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CHAPTER 7

DEMAND REDUCTION INTERVENTIONS

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7.1 Introduction

Demand reduction embraces a wide range of activities aimed at decreasing the demand for drugs at an individual or collective level. Thus, it includes interventions in the areas of prevention, harm minimisation and treatment. This chapter begins by providing a definition of demand reduction and setting the national policy context. It then describes a number of demand reduction interventions under the following headings:

7.3 Primary Prevention
7.4 Reduction of Drug-Related Harm
7.5 Treatment
7.6 After-Care and Re-Integration
7.7 Interventions in the Criminal Justice System
7.8 Specific Targets and Settings

The list of interventions is not exhaustive, but rather reflects those projects known to the Drug Misuse Research Division (DMRD) of the Health Research Board (HRB). The DMRD adopted a number of strategies to identify relevant interventions – written requests to a range of personnel (e.g. regional drugs co-ordinators) active in the area of demand reduction in each of the regional health board areas; advertisements in DrugNet Ireland; and work undertaken as part of the EDDRA project (see Section 7.3.6).

The chapter concludes with an overview of the issues of quality assurance, training and the dissemination of information as they relate to the whole field of demand reduction.

The interventions are described in accordance with the format provided by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (see General Introduction).

7.2 Definition and National Context

The EMCDDA has provided an operational definition of demand reduction:

> [Demand reduction] comprises interventions which are aimed at decreasing the demand for drugs at an individual or at a collective level. Interventions aimed at reducing the harmful consequences of drug use are also included. The scope of demand reduction intervention is wide and consists of many facets. At one end of the continuum, preventive action aims at not letting a demand for drugs arise at all, having a wide range of diverse actions targeted at large groups, e.g. school programmes, mass media programmes and community based programmes. At the other end are measures of a limited scope directed at individual drug users, e.g. outreach work, treatment, prevention of HIV infection and AIDS. Generally each action leading to a drug user refraining from drug use at a certain point in time, or refraining from especially harmful practices involved in drug use is comprised by the operational concept of demand reduction. (EMCDDA, 1996)

This chapter focuses on demand reduction projects in the area of prevention, harm minimisation and treatment.

The main government departments involved in demand reduction in Ireland are the Department of Health and Children, the Department of Tourism, Sport and Recreation and the Department of Education and Science. At an operational level, the regional health boards and the community and voluntary sectors play a vital role in the delivery of demand reduction activities. The new local government structures defined under the National Development Plan 2000 - 2006 (NDP, 2000) also have a role (see Chapter 1).

The Department of Health and Children, through the regional health boards, plays an active role in drug treatment. Through its Health Promotion Unit, the Department is responsible for the dissemination of information on drug misuse to the general public and to at-risk groups. In 1999 and 2000 each health board was provided with additional funding to continue to develop all aspects of their drug prevention and treatment

services. The Department also provides funding to all health boards to collect information on drug prevention in their areas.

The Department of Tourism, Sport and Recreation funds demand reduction activities through the Local Drug Task Forces (LDTFs), which were established to provide a strategic local response by statutory, community and voluntary sectors, to the drugs problem in areas where drug misuse is a serious problem. The LDTFs comprise representatives from statutory bodies such as the health boards, Gardaí, local authorities, FÁS and the vocational education committees (VECs), as well as from voluntary and community groups. The Department also funds initiatives under the Young People's Facilities and Services Fund (YPFSF) (see Section 7.3.3; Chapter 1; and Moran, Dillon, O'Brien, Mayock & Farrell, forthcoming).

The Department of Education and Science operates mainly through the formal education system. The departments of Health and Education liaise closely on a bilateral basis and are involved in intersectoral structures set up to address the drugs issue (see Chapter 1). Both departments also support initiatives in the non-formal education sector, as does the Department of Tourism, Sport and Recreation.

The Department of Justice, Equality and Law Reform and the Department of Social, Community and Family Affairs also fund initiatives in the area of demand reduction.

The National Health Promotion Strategy (Department of Health and Children, 2000a) outlines a number of objectives relating to drug misuse. The principal aim of the strategy is to support best-practice models for the promotion of the non-use of drugs and the minimisation of the harm caused by drugs. The objectives are to :

- ensure each health board has in place a comprehensive drugs education and prevention strategy;
- continue to support the implementation of existing drug-related health promotion programmes;
- work in partnership with relevant government departments (e.g. Department of Education and Science) and other bodies to co-ordinate health promotion activities; and
- develop prevention and education programmes, with particular emphasis on schools and the youth sector and on interventions in areas where drug misuse is most prevalent.

There has been a substantial increase in the number of projects and programmes developed in the demand reduction area in recent years. This is largely due to increased

efforts to address the issue of social exclusion and drug misuse, particularly in areas where a serious drug problem exists. Considerable government funding has been made available in this context (see Chapter 1, and Moran *et al.*, forthcoming).

7.3 Primary Prevention

This section describes primary prevention projects in the following areas:

7.3.1 Infancy and Family
7.3.2 School Programmes
7.3.3 Youth Programmes outside Schools
7.3.4 Community Programmes
7.3.5 Telephone Helplines
7.3.6 Mass Media Campaigns and Internet-Based Projects

7.3.1 Infancy and Family

The **Lorien Project**, based in Tallaght (a large suburb of Dublin), provides a range of early-years services to the children and siblings of drug users. It also provides support services for the families of drug users. The project, managed by Barnardos (a large, voluntary childcare charity), has three staff members and provides a service for sixty families.

The **Eastern Regional Health Authority (ERHA)** is in the process of employing three drug-liaison midwives to make contact with substance-misusing pregnant women and to liaise between the obstetric hospitals and the drug-treatment services. The midwives are responsible for ensuring that the medical, psychological, obstetrical and social needs of each woman have been accurately assessed and for preparing a detailed clinical/ psychological/social care plan for each woman (Eastern Health Board, 1998).

The government has made available IR£2.4 million/€3.05 million for each year between 1998 and 2000 to set up **family-support projects** for children and families at risk within particular communities.

Projects have been established in a number of locations, both urban and rural, throughout the country, including Dublin, Cork, Galway and Sligo (Department of Health and Children, 2000a). The projects described here include:

- The Springboard Initiative throughout Ireland;
- Fás le Chéile in the North Western Health Board area;
- Family Communication and Self Esteem in Cork and Kerry; and
- Kilkenny Drugs Initiative Family Support Group.

The **Springboard Initiative** was established by the Department of Health and Children to assist vulnerable children and their families in thirteen areas throughout the country. Projects established under the initiative work intensively with children and their families and provide necessary supports, in a co-ordinated manner, to strengthen the coping capacity of families.

Fás le Chéile (Grow Together) is a support programme for parents of primary-school children, set up by the North Western Health Board (NWHB), to train parents to act as group leaders and to run courses for parents in conjunction with local primary schools. The programme is aimed at mothers and fathers who have children in primary schools and who are interested in meeting other parents for support and information in relation to the healthy development of their family. It is based on social learning theory and emphasises group discussion and peer-led facilitation. The overall purpose of the programme is to promote a positive relationship between parents and their children. The substance misuse component of the programme encourages dialogue among family members about drugs, provides accurate information about drugs and alcohol, increases awareness of the importance of self-esteem in preventing substance abuse and builds parents' confidence and skills in handling difficult situations. An evaluation (Gallagher, 1999) revealed that the parents were very satisfied with the programme. Participants reported that their communications and listening skills had improved with both their partners and their children. Participants also experienced an increased confidence in their own parenting skills and they felt that the social learning approach was conducive to learning. A further evaluation of the programme is planned for 2001.

Family Communication and Self Esteem[1] was developed, initially in Cork and Kerry, in response to a need for parents to develop skills that would help them contribute to the prevention of misuse of alcohol, drugs and other substances. The programme focuses on parents as the primary educators and seeks to exploit the connection between prevention of drug misuse and family communication. The programme has two main components – parenting education and drug education. The programme emphasises empowering and enabling participants to help themselves, building up self-esteem and developing interpersonal skills and resources. An evaluation of the programme indicated

1 See EDDRA database for further information on this project, http://www. reitox.emcdda. org:8008/eddra/. It may also be viewed through the HRB website, www.hrb.ie

that both parents and tutors responded very positively to the programme (Ruddle, 1993). Parents highlighted many learning outcomes and provided examples of how they had been putting their new skills into practice.

Kilkenny Drugs Initiative (KDI) Family Support Group, based in Kilkenny city, was set up for parents and partners of substance misusers in Kilkenny city and county. The group meets once a week for two hours and offers an opportunity for people to come together to share information and talk about their experiences. It also offers the opportunity for personal healing through aromatherapy, meditation, and the chance to engage in substance misuse education programmes.

7.3.2 School Programmes

The Department of Education and Science, in collaboration with the Department of Health and Children, has developed specific substance-abuse prevention programmes for both primary and secondary school children. The programmes, known respectively as **On My Own Two Feet**[2] and **Walk Tall**, emphasise self-esteem, feelings, influences, drug awareness and decision-making skills to help children withstand pressures to use drugs.

