents who require access to methadone treatment.

Purpose of this evaluation

Under the Safetynet service[1] (appendix A) for homeless persons a GP (Dr. K. Harkin) was granted 10 places in November 2007 to treat homeless drug abusers in the Dublin Simon Emergency Shelter (27 Harcourt St). The purpose of this internal evaluation is to evaluate the effectiveness of the programme against the stated objectives.

Methods

The programme nurse compiled data on clients' drug use and social functioning pre and post commencing on the programme. Interviews were conducted with Shelter staff and clients by the research consultant. Staff not interviewed completed a semi structured questionnaire. Data on numbers of residents barred or evicted as well as nursing statistics were compiled and analysed.

[1] Safetynet is an HSE supported primary care network established in 2007 to provide GP and nursing services to homeless persons.

Dublin Simon Emergency Shelter

The Dublin Simon Emergency Shelter in Harcourt Street accommodates up to 30 homeless adults for periods up to six months. Residents are referred by the Dublin Simon Rough Sleeper team. Residents are assigned a key worker and are encouraged to meet with him or her regularly to explore 'move-on' options. However the lack of suitable accommodation and methadone provision has been a significant barrier to residents' progression out of homelessness.

The shelter offers 24 hour access with no curfews. There is a dry room (where alcohol may not be consumed) and a wet room (where alcohol consumption is permitted). On average 26 of the 30 residents are active drug users. The main drug of choice among drug users is heroin with a minority experiencing cocaine addiction. Currently three to four residents experience both alcohol and heroin abuse. Prior to the implementation of the Safetynet programme, less than one quarter of the Dublin Emergency Shelter residents using heroin were receiving any form of treatment.

In line with the Shelter's drug policy and indeed the law, drug consumption in the shelter is not permitted. In line with the harm reduction policy, each room has a sharps bin and a needle exchange service which is provided by the nurse in the shelter.

Dublin Emergency Simon Shelter, Harcourt Street

Medical and nursing services

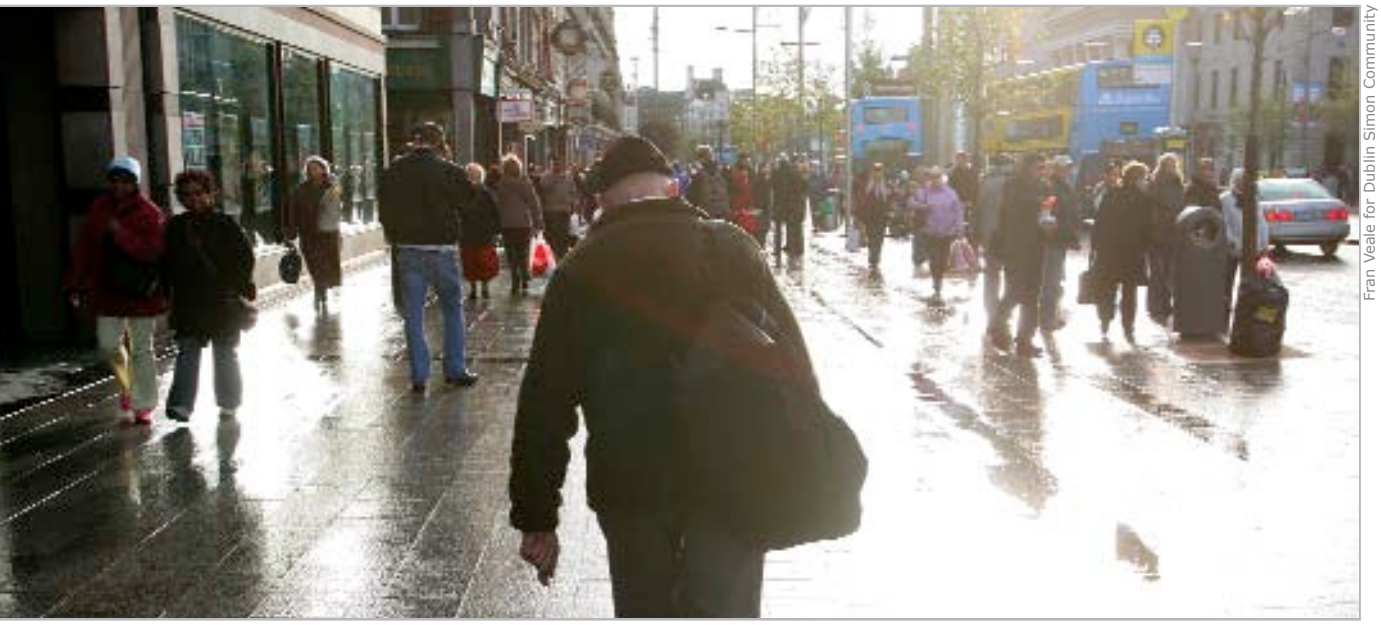
On site medical services are provided by the Safetynet GP one day per week. In addition the GP is available for emergency consultation either in the hostel or in his own practice. Telephone advice is available at all times.

