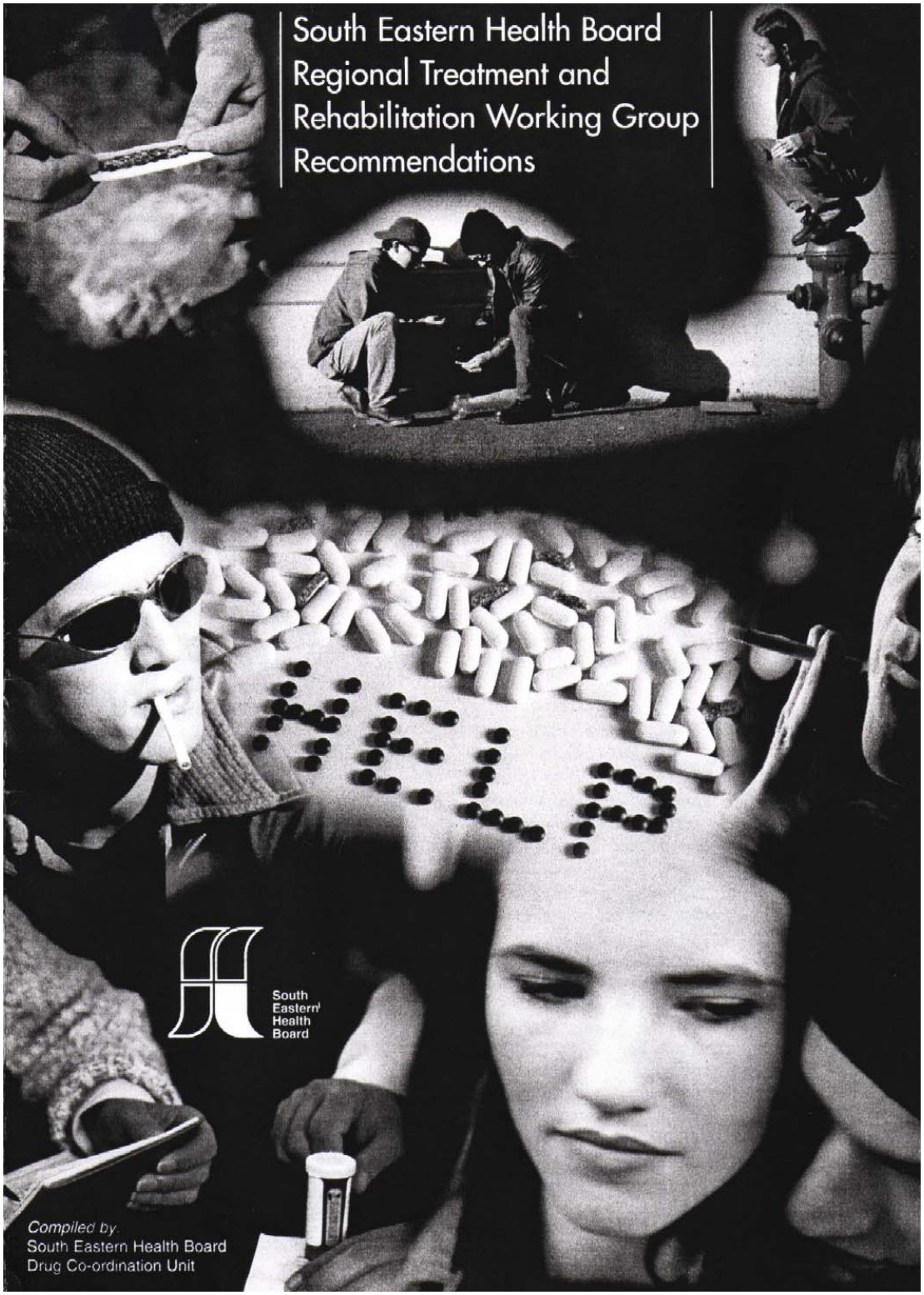

South Eastern Health Board
Regional Treatment and
Rehabilitation Working Group
Recommendations
South
Eastern
Health
Board
Compiled by
South Eastern Health Board
Drug Co-ordination Unit

INTRODUCTION

Misuse of Drugs is one of the most serious problems facing society today. Tackling the problem requires planning on all levels in statutory, voluntary and community organisations.