An outcome evaluation of ‘On My Own Two Feet’ found that, compared to a control group, students who participated in the programme had less positive attitudes to drug/alcohol use, and stronger beliefs in the negative outcomes of such use (Morgan, Morrow, Sheehan & Lillis, 1996). A formative evaluation by Morgan (1998) found that the ‘Walk Tall’ programme incorporated the approaches demonstrated to be most effective in preventing substance abuse. The evaluation also indicated that there was a very high rate of satisfaction with the programme among teachers who participated in it.

It is planned that the new Social, Personal and Health Education (S.P.H.E.) programme, to be introduced in second-level schools from September 2000, will subsume ‘On My Own Two Feet’, and that S.P.H.E. will become an integral part of the curriculum for all junior-cycle students. A national co-ordinator has been appointed to implement the S.P.H.E. programme and ten regional development officers are being recruited. The initiative is being supported by the departments of Education and Science and of Health and Children and the regional health boards. The regional development officers being recruited will work in partnership with Health Promotion personnel from the health boards. They will also collaborate with other statutory and voluntary bodies to offer a co-ordinated support service.

2 See footnote 1.

At the regional level, a school-based programme known as the **Healthy Schools Project** has been introduced. This initiative was developed by the North Eastern Health Board (NEHB) for schools in the NEHB catchment area. The central objective of the programme is to encourage students to take responsibility for their own health and behaviour. The programme emphasises the development of life skills, including decision making, assertiveness and self-esteem. An evaluation of the programme indicated that there were significant differences between the pilot and the control group on items relating to acceptance of responsibility, self-esteem, positive outcomes in adulthood and attitudes to substance abuse (Morgan, 1997a).

A locally-based project, situated in one of the major urban areas in the Dublin region, the **Killinarden Drug Primary Prevention Group**, runs a number of drug education/self-esteem programmes in schools in Killinarden. The project is run by local parents and the programmes are delivered to children at both primary and secondary level. This project has two part-time staff and occasional facilitators.

7.3.3 Youth Programmes outside Schools

The **Young People's Facilities and Services Fund (YPFSF)** was established by the Government in 1998. Its objective is to assist in the development of preventative strategies in a targeted manner, through the development of youth facilities, including sport and recreation facilities and services, in disadvantaged areas, where a significant drugs problem exists or has the potential to develop. The aim of the fund is to attract 'at-risk' young people in disadvantaged areas into these facilities and activities, thereby diverting them from becoming involved in substance misuse. Several projects are funded through this programme.

The **Copping On Programme** is a national crime awareness programme, targeted at early school leavers and young people at risk. It was established in 1996. The programme aims to reduce the risk and incidence of offending behaviour among young people and to decrease harmful and damaging behaviour, such as bullying, alcohol and drug use. There are two main components in the programme. The first component provides training for professionals who work with early school leavers and with young people at risk. The training focuses on creating a greater awareness of the factors influencing offending behaviour, examination of personal values and underlying principles, and identifying effective responses for the target group. The second component provides training for early school leavers and young people at risk. The course focuses on similar topics to the training for professionals, including communications, relationships, drugs and alcohol, moral education and understanding the criminal justice system. At the end

of the programme, individuals are invited to give feedback through specially-designed evaluations. A recent evaluation (Bowden, 1998) concluded that both trainers and young participants reacted positively to the programme.

The **National Youth Health Programme** is a partnership between the National Youth Council of Ireland, the Health Promotion Unit of the Department of Health and Children and the Youth Affairs Section of the Department of Education and Science. The aim of the programme is to provide broad-based, flexible youth-health education in the non-formal education sector. It assists youth workers, leaders and volunteers working in the youth services and other community groups in addressing the health needs of young people. The service provides training at organisational, regional and national levels, and gives advice and support to youth and community organisations that are developing their own health education programmes and initiatives.

The project has developed a Youth Work Support Pack, which deals with the drugs issue. The pack is divided into four sections: (1) youth work in a drug-using society; (2) youth work responses to drug use; (3) policy development; and (4) supporting information.

Sound Decisions,[3] established in the NEHB area, is targeted at nightclub and disco staff and young people attending discos and nightclubs. One of the main objectives of the project is to raise awareness of the dangers of drugs among young people and nightclub staff. It is also designed to increase the competence of nightclub staff in dealing with drug-related issues. The programme consists of training sessions to inform nightclub staff about the legal implications relating to drug use, to enable them to recognise signs of drug use and to respond effectively to drug-related emergencies. Promotional materials, such as pins, posters, leaflets, stickers and t-shirts, are used to highlight for club-goers the dangers associated with drugs.

The **Staying Alive Campaign**, a Dublin Safer Dance Initiative, was initiated and funded by the Dun Laoghaire / Rathdown Local Drug Task Force and was subsequently funded by the Eastern Health Board (EHB). The programme is designed to provide training and support to nightclub staff in order to allow them to respond more effectively to drug-related situations in nightclubs (Harding, 2000). The first and second phases of this project involve the organisation of training programmes for club owners/managers and door supervisors, and focus on increasing participants' knowledge about drugs, exploring their attitudes towards drugs, and examining legal, health and safety issues. The third phase of the project is designed to allow young club-goers to obtain access to accurate information

3 See footnote 1.

about drugs. This phase, currently in the pilot stage, will involve distributing information about drugs in the form of a small credit-card-sized booklet, known as the Vital Information Pack (VIP), through a number of venues, including third-level colleges and clubs (Harding, 2000). Phases four and five of the project have also been planned. In phase four, a one-day conference will be organised to gain support from the music/dance industry for the development of acceptable policies in dance venues across the ERHA region. Phase five will involve standardising training for door supervisors and providing the different training elements in modular form. No statistics on programme participation are available.

Funding has been approved for the establishment of the **Health Advice Café** in Galway's city centre. Galway is located in the Western Health Board (WHB) area. The purpose of the café will be to offer young people direct access to health services and to health information and advice. The café will incorporate a range of drug prevention and education strategies and provide information about available treatment services. It will also emphasise 'fun drug-free activities', to show young people that it is possible to have a good time without using drugs.

7.3.4 Community Programmes

There has been a proliferation of local community-based drug initiatives, particularly in relation to drug awareness, over the last few years. This is due to the increased availability of funding for projects to tackle the drugs problem. The initiatives organised by community groups include drug awareness programmes, family support groups, and the development of strategies to reduce the demand for drugs in local areas. A few examples of the different types of initiatives are presented here. The final three projects described (JADD, Cabra Resource Centre and the Crinan Project) have been evaluated under the LDTF evaluation initiative.

The **County Waterford Community-Based Drugs Initiative (CWCBDI)** was established in November 1999 and aims to:

- increase awareness of drug-related issues;
- develop strategies for the reduction of demand for drugs;
- support local communities in responding to local needs relating to drug-related issues; and
- improve the quality of life of those affected by drug misuse.

The project is currently involved in the following initiatives – determining what local people think about drug-related issues (needs analysis); providing drug awareness

programmes to youth groups and schools; running parent support groups; and promoting the development of drug policies in various organisations.

CWCBDI has adopted a multi-faceted approach to its work. Statutory, community and voluntary organisations are represented on the management committee of the project. This means that local people are involved in the management of the project and in making any major decisions relating to the project. It also ensures that the work is consultative and inclusive of local needs and issues.

Drug Questions – Local Answers is a community-based training programme produced by the Health Promotion Unit of the Department of Health and Children. It is aimed at health/education professionals, Gardaí, community groups, doctors, youth workers etc. The objective of the five-unit, ten-hour training course is to help participants cope better with alcohol- and drug-related problems that they meet in their work/lives, and to contribute to community-based responses to the drugs problem. The Health Promotion Unit of the Department of Health and Children, in conjunction with the eight regional health boards, has provided convenor-training programmes to show instructors how to use the training materials effectively.

The **Crew Network**, based in the ERHA area, is a non-profit organisation dedicated to the care, rehabilitation, education and occupational re-integration of those affected by substance misuse. The network is engaged in a number of demand-reduction activities, including school-based programmes and parent and community awareness nights. It has developed a community leadership and substance-misuse awareness course, accredited by National University of Ireland (NUI), Maynooth. The Crew Network also provides a family and counselling service.

The **Drug Awareness Programme (DAP)**, operated by a registered charity, Crosscare, helps groups and communities in the Dublin area to develop a comprehensive approach to drug prevention. DAP provides a wide range of services, including needs assessment for local drug prevention, drug awareness training and peer education programmes. DAP also provides a counselling, support and telephone helpline service.

Community Addiction Response Programme (CARP) began as a partnership between the local community and a medical practitioner in the west Dublin area of Tallaght. The aim was to provide a methadone prescription service. The service has since expanded to include various activities for those receiving methadone, including artwork, homeopathy, bowling and football. The overall purpose of the programme is to deliver a user-friendly, client-centred service to opiate users in Killinarden, so that they can re-

integrate themselves into the community. The programme is targeted at those aged sixteen and older who are problem drug users, but it will also cater for younger drug addicts who present for treatment. While the programme is primarily targeted at those with heroin addiction, it also offers a service for those abusing other substances. CARP also aims to help families affected by drug use and has established a support group for parents of drug users.