Nursing services are provided to residents five days a week. In addition to general nursing services the nurse provides a needle exchange service to residents and liaises closely with the Shelter's key workers and with outside services.

Safetynet methadone programme

Since medical service to the hostel began in 2006, it has become increasingly apparent that most of the serious medical problems presenting were a consequence of untreated drug use. As might be expected, these included subcutaneous abscesses, deep venous thrombosis and complications of AIDS, often resulting in hospitalisation.

Unsafe drug use is not accepted within the hostel and has led to residents being evicted or barred if warnings are not heeded. This means that active drug users are likely to find themselves once more living on the street and losing the opportunity to move towards secure accommodation.



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While there is a high level of awareness among the residents regarding the drug treatment services available at Trinity Court[2] (the nominated drug treatment center for homeless persons), there has been reluctance on their part to attend. This has been largely due to the long waiting list. Many have also expressed fears due to intimidation from other drug users who avail of this service.

In an attempt to provide a timely and accessible drug treatment service to residents of the hostel a proposal from the Safetynet service was submitted to the Methadone Implementation Committee in June 2007. This was approved in principle and the Safetynet GP's were referred to the relevant psychiatrists in Trinity Court to discuss the details of implementation.

The Safetynet methadone programme is essentially the delivery of a drug treatment service to the homeless by using the Methadone Protocol (MP) based on legislation, policy[3] and guidance[4].

The programme aims to reduce the physical, social and psychological harm associated with heroin use for both the user and his/her fellow residents

Criteria for admission to the programme

- An established heroin addiction (according to ICGP guidelines)
- Over 18 years of age
- Have a long-term bed (6 months) in the Shelter with a key worker
- Unable to access methadone treatment elsewhere
- Behaviour consistent with that required by a dispensing community pharmacist e.g. no alcohol problems and absence of aggressive behaviour.

[2] The Drug Treatment Centre Board, formerly known as The National Drug Advisory and Treatment Centre.
[3] Working with opiate users in community based primary care. ICGP 2003 Dublin
[4] Report of the Methadone Treatment. Services Review Group 1998 Dept of Health and Children.

Programme Patients

Fourteen patients were initiated on the methadone programmel during the six month period from December 2007 to May 2008. The average age of the 14 residents who commenced on treatment was 30. Ten were male and four were female. The average length of time on the programme at the end of the evaluation period was 3.5 months giving a total experience of 49 person months on the methadone programme.

There was a high level of morbidity as a consequence of high risk drug using behaviour amongst this group. Ten of the 14 patients accepted for treatment were intravenous drug users, five were groin injecting. Immediately prior to treatment or soon afterwards, four of these five spent seven weeks in hospital with vascular complications.

In contrast only two of 80 patients participating in the GP's methadone programme in his own practice in Inchicore experienced hospitalisation due to drug misuse during a similar period.

At the end of the evaluation period 10 patients remained in treatment on the programme. Two patients had been transferred to another GP (Dr O'Carroll) within the Safetynet service, and two had left the hostel without further contact. A further 15 patients were assessed as having been suitable for treatment but could not be accepted for treatment as the quota of 10 treatment places (at any one time) had been reached. Of these 15 three were referred to Dr O'Carroll for treatment, five patients left the hostel and seven remain in the hostel without treatment.

Programme impact

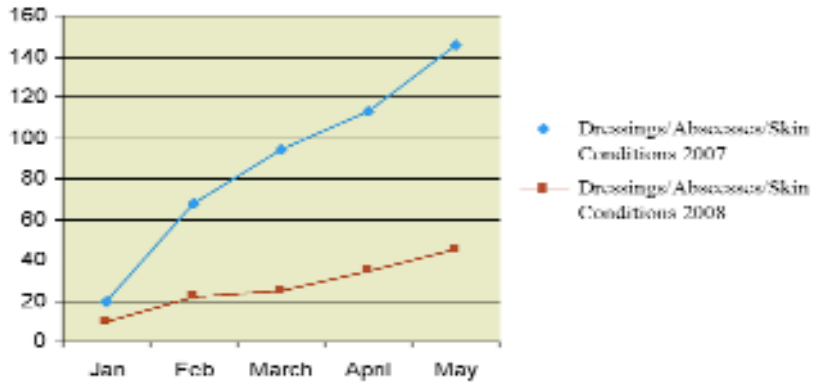
Drug use

Of the 10 patients on the programme at the end of six months, two had opiate and cocaine free urines and the remainder reported marked reduction in drug use. This reflected a reductionfrom an average pretreatment six 'bags' of heroin daily to 1-2 'bags' heroin per week. This reduction is self reported but supported by key worker estimates and clinical impressions. The four patients who left the programme had reported marked reduction in drug use prior to exiting.