In June, 1996 the South Eastern Health Board in accordance with the recommendations of the National Co-ordinating Committee on Drug Misuse, established a Regional Co-ordinating Committee on Demand Reduction Measures for Drugs. The Committee's membership was comprised of individuals from a broad range of groups, including Education, Probation, National Parents Council, Voluntary Addiction Treatment Agencies, GPs, Psychiatrists, Pharmacists, FAS, Garda Siochana and Health Board Community Addiction Counsellors. The committee immediately established three sub-committees:

- Treatment and Rehabilitation.
- Education.
- Research and Audit.

Following submissions from these three sub-committees, the regional committee issued the Drug and Alcohol Misuse Prevention Strategy, which was passed by the Board in April, 1999. The report recommended the

"Provision of locally based, easy access services, which operate on the principle of best knowledge and practice".

The Treatment and Rehabilitation sub-group in 1999 identified the following principles as essential to high quality treatment and rehabilitation.

1. Early identification of the problem.
2. Comprehensive and holistic assessment, identifying the factors in an individual's background which contributes to their development of a substance misuse problem such as childhood deprivation and abuse (emotional, physical and sexual), mental illness, lack of constructive activity and the availability of drugs within the local community.
3. The development and implementation of an agreed careplan which help the individuals overcome their difficulties and attain a drug-free lifestyle.
4. Liaison and co-working with all involved in relevant services.
5. Regular review of an individual's progress and adaptation of the careplan to meet changing needs.

This report further states: substance misuse is a problem that arises within communities and individuals experience problems in their local communities. It is only through appropriate management in the community that the individuals can address the problems which they face and make appropriate adaptations to lead a healthier lifestyle.

The definition of treatment used for the purpose of the National Drug Treatment Reporting System (N.D.T.R.S.) is as follows:

"Treatment is any activity which is targeted directly at people who have problems with their drug use which aims to ameliorate the psychological, medical or social state of the individual who seek help for their drug problem".

The review of literature and policy on the links between poverty and drug misuse (E.R.S.I.) December, 1998 states in its conclusion of recommendations: "The continuation of the work of community based organisations is essential. They have been effective in reducing crime and drug use in their areas. However, any programme introduced in an area must also direct their action at the deeper problems in the community, going beyond the immediate problems of crime and drug abuse. In this context the importance of the family of the drug user has to be acknowledged as they need help also.

Aftercare is an important and often neglected part of treatment for abusers. Numerous studies have pointed out the necessity to follow up on treatment with support. The question about what happens after treatment is not the only serious neglected question. There is also the need for evaluation of treatment interventions. A knowledge of what happens to individual people after particular treatment is necessary so that a full understanding and assessment of treatment intervention may be made".

Finally the Report of the Public Consultation on the National Children's Strategy (2000) identifies the need for local community based delivery, which is flexible and responsive to local needs. It is also suggested that services must be delivered in a manner which does not stigmatise young people. Services which are medicalised or problem focused should be avoided as young people will not be drawn to them.

TREATMENT PHILOSOPHY

The Working Group on Treatment and Rehabilitation carried out consultations with a wide range of community, voluntary and statutory agencies. The list of agencies can be found at Appendix II and a wide range of issues raised through the consultation process are listed at Appendix III.

The Working Group on Treatment and Rehabilitation recommends the development of a service model, which would be flexible and capable of coping with the increasing pressures on services. The new approach would place a much stronger emphasis on

- community based treatment
- follow up and support for clients with a history of chaotic lifestyle and non-engagement with services who have been known to be at risk to self and/or the public.

We would recommend the concept of a holistic approach where all the elements of a service are inter-dependent on each other, where all elements must be in place and work effectively to support a continuum of need. The clients needs are central to service provision.

While drug and alcohol problems are often the reason why people access services, they can be associated with forms of mental illness and other problems, many of a social nature such as: unemployment, homelessness, crime and family break-up. The presenting problem cannot therefore be addressed in isolation if a successful treatment outcome is to be achieved.

It is vital that the service develops a client-central style of working, which is capable of assessing clients' needs in their totality and providing for their needs. Such an approach requires a complete integration of health and social services and a flexible approach to care planning and care management.