CARP has forged links with various vocational training programmes in the area, to allow clients in receipt of methadone maintenance to gain access to further training. CARP also produces a newsletter, which is distributed to the local community every quarter, and members of the organisation give talks on drugs to local schools. An evaluation report (Bowden, 1997) showed that participants generally viewed the programme in positive terms and the programme allowed participants to develop the ability to resist heroin.

Ballymun Youth Action Project offers a range of services to individuals and families in the Ballymun area of Dublin. There are three main components to the project: (1) individual and family services; (2) education and training; and (3) community work. Advice, referral, information, counselling and family support are offered under the individual and family services component. The education and training component provides community education on drug abuse, develops drug/alcohol awareness programmes tailored to the needs of specific groups and delivers primary-school educational programmes. The community work component consists of liaising and networking with other groups and agencies, contributing to policy development, empowering local people to participate in responding at a local level, and researching how community development principles can be put into practice in relation to drug issues.

Ballymun Community Action Programme acts as a community resource centre and development programme and is run by a management committee of local people who live and work in Ballymun. It aims to respond to the needs of local groups, initiate activity where gaps in service provision may exist, and draw lessons from the experiences of local groups that can inform policy. The project is actively involved in influencing policy from a community perspective and in encouraging local people to contribute positively to policy development in relation to the drugs issue.

The **Adult Substance Misuse Education Programme**, developed by the Kilkenny Drugs Initiative (KDI), is designed to help build the capacity of local communities to deal with the issue of substance abuse in their local area, by enabling participants to facilitate and train other people in the community. The programme is delivered to groups of between six and twelve people, and consists of between two and five sessions,

each lasting two hours. The programme covers aspects of substance misuse such as the effects of drugs, signs and symptoms of drug use and drugs in a legal context.

Jobstown Assisting Drug Dependency (JADD) was established in 1996, by a group of local people, in response to the growing problem of heroin abuse in Jobstown, a suburb of Dublin City. JADD emerged from a series of local community meetings concerning the drugs problem. The purpose of the programme is to support and help drug users and their families to re-integrate into the community. The project works with active drug misusers, drug misusers who are drug free, and drug misusers who are participating in methadone programmes. The majority of JADD clients are male, early school-leavers and unemployed. Clients hear about JADD through word of mouth, contact with healthcare professionals or meeting current clients.

One of the main services offered by JADD is methadone maintenance and gradual detoxification. JADD also provides a counselling service, a drop-in centre, primary health care and after care. The drop-in facility is open five days a week. The counselling and drop-in services are also available to family members. Clients can take part in education and training programmes such as drama, art, computer skills, literacy skills, creative writing, career guidance, job searching and sport/fitness. JADD has a Family Support Group, which meets once a week for two hours. JADD also aims to inform and educate the local community regarding drug addiction and drug-related diseases and to network with other local community groups. A recent evaluation (O'Rourke, 2000) found that participants generally viewed the programme in positive terms, and that JADD had made a significant contribution to the quality of life and provision of opportunities for many people living in the Jobstown area.

Cabra Resource Centre, established in September 1999, was set up as a 'drop-in' centre for individuals and families in the community who were concerned about alcohol and substance abuse. The centre provides brief intervention counselling and an information service and is equipped with a multi-media library. It also acts as a referral agency and organises family support groups. An evaluation in 2000 (Burtenshaw & O'Reilly, 2000) concluded that the project was delivering what it set out to deliver. Strengths and weaknesses, and facilitating and constraining factors relating to the project, were identified.

The **Crinan Project,** based in Dublin and funded by the City of Dublin Youth Services Board, was established to cater for young drug users (fifteen to eighteen years of age), who are especially vulnerable and have few service or treatment opportunities. Participants have usually left school at a very young age and have had frequent involvement in illegal activities. The project is holistic and emphasises not only medical

intervention but also the provision of enabling skills and drug-free alternatives. The project has two main components – a day programme and an after-hours/evening component. The main services offered by the day programme include:

- individual and group therapy;
- medical services including detoxification and drug testing;
- youthwork; and
- family support.

The after-hours component, designed to complement the day programme, includes evening activities, weekend events, literacy and education support, and youth work training and networking. An evaluation (Morgan, 1997b & 2000) concluded that the approach taken in the programme was in line with the most effective approaches to treatment.

7.3.5 Telephone Helplines

EHB Helpline, a free telephone helpline, was established by the Eastern Health Board (EHB) during 1997 and is available five days a week from 10 am to 5 pm. It was set up to provide a confidential service, offering information, support, guidance and referral for those concerned with any aspect of drug misuse.

Waterford Drug Helpline provides a telephone counselling and information service between 10 am and 12 noon Monday to Friday, and on two evenings a week from 8 pm to 10 pm. The helpline has ten unpaid volunteers. The service was set up to educate the general public, particularly parents and young people, about drug-related issues and to provide a listening service to those affected by drug use. The service aims to be easy to contact, confidential and non-judgemental. It also provides factual information about drugs and their effects and gives out details of drug-related services in the Waterford region. In 1999 a total of 1,270 calls were received. The majority of these calls related to cannabis/ alcohol (31.3%), ecstasy (30.9%) and amphetamines (24.2%) (Waterford Helpline, personal communication, 1999). The Helpline is a member of the European Foundation of Drug Helplines (PESAT).

Cork Helpline, provided by the Southern Health Board (SHB), offers information on prevention and service provision. It is a charge-free service and operates on weekdays from 1 pm to 2 pm.

7.3.6 Mass Media Campaigns and Internet-Based Projects

The Health Promotion Unit of the Department of Health and Children disseminates information on drugs and their effects on an on-going basis. Increasingly, the

possibilities afforded by Information and Communications Technologies (ICT) are beginning to be explored in the demand-reduction area.[4] Foremost among such projects is the European Database on Demand Reduction Activities (EDDRA).

EDDRA is a database that describes state-of-the-art drug demand-reduction activities in the fifteen member states of the European Union (EU). It was developed by the EMCDDA to collect objective, reliable and comparable information on demand-reduction activities across Europe. EDDRA is designed to meet the needs of practitioners, researchers, and policy makers involved in the planning and implementation of demand-reduction activities. Projects on prevention, treatment and rehabilitation and criminal justice initiatives in Ireland and Europe are included. It is a good, easily accessible source of ideas for new projects.[5]

Underlying the development of EDDRA was a commitment to project quality and evaluation. Projects in the EDDRA database are chosen to represent 'best practice' in demand reduction. To be eligible for inclusion in EDDRA, a project must have been evaluated. A number of Irish projects are included in EDDRA and these will be added to on an ongoing basis.[6]

HYPER, a bi-monthly magazine, was launched in Spring 1999 by the project promoter, Soilse, which is a rehabilitation programme now in the ERHA. *HYPER*, which is an acronym for Health, Youth, Promotion, Education and Rehabilitation, acts as a voice for young people affected by drugs. It is funded through the EHB, by Youthstart and an EU Employment Initiative for eighteen- to twenty-year-olds. It is produced by six former drug users, as part of a rehabilitation project, and aims to bring young people a magazine to which they can relate and which critically addresses their lifestyles 'without preaching or scare-mongering'. The magazine includes interviews, book and theatre reviews, and cartoons and articles that challenge peoples' attitudes towards drugs, young people and health. In July 1999 *HYPER* won an award in the British-based Total Publishing Awards competition for design innovation. The magazine was selected from over 400 entries.

7.4 Reduction of Drug-Related Harm

7.4.1 Outreach Work

Each regional health board is developing its outreach capacity as part of overall service development in the drugs area. Outreach workers provide needle exchange, support for sex

4 For example, the DMRD participates in the EU PrevNet project – www.prevnet.net
5 The database is located on the website of the EMCDDA at: www.reitox.emcdda.org:8008/ eddra/. It may also be viewed through the HRB website: www.hrb.ie
6 Readers with evaluated projects, which they would like to enter into EDDRA, should contact Martin Keane, EDDRA Manager for Ireland, at the DMRD of the HRB.

workers, and referrals for methadone maintenance. According to the EMCDDA Insights report, outreach workers in Ireland emphasise the importance of a community presence, which enables them to 'intervene and fast-track individuals to treatment while concentrating on making contact and increasing service accessibility' (EMCDDA, 1999: 131).

ERHA Outreach programme targets injecting drug users (IDUs), women in prostitution and gay or bisexual men (EMCDDA, 1999). It aims to:

- reach IDUs who are not in touch with services and provide them with information on HIV and its prevention;
- encourage and facilitate referrals to drug-treatment agencies; and
- provide information to community groups about HIV.