Health

There was a marked reduction in abscesses and skin conditions in the first five months of 2008 compared to 2007 (figure 1). This reduction is largely attributed to the decrease in injecting by clients.

Figure 1: Cumulative comparison of abscesses and skin conditions before and after the commencement of methadone treatment and needle exchange



Social functioning

A key marker of the programmes success is the reduction in the number of evictions for unsafe drug use. There were no evictions or 'barrings' from the hostel for unsafe drug use in the first 4 months of 2008 compared to 8 for the same period in 2007. This is largely attributable to the methadone programme.

Dramatic changes have been seen in the participant's social situations in the short time they have been on the programme. Residents of the Shelter are normally referred by the Simon Rough Sleeper team and have usually been sleeping rough, their drug problems having spiraled out of control. Many have lost all contact with family and some have been barred by other hostels. An analysis of participant's 'pre' and 'post' programme, social histories shows that the combination of stable accommodation, methadone prescription, active key working and onsite health care including safe injecting provisions has contributed to improved social functioning for all of the residents who continue on the programme. Most significantly has been the reduction in resident's involvement in crime. There have also been improvements by some residents in level of contact with family, in motivation to attend stabilisation programmes and to source longer term accommodation. Some residents have also started to attend hospital outpatient appointments and re-engage in education.

> *X is a 24 year old man. He started using opiates when he was 13yrs. He was previously attending a treatment clinic but relapsed after an in patient detoxification programme. He had been living with a relative but became homeless when his heroin addiction spun out of control. He lost all family contact. When he was referred to the Simon Emergency Shelter he was not on a methadone programme as his homeless status meant that the Clinic where he was previously treated could not take him back. He felt it was unsafe for him to go to Trinity Court due to previous conflict with clients there. Since commencing on the Safetynet methadone programme in March 2008 he has resumed contact with his family and is attending a literacy course. He has not been involved in crime. His drug use has decreased from 4 bags of heroin per day to 1-2 times per week.*

The plan for those currently on the programme is to get more permanent accommodation this may either be in transitional housing or private rented accommodation. The Shelter's key workers assist residents to achieve this goal. They note that this has been facilitated greatly by the stability residents experience once they enter the methadone programme. Once more permanent accommodation is found and the participant's drug use has stabilised efforts are made to transfer the patient to a local GP under the methadone protocol or to the HSE drug treatment service.

Patient views

Hostel staff noted that clients on the programme felt valued and involved in their treatment,

> *"They talk about the positive value of getting prescribed methadone which they say 'holds' them and largely reduces if not eliminates the desire to use Heroin"*

Residents were happy with the doctor, some saying they felt that they could be "open" with him. One patient said he could discuss his dosage with the doctor, he could tell him the days he used and how he was progressing. Another praised the GP saying

> *"He'll let you decide what will hold you. I find him great in that sense"*

Patients found the nurse 'excellent', 'accessible' and 'always positive'. One male patient found the confidentiality aspect of the service excellent and as a result he was able to have a trusting relationship.

> *"She is very good to talk to, is good at explaining everything to you and takes the time to do this. She treats me very respectful"*

Patients were happy with the short waiting time before starting the programme. One patient who waited two to three weeks to start said that he probably would not have started on methadone maintenance if there had been,

> *"A waiting list like the clinics"*

Some described the positive experience they had with the pharmacy. One patient mentioned that he liked the privacy he was given while taking his methadone. The location (Dame Street) of the pharmacy was viewed as a major benefit as it was not far from the Shelter.

Marie a 24 year old participant complemented the pharmacy staff:

> *"The staff are friendly, I feel comfortable going in there. Very polite people and they treat you with respect."*

However the majority of residents can not get a place on the programme as it is capped at 10. On a visit to the hostel with the GP the research consultant witnessed at least four residents requesting they be taken on the programme. The GP explained there were no places free and recommended they put their name on the Trinity Court waiting list also.