7.4.2 Low-Threshold Services

A **Mobile Clinic** was established in the EHB area in 1996. The service is low threshold and provides initial services to the more chaotic drug user, who is addicted to an opiate, is injecting and is incapable of stabilisation on methadone maintenance. Low-threshold services place more emphasis on harm reduction than on abstinence. A second mobile clinic was introduced in 2000, increasing the number of areas where drug users can avail of this service. No evaluation results are available. No information on specific training is available. The DMRD is currently carrying out a research study to assess the needs of users of this service and their experiences of this and other drug-treatment services.

7.4.3 Prevention of Infectious Diseases

Drug users who present for treatment at any of the statutory drug-treatment services are routinely offered HIV and hepatitis C testing. Needle exchanges are operated only in the ERHA, which covers the greater Dublin area, where the vast majority of IDUs reside.

According to the report of the National AIDS Strategy Committee, recent HIV statistics indicate that interventions with IDUs are effective in reducing transmission rates among this 'at-risk' group (Department of Health and Children, 2000b). However, there was an increase in the number of drug users who tested positive for HIV in 1999. In 1999, sixty-nine drug users tested positive for HIV, compared to twenty-six and twenty-one for 1998 and 1997 respectively (Department of Health and Children, 2000b).

A nationwide antenatal/HIV-testing programme has been established, with the aim of reducing perinatal transmission, through the antenatal treatment of HIV-positive

women with anti-retroviral drugs and careful management at delivery (Department of Health and Children, 2000b). No evaluation results are available. Training for midwives and others involved in the programme was provided in all health board areas by a team including expert clinicians, a midwife and a social worker.

The **Health Promotion Unit, Merchant's Quay Project,** operates the largest needle exchange in the country. It is aimed at drug users who inject heroin, and offers a drop-in service, which is open Monday to Friday, from 2 pm to 4.30 pm. The Health Promotion Unit offers a range of services to its clients: it provides needles and syringes, sterile water, filters, swabs, citric acid and condoms; it acts as a source of referral to other drug-treatment services; and it offers a nursing service. This nursing service provides clients with basic wound care, and deals with other health issues such as scabies, athlete's foot and any other conditions with which clients present. When appropriate, referrals are made to other services and clients may also apply for a medical card. Encouraging clients to engage in specialist contact, such as having an HIV test or receiving the hepatitis B vaccination, is also considered an integral part of the Health Promotion Unit's work. A recent evaluation (Cox & Lawless, 2000) found that the Health Promotion Unit had a positive impact on clients' drug-using behaviour. There was a reduction in the frequency of injecting and the incidence of sharing and an increase in condom use reported by clients at the three-month follow-up visit.

7.5 Treatment

7.5.1 Treatment and Health Care at National Level

The Government Strategy to Prevent Drug Misuse (National Co-ordinating Committee on Drug Misuse, 1991) recognised that the treatment, care and management of drug misuse does not lend itself to a 'one-solution' approach. Consequently, a variety of treatment options are provided, including counselling and support, detoxification, treatment at therapeutic communities, needle exchange, and methadone maintenance. In practice, since the early 1990s, there has been an emphasis on methadone maintenance for opiate misusers, but more recently, rehabilitation has been increasingly stressed.[7]

7 The increased emphasis on rehabilitation in drug services in Ireland is reflected in the service plans produced by the ERHA, representing the three health board areas where the majority of drug users reside. The ERHA has also devised a rehabilitation/re-integration blueprint, to guide the development of rehabilitation services, and will be appointing three rehabilitation co-ordinators, to develop the rehabilitation aspect of drug treatment.

The treatment services aimed at drug users are organised at regional and local levels under the health boards and increasingly will involve more active liaison with local government structures. At present, the main funding comes through the Department of Health and Children to the health boards, and from them to voluntary and community agencies. Health boards are not consistent in the way they organise their drug treatment services. In some health board areas, drug services are provided under Health Promotion or Public Health, while, in others, services are provided under the Psychiatric Services umbrella.

Drug treatment services are provided through a network of treatment locations and the policy is to provide treatment locally where possible (Department of Health and Children, 2000b). Thus, in addition to some central treatment services, a network of addiction centres and satellite clinics has been developed, particularly in the ERHA area. Primary provision is also continually being developed and the involvement of general practitioners (GPs) and local pharmacies in local delivery is being encouraged.

Information on all those in treatment is collected on an anonymous basis by the DMRD of the HRB, through the National Drug Treatment Reporting System (NDTRS). Annual reports are produced (O'Brien, Moran, Kelleher & Cahill, 2000). Summary reports for different interest groups are planned for 2001.

Some recent initiatives in treatment policy and programmes and trends are outlined below in summary form.

Policy and Emerging Issues

- A review of the National AIDS Strategy has been carried out and the AIDS Policy 2000 was published in June 2000 (Department of Health and Children, 2000b).
- Hepatitis C is becoming an increasing problem amongst IDUs.
- Homelessness amongst drug misusers and former misusers is recognised as an increasing problem, not addressed adequately by existing treatment policy.
- As at October 2000, there is much media coverage and political concern regarding the 406 opiate addicts on the waiting list for treatment in clinics around Dublin.

Health Boards and Other Government Agencies

- All health boards have continued to expand their prevention, treatment and rehabilitation programmes. This is particularly so in the three health board areas covered by the ERHA, where the opiate problem is most acute.
- In 1999 and 2000 all health boards were provided with additional funding to continue to develop all aspects of their drug prevention and treatment services.

- The funding available to the EHB/ERHA to develop drug programmes and services has increased from IR£1million/G1.27 million in 1992, to IR£17 million/ /G21.6 million in 1999, and IR£22 million/G27.95 million in 2000.
- Increased resources were allocated in 1999 by central Government to all health boards to develop databases and information systems, to help characterise the drugs problem in their areas.
- The EHB published an 'Inventory of Policies' for its AIDS/drug addiction services in October 1998 (EHB, 1998). It covers policy in all main areas, under the headings treatment, viral illnesses, general and administrative.
- Three liaison midwives are to be appointed in the ERHA area to deal with pregnant misusers (one has already been appointed).
- The Irish Prisons Service and the ERHA have put together a joint programme to ensure greater cohesion and continuity of care in the treatment available to drug misusers entering and leaving prison.
- The ERHA has been reconceptualising its service provision and affording a greater role to prevention and rehabilitation, along with the traditional focus on treatment.
- In 1999 the EHB developed a Rehabilitation Blueprint, which realigns treatment services to have a rehabilitation focus. This new focus will commence at assessment stage.
- A rehabilitation co-ordinator will be appointed in each of the three health board areas covered by the ERHA.
- FÁS has allocated a significant number of Community Employment places to rehabilitation programmes for recovering drug misusers. These programmes are being developed through the LDTFs.

Primary Healthcare Providers and Community-Based Services

- The expansion of the provision of drug treatment services by means of the primary healthcare system continues for stabilised users.
- The Misuse of Drugs (Supervision of Prescription and Supply of Methadone) Regulations 1998 came into force in July 1998, imposing strict control on the prescribing and dispensing of methadone. The regulations aim, *inter alia*, to reduce the leakage of methadone onto the illicit market.
- In 1998 treatment cards were introduced for those receiving methadone.
- Five GP co-ordinators have been recruited to facilitate GP involvement in community-based drug treatment in the three area health boards covered by the ERHA, and to help shorten the waiting list. Liaison persons have been appointed in other health board areas.

- By the end of July 2000, there were 4,851 people receiving methadone in Ireland (only ninety of these were from outside of the ERHA area). In 1998 there had been 3,600 receiving methadone in the ERHA area (ERHA, personal communication).
- In August 2000 there were 158 GPs prescribing methadone, 131 of these in the ERHA area, leaving just 27 in the rest of the country. In addition, there were 207 pharmacists dispensing methadone to clients who were either attending a GP-based substitution programme or attending satellite clinics. Of the 207 pharmacists dispensing methadone, 154 were located in the ERHA area (ERHA, personal communication).
- Needle exchange has been available in the Dublin area since 1989. There were 6,000 people attending needle exchange programmes in the EHB area in 1999 (the figure for 2000 is not available). The DMRD is exploring the possibility of reporting on these statistics, along with the regular drug treatment figures in the NDTRS.
- There is anecdotal evidence that benzodiazepine misuse has increased, as has the prescribing of benzodiazepine by a small number of GPs. A committee to examine the nature and extent of benzodiazepine prescribing in Ireland has been established by the Department of Health and Children. The committee will make recommendations on good prescribing practice in general, and in particular in relation to the management of drug misusers.
- Public opposition to the opening of clinics in neighbourhoods continues. The health boards are adopting a partnership approach with local communities. The ERHA Service Plan for the AIDS/Drugs Service includes a commitment to 'Social Development'.

Evaluation

There has been very little work done on the evaluation of drug treatment services to date. However, a culture of evaluation is beginning to develop within the health services.

In 1999 a review of the EHB's AIDS/drug addiction services was conducted (Farrell, Gerada & Marsden, 2000). The purpose of the review was to:

- appraise the current drugs policies and practices within the service;
- examine the development of the service since the last review, conducted five years earlier; and
- comment on the EHB service response, in the context of trends and practices elsewhere.

One performance indicator for drug-treatment centres that the report investigated was the results of urine tests for opiates, benzodiazepines and tricyclics from five addiction

clinics across the EHB area. These tests were conducted over a four-month period in 1999. The results indicated that, in aggregate, there was a 70 per cent reduction in heroin use among those attending for treatment. However, high rates of benzodiazepine use were found (65% positive), which suggests a major problem of polydrug use among drug users in treatment. The authors indicated that the costs of urine screening in EHB clinics were disproportionately high and needed to be reviewed. The review also found that a number of satellite clinics informally reported rates of returning to work among clients of 40 per cent (Farrell et al., 2000).

The report concluded that the EHB had succeeded in achieving a major expansion in services over the last five years and that the rates of opiate use, as indicated by urine testing, suggested that clinics were operating to a very high standard according to that particular parameter. The authors recommended that an audit of prescribing processes for benzodiazepine be conducted within the service as a matter of urgency. They also argued that the needle exchange service needed to be expanded and that services should be broadened to include briefer types of intervention.

Training

The need for training of personnel involved in the drug services requires further attention (see Section 7.10). Since the introduction of the Methadone Prescribing Protocol in 1998, GPs have been required to undergo specific training before they are permitted to prescribe methadone. The Irish College of General Practitioners provides this training, in conjunction with the relevant local health board. The training aims to provide GPs with the knowledge, skills and attitudes required to manage opiate misusers in general practice. There are two training levels, and the level attained will dictate the nature of the contract the GP will have with the health board in terms of the substitution service he/she can provide in the general-practice setting.

- Level 1 permits GPs to prescribe methadone only for clients who have been stabilised on a methadone programme in a clinic. These stabilised clients are referred to the GP from the health board treatment centres. GPs in this group are limited to providing services for a maximum of fifteen clients.

- Level 2 permits GPs to initiate the treatment of opiate-dependent persons. Doctors must have worked for a minimum of one year in a clinic before they can undergo this training. A GP in this group may treat up to thirty-five clients in his/her own practice, but, if in a practice with two or more doctors, may cater for a maximum of fifty clients.

In an effort to ensure comprehensive national epidemiological information on treated drug misuse, the DMRD makes an input, on the completion of NDTRS forms, into the content of the Irish College of General Practitioners' training. Individual training is also provided by the DMRD for those who complete NDTRS forms.

7.5.2 Substitution Programmes

The objectives of substitution programmes vary depending on the type of programme. While the ultimate aim of the services is to facilitate the individual's return to a drug-free lifestyle, a variety of programmes are available. Some programmes aim to detoxify the individual on a short-term programme, while others offer longer-term maintenance, which is not subject to a specific time limit.

Substitution programmes in Ireland are organised centrally. Therefore, a description will be given of the delivery and organisation of substitution services rather than a programme by programme approach, as taken in previous sections.

Admission to Substitution Programmes – During the early 1990s drug substitution services in Ireland were expanded and became more widely available to the opiate-using population. In accessing methadone maintenance programmes preference has always been given to pregnant women and those who have AIDS or are HIV positive. However, in 1998 the EHB produced an 'Inventory of Policies' which lays down criteria for admission to substitution programmes (EHB, 1998). These are as follows:

- clients must meet physical, emotional and behavioural criteria for addiction, as set down by the International Classification of Diseases Version 10 (ICD-10);
- clients must be 18 years of age. Those between the ages of 18 and 20 require a more extensive investigation before being commenced on methadone;
- the parents of clients under the age of 18 must attend and give parental consent. There should be a history of at least one failed detoxification, usually two or three, preferably at inpatient level. However, where patients have a very long history that can be verified, this condition may be waived;
- for admission to a maintenance programme, a client must have an extensive one-year history of intravenous drug use. For interim programmes a client must have been using opiates for a minimum of two years and/or injecting for one year; and
- clients must have gone through at least one previous detoxification attempt.

Special circumstances may dictate being accepted on a programme without fulfilling all the above criteria. Such circumstances include being HIV positive, being pregnant or being a partner of a client already on a programme.

Prior to the introduction of these guidelines, the criteria for admission onto maintenance programmes were generally left to the discretion of an individual GP or particular clinic. As such, there may have been extensive variation between programmes in terms of the criteria used for admission.

Prior to October 1998 there was no policy implementation in relation to GPs prescribing methadone. There are no data available on the extent to which GPs prescribed methadone up until this point, as the provision of such a service was at the discretion of individual GPs. However, in the early 1990s there was a move away from the centralised specialist model toward a more decentralised model of service provision. This called for the involvement of community-based GPs and pharmacists in the prescribing and dispensing of methadone. Although some individual GPs were already involved in providing this service, the aim was to establish a structured and co-ordinated approach to the provision of services. An Expert Group was set up to develop a suitable treatment protocol. In March 1993 the Protocol for the Prescribing of Methadone was issued, setting out guidelines for GPs prescribing methadone within the general-practice setting, and for pharmacists in their dispensing of methadone (Department of Health, 1993). Guidelines, set out in a review of this protocol (Department of Health, 1997), were implemented in October 1998. Consequently, the Misuse of Drugs (Supervision of Prescription and Supply of Methadone) Regulations were drawn up in 1998.

The guidelines aim to create a more controlled environment for the prescribing and dispensing of methadone. Under the Regulations the prescribing medical practitioner must register each client in receipt of a methadone prescription on the Central Treatment List. The guidelines aim to restrict the number of clients for whom individual GPs can prescribe methadone. While there is no specific licence required by GPs in Ireland to provide substitution programmes, they are required to undergo training and must be approved by the relevant health board. Methadone itself is a licensed prescription drug controlled under Schedule 2 of the Misuse of Drugs Regulations, 1988. Methadone is currently prescribed in two service settings: clinic setting and GP setting. Furthermore, it is also dispensed from community pharmacies.

Clinics – Clinics have been developed specifically to meet the needs of drug users. Expansion in clinic services has been overwhelmingly in the area of substitution programmes, including methadone detoxification, stabilisation and maintenance. The number of clinics where methadone is prescribed has grown from two in 1991 to four in 1994, to forty-five in 1999 and fifty-three in 2000. Forty-nine of the fifty-three clinics are based in the ERHA area, where the large majority of opiate users reside.

Clinics fall into one of two categories. First is the category referred to as 'addiction centres', where a range of services are available to clients, including substitution programmes. The majority of the clients attending these clinics are dispensed their methadone on-site on a daily basis; this means they consume the methadone under the supervision of a member of staff. Supervised urine samples are taken on a regular basis. When clients have demonstrated a certain level of stability, by providing opiate-negative samples over a period of time, they may be dispensed 'take home' doses. This requires less frequent attendance at the clinic.

The second category of clinic is referred to as the 'satellite clinic'. These are clinics based in communities identified as having a significant opiate-using population. These clinics provide methadone-prescribing services, although it is not dispensed on site. Rather, clients attend a designated community pharmacy where their methadone is dispensed.

General Practitioners – As mentioned above, in 1993 a protocol was published for the prescribing of methadone in the general-practice setting. The basic premise outlined in the 1993 protocol was that GPs should take on responsibility for the care of opiate-dependent people once they had been stabilised in either an addiction centre or a satellite clinic. GPs and clients should then have the continued support of that centre or clinic. In 1997 a protocol review committee produced a report (Department of Health, 1997), the recommendations of which were implemented in October 1998. The main changes this has had on the organisation and delivery of methadone services in the general-practice context are:

- GPs have to register with the health board to enable them to prescribe methadone;
- GPs are restricted in the number of drug users they may treat, depending on their level of training;
- only GPs who have undergone specialised training may initiate the prescription of methadone in the treatment of drug addiction. Other GPs may only treat those already stabilised in a clinic setting;
- GPs are no longer allowed to prescribe methadone to patients in a private capacity but have to provide the service free of charge to the patient; and
- all patients in receipt of a methadone prescription have to be registered on a Central Treatment List.

As with the number of clinics providing substitution services, the number of GPs offering the service has increased dramatically over recent years. In 1996 there were 58 GPs registered as prescribing methadone in their practice setting; this grew to 97 in 1998, 143 in 1999 and in 2000 has grown to 158.

Community Pharmacists – As substitution programmes have become more decentralised, the role of the community pharmacist has become increasingly important. Pharmacies are responsible for dispensing methadone to clients attending a GP-based substitution programme and those attending satellite clinics. Each client is assigned to a particular pharmacy in the local community, from which his or her methadone will be dispensed. Pharmacists are involved in dispensing take-home doses and also provide a supervised administration service. The Pharmaceutical Society of Ireland recommends that pharmacists agree a written contract with clients when initiating these services. Contracts detail the pharmacy service and the expected standard of behaviour of clients. The number of pharmacies involved in dispensing methadone has increased significantly over recent years. As of 2000 there were 207 pharmacists involved in dispensing methadone; 154 of these were based in the ERHA area (Pharmaceutical Society of Ireland, personal communication).