Delays in accessing a methadone programme at a time where some stability has been provided through the provision of accommodation for six months is an opportunity lost for very vulnerable people as highlighted by one of the residents who did not get a place on the methadone programme. However he eventually got a place on the other Safetynet GPs methadone programme. He explained that the delay in starting the programme now meant that his time as a resident in the Shelter was up but that he was not yet stable on his methadone. This negatively affected his move on options.

Fran Veale for Dublin Simon Community

City Pharmacy, 14 Dame Street, Dublin 2

Pharmacist views

City Pharmacy on Dame Street dispensed the daily methadone for the 14 residents commenced on the methadone programme. On interview the head pharmacist said he was very happy with the way the programme was running. By and large he did not experience problems with the Shelter's residents. Most were respectful and came and went without incident. The communications with the prescribing GP were easy and direct by means of direct phone access. Pharmacy staff appreciated the feedback from service users through this evaluation. The pharmacy owner noted that the pharmacy provides services for a nearby drug treatment clinic as well as a homeless primary care service and would welcome additional HSE support to this service.

Staff views

Staff working in the shelter were very positive about the introduction of methadone programme on site and supported any proposal to expand the number of places available to residents. In their experience the waiting list for treatment at 'Trinity Court' has always been longer than the maximum six month stay in the Shelter frustrating resident's ability to get out of homelessness.

> *"A high percentage of rough sleepers accessing the shelter fell into this category. Other care plan goals like learning plans, health needs and most importantly move on accommodation were extremely difficult to plan and work on when a client, however motivated, had no immediate prospect of stabilising their drug use through treatment"*

Since the programme started service provision is more in keeping with the needs of the client;

> *"When somebody presents wanting to address their drug use and can do so speedily, it is then possible to care plan realistically with them and assist them in moving on to appropriate accommodation after emergency. Key working has definitely become more productive as a result of the Safetynet MMT."*

Some specific benefits mentioned were;

> *"The Shelter can now provide a holistic service to drug users and not just accommodation with referral and advice."*
>
> *"Some residents feel stable enough on maintenance to want to engage in some form of training or explore the possibility of getting private rented accommodation."*

"Some service users want to go into treatment (Cuan Dara or the Lantern) where they need to be stable on a certain dosage"

"The possibility of moving into Transitional Housing is increased for those who want to stay on methadone as most of the transitional options require that you are stable for at least 3 months."

Staff noted that there had also been an impact on drug using behaviours in the hostel in general. There appeared to be less people in the Shelter during the day, in bed or "goofing in communal areas"

Another staff member noted

"Evictions for unsafe drug use seem to be down. Chaotic drug use behaviour in the shelter is less apparent than it used to be. People are increasingly more open and honest about their drug use and are seeking advice from the nurse and are more motivated in linking in with key workers"

A staff member described a shift in drug user's attitudes and the culture of drug use in the shelter.

"Previously there was little talk around the house about getting clean. Now people often talk about different stabilisation programmes, how long they're clean, different treatment programmes and what they to do with their time etc."

Staff were asked to describe the strengths and weakness of the programme.

Strengths

- Residents can see a health professional almost immediately on accessing the Shelter and be assessed for treatment.
- A realistic time frame for treatment which is significantly shorter than anywhere else in the city.
- It is empowering for clients to be able to attend a chemist and not to have to undergo queues, high security and metal detectors.
- Clients can see the nurse for needle exchange & injecting advice on site.
- Less likely to miss methadone prescription or dispensing.
- Move quickly to stabilisation.
- Less intimidating and impersonal than large clinics.
- Communication between a client, their key worker and their prescribing service are excellent.
- People can continue to be prescribed from the shelter after they have moved into other accommodation.
- The pharmacy is local with late opening times.
- The Shelter provides two stabilisation beds on-site for those who wish to start on a stabilisation programme. This presents a great opportunity for someone on the methadone programme. Hence both services work well together.

Weaknesses

- There are not enough places.
- There is no drugs counselor linked to the service.
- Clients who are barred from the shelter service cannot access the building for methadone prescription and therefore must be seen elsewhere.
- Groups and activities for residents on site which would help people stabilise are not provided.

Front Door 27 Harcourt Street

Funding

Little additional budget is required for development of this service as all staff are already working with drug users as part of their normal job function. The main costs for the dispensing of methadone are as per standard Methadone Protocol. The provision of a counseling service may incur an additional cost unless addiction counselors elsewhere in the service could provide outreach to the Shelter as part of their case load. The benefits of treatment however will result in marked financial savings to the HSE and society in general.