It is required that methadone be prescribed using special prescription forms. These prescription forms must be correctly written and allow for a single supply or supply on installment. The prescription form must also indicate whether or not the administration of the dose should be supervised by the pharmacist (Department of Health, 1997).

Substitution Drugs – The only substitution drug currently prescribed in Ireland is oral methadone. Prior to 1996 the only form of methadone available in Ireland was Physeptone Linctus (2mg methadone per 5ml of syrup). As part of a reorganisation of the methadone treatment services, the regional health boards decided to transfer patients onto methadone mixture (5mg methadone per 5ml of syrup). This change was first implemented in treatment clinics and then in general-practice surgeries. This methadone mixture is the only form currently available from treatment services.

The Pharmaceutical Society of Ireland has proposed the use of non-opioid alternatives to methadone, such as Lofexidine, for the management of addiction and this is currently being reviewed. Research projects under the management of the consultant psychiatrist with responsibility for drug misuse in the Northern Area Health Board of the ERHA, Dr Brian Sweeney, are also currently investigating the effectiveness of Lofexidine, LAAM and Bupenorphine.

No research has been carried out to date in Ireland into the extent to which substitution drugs are diverted. However, NDTRS data show that of those who presented to drug-treatment services with problem drug use during 1998 (N=5,076), 6.3 per cent reported 'street methadone' as their main drug of misuse. This suggests that at the time, methadone continued to be diverted from the treatment services. However, it will be

necessary to examine these figures as they become available, to assess the impact of the tighter regulations surrounding methadone prescribing on the diversion of methadone to the street market.

Additional Services – Counselling is available on site to those attending a clinic-based programme. Interim programmes have counsellors available to clients on an *ad hoc* basis. Access to counselling is provided where there are complex/acute issues involved. Clients of maintenance programmes are allocated a full-time counsellor. Although counselling is recommended while participating in the programme, it is ultimately voluntary. In the general-practice setting clients can be referred to local counsellors if so required. Attendance is also voluntary. There are no data available on the level of uptake of counselling services or the number of visits made per client from either treatment setting.

Both clinic and general-practice programmes require clients to give regular, supervised urine samples, which are tested for the presence of prohibited substances. In the clinics, urine samples are taken on a twice-weekly basis during stabilisation, and on at least a weekly basis once clients are stabilised. These samples are all screened for opiates and methadone. On a monthly basis all clients are screened for other substances such as benzodiazepines and cocaine. Where clients are identified as having a specific ‘problem’ with such substances, they are screened for them on at least a weekly basis. Where clients are transferred to a general-practice programme, urine screening is organised between the health board and the GP and is carried out on a weekly basis.

Research and Data Available on Substitution Programmes – At the end of July 2000 there were 4,851 clients receiving substitution treatment in Ireland. Clients of both general-practice and clinic-based programmes are all registered on a Central Treatment List. As mentioned earlier, opiate use in Ireland is overwhelmingly based in the ERHA area, and therefore most substitution programme clients are resident there. As of July 2000 only 90 of a total of 4,851 clients registered on the Central Treatment List were receiving substitution services outside the ERHA area. Data gathered through the Central Treatment List are confidential and are not available for epidemiological analysis.

Most research carried out in Ireland with clients of substitution programmes has focused on their identity as IDUs rather than on their experiences of substitution programmes. In addition, the research has been limited to sample populations from one particular clinic (Smyth, Keenan & O’Connor, 1995; Dorman, Keenan, Schuttler, Merry & O’Connor, 1997; Smyth *et al.*, 1998; Williams, O’Connor & Kinsella, 1990). Little research has been done on substitution programmes *per se*.

A nation-wide general population survey on drug-related knowledge, attitudes and beliefs in Ireland (Bryan, Moran, Farrell & O'Brien, 2000), known as KAB1, was carried out by the DMRD of the HRB. In this study 1,000 members of the public were asked about a range of drug-related issues, including drug treatment services. In relation to substitution services, respondents were asked to what extent they agreed with the following statement:

> Medically prescribed heroin substitutes (such as methadone/physeptone) should be available to drug addicts.

Only 16.1 per cent disagreed with this statement while 63.5 per cent agreed and 20.3 per cent responded 'don't know'. These views appear to contradict the negative attitudes expressed by communities in relation to the establishment of treatment centres in their localities.

7.6 After-Care and Re-Integration

There has been an increased focus on rehabilitation in recent years, as indicated by recent speeches of the Minister of State for Local Development with Special Responsibility for the National Drugs Strategy, the service plans of the ERHA, and their development of a rehabilitation/re-integration blueprint. However, as yet, there are relatively few rehabilitation programmes in place. Both statutory and community agencies provide these services. Below are some examples of the types of rehabilitation programmes available.

St Francis Farm has been established by Merchant's Quay, a voluntary drug-treatment project, based in Dublin. St Francis Farm is an innovative, drug-free therapeutic training facility situated in a rural area in the south-east of Ireland. It offers a one-year programme for former drug users, involving both vocational and educational training in a farm environment. Participants learn a wide range of skills including animal care, horticultural techniques, catering and food preparation, building and joinery, machine maintenance and literacy/numeracy skills. Organic farming methods are used on the farm to mirror the chemical-free status of participants. The programme enables those with a low skill level to discover new areas of ability, which will help them to gain access to more formal training on completion of the programme.

Tallaght Rehabilitation Project was initiated in early 1997 and began to deliver services to drug users in the Tallaght area, one of Dublin's major suburbs, in February 2000. The project provides education and training to former drug users, and to drug users who have

stabilised on a methadone maintenance programme. It is run by a management team of statutory and community representatives. The aim of the project is to facilitate drug users to re-integrate into their communities and into mainstream employment, education and training. Participants attend the project for four hours a day. This is broken down into three hours of education and training and one hour of social interaction and group work. Currently, fourteen participants, nine women and five men, are taking part in the programme.

Soilse, set up by the EHB in 1995, is a dedicated drug rehabilitation programme, specialising in insertion into employment, vocational training and education. Soilse aims to overcome the limitations of a psycho-therapeutic approach to addiction, by building goals and supporting participants in their desire to re-socialise themselves personally, economically and culturally. Soilse also seeks to re-integrate former drug users into society through restoring independence, self-esteem and self-direction. The programme is a non-residential day drug-rehabilitation model, balancing group therapy and counselling (resistance training and normative education) with creativity and soft vocation skills. An evaluation of the project has indicated that it has been successful in enhancing participants' self-esteem and in facilitating their entry to employment and training.

FÁS, the state training agency, has forged links with the LDTFs. Many participants taking part in LDTF rehabilitation programmes are doing so under the Community Employment Scheme operated by FÁS, which aims to facilitate the long-term unemployed in returning to work. FÁS is also making a substantial number of training slots available for drug addicts in treatment (Farrell *et al.*, 2000).

7.7 Interventions in the Criminal Justice System

This section describes the interventions put in place in the Irish criminal justice system, which aim to address the needs of drug-using offenders. The interventions correspond with the various stages at which the offender may be involved with the criminal justice system:

7.7.1 Alternatives to Custody
7.7.2 Garda Custody Interventions
7.7.3 Prison-Based Interventions
7.7.4 Post-Release Interventions

In addition, evaluations carried out on these interventions are discussed (Section 7.7.5) and drug-related training undertaken by those working in the criminal justice system described (Section 7.7.6).

7.7.1 Alternatives to Custody

The range of alternatives to custody available to offenders in the Irish criminal justice system are laid out in Chapter 2 of this report. However, one intervention programme aimed specifically at drug-using offenders is detailed here. The **Bridge Project** is a community-based programme for young adult offenders, which provides an alternative to custody. Supported by the Probation and Welfare Services, it aims to prevent re-offending by young adult offenders (aged between 17 and 26 years), who would otherwise receive substantial custodial sentences. The programme addresses the key factors that contribute to and are associated with criminal behaviour, such as drug addiction. The programme consists of three phases.

- Phase 1 involves a detailed assessment of each participant, to determine his/her strengths and weaknesses, and prepares participants for the second stage of the project, which involves group work. During Phase 1, addictions and other personal and social problems are identified.

- Phase 2 consists of a seventeen-week, intensive group-based module, which focuses on participants' offending behaviour and how it has affected them, their families and the victims. Contributing factors that can influence offending behaviour, such as alcohol, drug and gambling addictions, family relationship problems, violence and anger management, are also addressed. During this phase, participants' education, training and work needs are assessed.

- Phase 3 supports participants in pursuing personal goals in education, training and employment. This phase continues until participants' court orders are completed.

An evaluation of the Bridge Project (Kelleher Associates, 1998) has shown that participants have responded positively to the programme.

7.7.2 Garda Custody Interventions

There are no specific interventions aimed at drug-using offenders when they are brought into custody. However, in Ireland, any individual held in custody in a Garda station has the right to request to see a GP (Criminal Justice Act, 1984 (Treatment of Persons in Custody in Garda Síochána Stations) Regulations, 1987). Where a drug user requests to

see a GP, the GP may tend to the individual while she/he is being held in custody and will assess whether to provide the individual with medication, e.g. methadone, to alleviate withdrawal symptoms. However, data are not currently collected on either the number of people held in custody who avail of this service, or the proportion who do so as a consequence of their drug use.

7.7.3 Prison-Based Interventions

A number of prison-based interventions meet the needs of drug-using offenders. They include substitution programmes, education programmes and self-help groups.

On imprisonment there is a standard thirteen-day **methadone detoxification programme** offered to prisoners who are found to test positive for opiates. This service, however, is not available in all the country's prisons and tends to be based in the Dublin prisons. In what has been the main committal prison in Ireland up until recently (Mountjoy Prison, Dublin), there were an estimated 1,200 – 1,500 prisoners receiving methadone detoxification per year (Department of Justice, Equality and Law Reform, 1999). Prisoners who may have been stable on a methadone maintenance programme in the community are generally detoxified upon incarceration.

The following is the detoxification regime followed in Mountjoy Prison, Dublin. This is a methadone-based detoxification programme, in which Melleril[8] (25mg) is also offered for the first seven nights of detoxification. In Mountjoy Prison this programme has been described as being provided in an 'essentially unstructured and unsupervised fashion, with no follow-up or medium to long term planning' (Department of Justice, Equality and Law Reform, 1999). The programme is the same for each prisoner, irrespective of the quantity of opiates being used prior to imprisonment. The doses involved are as follows:

Day 1–2 25ml methadone mixture (green colour)
Day 3–4 20ml methadone mixture (green colour)
Day 5–8 15ml methadone mixture (green colour)
Day 9–11 10ml methadone mixture (green colour)
Day 12–13 5ml methadone mixture (green colour)
Melleril 25mg each night on days1–7 of the programme

The provision of methadone maintenance within the Irish prison system remains limited. Methadone maintenance is only available to prisoners who are HIV positive or

8 Melleril contains thioridazine, which belongs to the phenothiazine class of drugs. Among other uses, it is used to relieve tension and anxiety.

who have AIDS and, to a limited extent, to those who were on a maintenance programme prior to imprisonment. In a limited number of prisons, including the country's main male juvenile prison and main remand prison, a methadone maintenance programme is available to those prisoners coming from the community who are already on a methadone maintenance programme. This is a recent development in service provision. Drug testing is used to monitor prisoners receiving methadone on a maintenance basis in prison.

The Probation and Welfare Services provide a **Drug Awareness Programme** in a number of Dublin prisons. This is a four-week programme consisting of one session per week. The principal aim is to educate participants about their drug use and the associated risks. It is aimed at all prisoners with a history of drug use, including those who have ceased their drug use and those who are continuing to use in the prison setting. The programme is run regularly in a couple of prisons but staffing shortages prevent its being a more widespread service.

A seven-week **Drug Detoxification and Rehabilitation Programme** is run by Probation and Welfare officers in the Medical Unit of Mountjoy Prison. The programme caters for nine male prisoners at a time. There is no equivalent service available to female prisoners. To access the programme, prisoners are interviewed by Probation and Welfare officers and assessed for suitability. Only prisoners with less than twenty-six months to serve, or with a court sentence review date less than twenty-six months away, may apply for the programme. Participation entails an initial methadone detoxification, followed by an intensive rehabilitation programme. A multi-disciplinary team, including both medical staff and counsellors from outside agencies, delivers this programme. Participants who remain drug free during the seven-week period are then transferred to a designated drug-free unit (the Training Unit). While workers from a therapeutic community are involved in service provision for this particular programme, there is no therapeutic community programme available to drug users in the Irish prison system. A similar programme, with greater focus on factors associated with imminent release into the community, is run over an eleven-week period. This is also based in Mountjoy Prison, Dublin, and will be discussed in the post-release section (7.7.4) below.

Prisoners may also access **self-help groups** while incarcerated. However, the only structured self-help group available to prisoners that specifically addresses the issue of drug use is Narcotics Anonymous (NA).

There is a **designated drug-free unit** (the Training Unit) in Mountjoy Prison, Dublin, where a limited number of prisoners are able to serve their sentence. The drug-free status

of the unit is monitored by randomised drug testing, which all prisoners, irrespective of whether they have a drug-using history or not, are required to undergo. When a prisoner tests positive for a prohibited substance, he is moved either to another prison or to another area of Mountjoy.

7.7.4 Post-Release Interventions

In Ireland there is no formal referral scheme to treatment for drug-using prisoners on release. The need to develop a structured through-care programme from the prison system to the community has been identified within the Irish criminal justice system (Irish Prisons Service, 2000). The Probation and Welfare Services of the Department of Justice, Equality and Law Reform carry out group work programmes in the prison setting. These aim to promote desired behavioural changes in terms of risk behaviour and drug addiction, and to help prisoners cope with imprisonment and to prepare them for life demands following release from prison.

There are also a couple of specific projects under way that are targeted at dealing with the issues surrounding release.

The Probation and Welfare Service of Mountjoy Prison, Dublin, runs an eleven-week **Drug Rehabilitation Programme** that focuses on factors associated with imminent release into the community. The programme facilitates prisoners in developing a Community Release Plan through contact with their Probation and Welfare officer. After the initial eleven-week period, prisoners are released subject to Temporary Release Rules. Prisoners then contact their Probation and Welfare officer and link in with therapeutic, education, training and employment contacts in the community.

The **Cork LDTF** has established a rehabilitation programme for ex-prisoners. This project, based in Cork, received funding to set up a rehabilitation programme, with the aim of integrating ex-prisoners back into mainstream society and stopping them from re-offending. The project is managed by a partnership of voluntary and statutory bodies but has a specific management committee of four. The Probation and Welfare Services of the Department of Justice, Equality and Law Reform, the prison governor, his staff and the head teacher in the Education Department in Cork Prison, have been the primary animators in the development of this project. The project serves the inmates of the prison who, prior to detention, resided in the Cork LDTF area, but also works with family members of prisoners and with ex-prisoners and those who are on probation. An addiction counsellor has been employed by the project to work with the target group.

The project provides a counselling and referral service to clients referred by the Probation and Welfare Services. The project also provides an individual counselling service in Cork Prison and an Addiction Education and Awareness Programme. The worker who runs an Alcohol Management Course with the Intensive Probation Scheme also has links with the Auto Crime Diversion Unit. A working alliance has been established with a number of related groups. Since the project's inception, 181 people have had some form of contact with the counsellor. In addition to this number, there is a current waiting list of fifteen.

The **CONNECT Project** was established in Mountjoy Prison, Dublin, under the European DESMOS project, which is supported by the European Social Fund under the Integra Employment Initiative. The main objective of the CONNECT project is 'to encourage the (re) integration of offenders in society through employment as a support.' Each country has developed its own national programme, based on the guidelines on employment recommended by the Council of Europe. The guidelines have four aims:

- improving employability;
- developing entrepreneurship;
- encouraging adaptability of businesses and their employees; and
- strengthening the policies of equal opportunities for women and men.

In Mountjoy Prison, the CONNECT project is an action-research project, led by the Department of Justice, Equality and Law Reform and run by the National Training and Development Institute. Initially the project carried out research to identify gaps in education and training provision in Mountjoy Prison and the Training Unit. In response, the project developed and implemented pilot strategies and systems to fill the gaps identified and improve the employability of offenders while in custody. Included in the pre-vocational training is training in job-seeking skills and work-related social skills. The process at the centre of the project is described as the 'transition from custody, through training, on to reintegration in the community and more specifically, on to labour market participation'. Each course caters for up to fourteen male prisoners.

7.7.5 Evaluations of Interventions

There has been little evaluation of programmes aimed at drug users in the Irish criminal justice system. Crowley (1999) provided a medical review of the seven-week Drug Detoxification and Rehabilitation Programme in Mountjoy Prison, Dublin. Up to February 1999, 187 prisoners had entered the programme; 173 completed the detox; and 14 failed to complete the detox. While this implies a 93 per cent success rate, Crowley

(1999) highlighted the need for the success of this intervention to be determined by the six- and twelve-month relapse figures. Overall, it was found that there was a twelve-month relapse rate of 78 per cent. Crowley argued that while this might appear high, it compared favourably to outcome rates of other inpatient detoxification programmes.

7.7.6 Drug-Related Training for Staff

There is little specific training for those working in the Irish criminal justice system in relation to drug use and the specific needs of drug users.

As part of their training, members of An Garda Síochána (the Irish police force) receive instruction in the area of drug misuse. The programme includes training in:

- enforcement of drug-related laws;
- procedures for dealing with drug cases; and
- health and safety issues.

As part of its proposals for staff development, the Steering Group on Prison Based Drug Treatment Services (Irish Prisons Service, 2000) proposed that a special Prisons Service training officer be appointed. It is proposed that this training officer work in tandem with the ERHA's training department in the Drugs/AIDS Services. The officer would have responsibility for implementing a full training package for all staff in prisons who are working with drug users. The proposed training would comprise two levels. The first level would cover general education, basic skills training and awareness training of drug problems for all prison staff in relevant institutions. The second level would be more specific training for a core group of staff who would be working directly with drug users in prison treatment units.