Discussion

A number of Irish studies have suggested that the Miscellaneous Provisions Act (1997) which allows for the eviction of tenants for 'anti-social behaviour' including the possession of illegal drugs has been a causative factor in drug users becoming homeless[5,6]. Regardless of the reasons, the homeless population has changed in terms of morbidity and mortality, with drugs rather than alcohol being the main addiction problem in contrast to 10 years ago[7]. It is now timely that community based programmes targeting drug addiction among the homeless are established to meet the increased need for treatment. Safetynet is essentially supporting the Dublin Simon Emergency Shelter as a residential stabilisation unit for opiate using residents meeting the criteria.

Conclusion

The first six months of the 10 place Safetynet methadone programme in the Simon Emergency Shelter have been very successful. It has achieved its objective of reducing or in some cases stopping heroin use among programme participants, has reduced the number of medical complications of drug use and has dramatically reduced the number of patients evicted and barred for unsafe drug use. This means that people not only have a chance of tackling their drug problem but also can avail of the opportunity to move towards settled and secure accommodation. In addition the reduced level of chaotic and unsafe drug use since the initiation of the programme has generally benefited the Shelter, its residents and staff.

[5] Cox. G. and Lawless, M. (2000) Making Contact: An Evaluation of a Syringe Exchange Programme.
[6] Memery, C. and Kerrins, L. (2000) Housing and Anti-Social Behaviour in Dublin: A Monitoring Study ofthe Impact of the Housing (Miscellaneous Provisions) Act 1997. Threshold. Dublin.
[7] O'Carroll A, O'Reilly F (2008) The health of the homeless in Dublin; has anything changed in an economic boom period? European Journal of Public Health (in press)

Recommendations

It is recommended that:

- The Safetynet methadone programme in the Dublin Simon Emergency Shelter is permitted by the HSE to expand its treatment places from 10 to 55.
  Twenty-five places would be allocated to shelter residents. The remaining thirty would be allocated to patients who have left the shelter and continue to require methadone maintenance treatment. Every effort will be made to link these patients to a local GP under the Methadone Protocol.

- HSE drug treatment centres accept the transfer of patients who prove unsuitable for community based treatment from the Safetynet methadone programme in line with the Methadone Protocol. Presently, should a patient be barred from a pharmacy the only course of action is to terminate treatment.
- HSE addiction counseling services should be made available to the programme's clients.

Appendix A

Primary Care Safetynet service For Homeless People

The Primary Care Safetynet Service for homeless people was established in May 2007. The aim of the Safetynet service is to "form a cohesive and comprehensive, primary health care service to target people who are homeless in Dublin". The service endeavours to achieve this aim at both a service and policy level. At a service level Safetynet works to make health provision more accessible to people experiencing homelessness by locating medical and social support services in the agencies where homeless people attend for support and indeed live. At a policy level Safetynet works to develop services and initiatives which respond to emerging and unmet need. The service is termed "Safetynet" because the service is targeted at meeting the medical needs of people who are homeless and who are not in contact or who find it difficult to access mainstream medical services. However, these services developed in an organic manner and there was no formal co-ordination or communication between the centres. Safetynet was established to act as the coordinating body between ten health centres in Dublin.

A key element of this coordinating role is the development of ***web based computer systems*** which integrates and links the various centres which are part of the Safetynet network. This system allows health care to be provided to a mobile population who can attend any Safetynet centre for support.

Safetynet is a network and is implemented through the energy and commitment of number of key players including the Health Service Executive, GPs and the Voluntary Sector who work in partnership to run the service. As a service the members of Safetynet provide the following services: wound management, dental services, vaccinations, general nursing assessment, methadone maintenance etc. In terms of impact in 2007, the centres, which are part of the Safetynet service offered medical support to over 6,500 people. When these figures are further analysed, Safetynet had over 12,000 contacts with homeless people in 2007.

No. 27 Harcourt Street

Acknowledgements

Thanks to the staff of City Pharmacy, the Primary Care Safetynet Service and the Dublin Simon Community for collaboration in this review. Thanks to the 27 Harcourt Street residents and their key workers for contributing their experience and views of the programme. The Health Service Executive is gratefully acknowledged for ongoing funding of the Safetynet service.

Simon Shelter staff, Blair Senio (Volunteer), Emma Fox (Service Operational worker), Marjoke Visser(project worker)

Safetynet Primarycare Nurse, Carol Geraghty

Pharmacy Staff, Ruth Gleeson, Darren Small, Venessa Mc Donagh, Arishma Narayan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