7.8 Specific Targets and Settings

Projects dealing with gender-specific issues, minority groups and self-help groups are described below

The **SAOL programme**, based in Dublin, is an inner-city rehabilitation and training project for a small group of women in recovery or stabilised on methadone. It offers women a chance to acquire a range of skills, including literacy, numeracy and social skills, in order to give them a better opportunity to return to normal living. The project operates on principles derived from social justice, adult education and community development

practice. An evaluation of the project found that women who participated in the programme reported increased stability in their lives, increased levels of self-esteem and gains in terms of educational and vocational development (SAOL Project, 1996).

Women's Health Project was established in the Baggot Street Clinic of the EHB, in Dublin, in 1991, to target women working in prostitution. The overall aims of the project are to prevent HIV and improve the general health and well-being of the women attending the project. There are two main components to the service: (1) a drop-in medical/counselling service in an informal setting, which aims to promote women's health in a confidential way, and (2) an outreach service. The project provides advice on safer sex and injecting, and needle exchange, and offers a wide range of health services including cervical smears, STD screening, contraception, HIV and hepatitis testing and referral to other services (O'Neill & O'Connor, 1999). The project operates on a peer-support basis, where women involved in prostitution contact other female sex workers (EMCDDA, 1999). Since May 1999 a harm-reduction service, consisting of a low dose of methadone and needle exchange, has been provided on a nightly basis from the EHB's mobile clinic (see Section 7.4.2). A welfare service is also available once a month, providing advice on welfare rights such as entitlements and housing.

Star Women's Rehabilitation Project, established in 1998, provides a fifty-week adult education and training course for fifteen women drug-users who have stabilised on methadone maintenance. It operates in the Ballymun area of Dublin. The programme consists of six-week modules, covering a variety of issues including communication, computers, team building, parenting, basic English, art drama and drug issues. Nine of the fifteen original cohort in the 1999 programme completed the course and went into either training or community employment or other employment. Of the six who did not complete the course, four also moved on to further positions or training. During the course of the year, many of the participants attained accredited training qualifications in fields such as word processing, addiction studies, childcare and youth studies.

Crèche, play-school and after-school facilities are provided in some local areas for the children of drug users receiving treatment. However, a study by Moran (1999) indicated that current levels of crèche provision were inadequate. The study found that only 20 per cent of drug-treatment centres in the Dublin area provided crèche facilities and that these existing crèche facilities were insufficient. The study found that lack of access to crèche facilities served as a barrier to treatment uptake.

Travellers Visibility Group, Cork LDTF, obtained funding to conduct research into the experiences and attitudes of young travellers and their families in relation to drug

misuse. The Cork LDTF is developing focus groups among the young people, and through these groups it plans to assess drug experiences among the Traveller community.

The issue of drug use among ethnic minorities, including the indigenous Irish ethnic group known as 'travellers', is an emerging issue that requires further attention.

Self-help groups of various types are available through drug treatment centres. There are also a number of community-based self-help groups, including Narcotics Anonymous (NA), which is based on the twelve-step Alcoholics Anonymous (AA) philosophy, and Nar-Anon, a support group for the families and friends of drug users, based on similar principles.

7.9 Quality Assurance

A culture of evaluation is developing in the drugs area and is an integral aspect of programme development in some existing programmes. For example, guidelines have been developed for the conduct of evaluations in the context of the LDTFs (see Moran *et al.*, forthcoming).

Over 200 projects were funded through the LDTFs during 1999 and 2000. During April and May 2000, 133 of these projects were evaluated. The evaluations were process-oriented and centred on the development of objectives and the setting-up of appropriate structures and processes to support the achievement of these objectives rather than outcomes.

Of the projects evaluated, half were in the field of education and prevention, about a third (36%) in the field of treatment and rehabilitation projects, and the remainder were in the fields of education/prevention and treatment/rehabilitation (7%), research and information (3%) and supply control (3%). Most of the projects were based either in the voluntary/community sector (58%) or on a partnership between voluntary and statutory agencies (22%); 6 per cent were statutory agency projects; and the remaining 14 per cent were classified as 'other' (National Drugs Strategy Team, personal communication). On the basis of the evaluation reports produced, the National Drugs Strategy Team decided that 122 of the 133 projects would be mainstreamed. This means that these projects will receive statutory funding on an on-going basis in line with agreed procedures. A composite evaluation report is currently being compiled.

There is little evaluation carried out of treatment services but this is changing with a move towards evidence-based healthcare delivery. For example, a review of the EHB's AIDS/ drug addiction services was conducted during 1999 (Farrell *et al.*, 2000).

There is a need for far greater awareness of the value of evaluation. In addition, commitment by programme developers to evaluation work needs to be strengthened. Continuous provision of training is of vital importance in improving the quantity and quality of evaluations carried out in the drugs area.

7.10 Training

There has been a major proliferation in the number of training courses in the drugs area in Ireland in recent years. The growth in provision is partly in response to a growing demand for trained workers with expertise in the drugs area, e.g. community and voluntary sectors.

In August 1999 the Department of Tourism, Sport and Recreation commissioned a study to compile a directory of existing courses and to identify gaps and overlaps in training provision. The study identified a wide variety of training courses, ranging from single sessions to courses lasting between one and three years. The depth of coverage of the issues varies considerably, according to the length of the course and the level at which it is aimed. There are also variations in the training methods and in the underlying principles and approaches to the issue of drug misuse: the problem of drug misuse provokes different feelings, attitudes and beliefs, and these are reflected, to some extent, in the training courses listed in the directory. Some courses cover a wide variety of viewpoints, while others are clearly based in the context of a particular perspective. The directory is very extensive (although it claims not to be exhaustive) and includes an outline of almost forty courses (Department of Tourism, Sport and Recreation, 1999).

The courses listed in the directory are divided into six categories, according to course length and purpose:

a) short courses aimed at providing basic information and/or raising awareness of drug misuse among the general public;
b) short courses aimed at providing information, raising awareness and developing skills among those whose paid or voluntary work brings them into contact with drug misuse;
c) longer courses aimed at providing information, raising awareness and developing skills among those whose paid or voluntary work brings them in contact with drug misuse;
d) courses leading to professional qualifications in the field of drug misuse;
e) in-service training for professionals and other vocational groups working in the field of drug misuse or related areas; and
f) courses in drug misuse aimed at young people.

While there is a wide range of courses available, not all of these are available throughout the country. In general, the Dublin area is best provided for, while the range of training available elsewhere is more limited. However, there are indications that this is beginning to change.

7.11 Dissemination of Information on Demand Reduction

Dissemination of information on demand reduction activities in Ireland has been quite poor to date. The following developments will facilitate information exchange in the area.

A new **National Documentation Centre** is being established in the DMRD of the HRB. This new national resource, established under the National Advisory Committee on Drugs (NACD), will provide a major source of information on literature in the drugs misuse area in Ireland to interested individuals and agencies. This development will include the creation of a bibliographical database of research in this area, an annual inventory of current research and the establishment of an electronic library containing full text copies of research reports and other material that will be made available to users of the Documentation Centre. The Centre will also collaborate with EMCDDA in the development of its 'virtual library' project.

DrugNet Ireland is a newsletter compiled and distributed, free of charge, by the DMRD of the HRB[9] twice yearly. This magazine fulfils an important role in the distribution of information, news and research among health professionals and other interested parties involved in the drugs area in Ireland. Its readership includes community groups, policy makers, academics, treatment providers and educationalists. The newsletter contains information on demand reduction activities and includes information on ongoing research in drug misuse, recently published materials and reviews, recent and upcoming events, developments in the EU, local and world news, and information on research funding and fellowships. DrugNet Ireland can be downloaded electronically from the DMRD webpages on www.hrb.ie

EDDRA, the electronic databank described in Section 7.3.6, also plays a role in the dissemination of demand reduction information. During 2000 an EDDRA brochure, describing the facility, was developed and distributed with DrugNet Ireland, and at various seminars, workshops and conferences attended by members of the DMRD. In addition, a training session on evaluation was conducted by the DMRD with regional drug co-ordinators, among others, in attendance.

9 Contact Paul Cahill at the DMRD in the HRB.

It is hoped that the additional funding provided by the Department of Health and Children in 1999 to all health boards to develop databases and information systems will lead to the development of an inventory of projects and increase awareness of demand reduction projects under way in Ireland. At present the regional drugs co-ordinators are the repository of such information on demand reduction activities in the regional health board areas.

7.12 Conclusions

This chapter has provided an overview of demand reduction activities in the Irish context. Increased funding in recent years has led to heightened activity in the demand reduction area. It is important to note that many of the projects described have not been formally evaluated and thus can be of limited use in future planning. Evaluation needs to be an integral aspect of programme planning and development in the drugs area in the future. A culture of evaluation within the drugs services needs to be fostered.

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