The core elements of a holistic system of treatment service include:

- A service model responsive to individuals' needs, based on the principles of primary care led and locally based services.
- Initial referral should be accessible from various sources i.e. self-referral, General Practitioner, counselling service, and criminal justice system.
- Initial referral should be capable of further intervention as necessary.
- Development of careplans, care pathway, care programme approach, care objectives and nomination of key workers.
- The role of designated key worker is to co-ordinate care of the client.
- Review of progress and plans.
- Recovery and aftercare.
- Fas and Health Board and other training centres.
- Discharge plan.

The local service response to drug and alcohol issues should operate on three levels.

- Primary care includes problem identification, early intervention, counselling and voluntary sector services.

- Secondary care, comes from a range of specialist services provided in the community.

- Tertiary care in specialised services.

Access to each level of service should be based on assessment of risk, and follow clearly defined referral criteria. Each service element should have a clearly defined role and access criteria. The system should be supported by a range of easy to implement interface-working protocols to underpin shared care and referrals between services.

In line with national and local strategies, substance misuse services should be primary care led and community based. Those involved in primary care have a major role in:

- Screening and identification of those with substance misuse problems and referral to appropriate services where necessary.

- Educating the parent population about alcohol and drug abuse prevention.

- Treatment of drug and alcohol problems such as alcohol detoxification and joint management of patients on methadone programmes.

SERVICE PRINCIPLES

The fundamental objective of substance misuse service is the prevention of drug and alcohol related death and a reduction of harm to the individuals and/or families in the community at large.

The complex nature of substance misuse programmes calls for a true partnership approach, service planning and delivery between statutory agencies and the independent sector, fully involving the user and their family/carers.

Clients referred to substance misuse services should be treated in the community as far as possible. Services should develop a range of intensive community based interventions and there should be clearly defined and jointly agreed thresholds for accessing in-patient and residential care.

CARE PLANNING AND CO-ORDINATION

Care planning must build on the principle of the care programme approach. Care co-ordination, follow-up support and risk containment are essential elements of the care plan. Clients known to have a chaotic lifestyle and difficulty engaging with services should be actively followed up by the key worker. Planning of services should be in consultation with the local and regional co-ordination committees.

EQUITY OF ACCESS TO SERVICES

People referred to substance misuse services must receive the same level and access to quality service regardless of their area of residence within the South Eastern Health Board Region.

QUALITY

Quality of service provided must be closely monitored, regularly evaluated and guided by the client's experience.

INVOLVEMENT OF USERS

Users must be full and equal participants in the multi-disciplinary care planning. Their problems and needs should be central to the care plan and should have the client's agreement.

HEALTH GAIN

Service delivery and care pathways should be based on evidence and measurable outcomes, such as improved health and quality of life.

LOCAL OWNERSH1P

All service providers should be clear about their client group responsibilities. Joint protocol should be in place to support interface or shared care with other agencies in contact with people with substance misuse problems.

WHOLE SYSTEM APPROACH

Clients should be assessed as the whole person and the focus of care should be on treating symptoms together with the underlying cause of the substance misuse. Effective care co-ordination is a key requirement.

STAFF RECRUITMENT AND TRAINING

Nurse Counsellors have traditionally provided counselling for addictions. However, following a national agreement with staff associations, a new grade of counsellors has now been established.

Training programmes should address the different levels of involvement of primary health care teams and be flexible to meet the demands of local conditions. Training should be planned, have formal recognition of competence and be delivered by tutors with specialist skill and knowledge appropriate to the needs of primary care teams.

KEY RECOMMENDATIONS

1. A Substance Misuse Unit, headed by a Team Leader/Manager should be established in each Community Care area to co-ordinate:

    - Drug project workers.
    - Drug education officer.
    - Counsellors (Adult/Adolescent).
    - Psychiatrist.
    - Drug treatment clinic (methadone).
    - Voluntary services.
    - Outreach workers.
    - Other treatment facilities.
    - Regional drug helpline.
    - Probation & welfare.
    - Health promotion.
    - Social worker.
    - GP liaison/co-ordinator.

2. That a regional counselling policy is developed which would be community based and easily accessible, particularly to under eighteen year olds. These services would facilitate self-referral, specialist assessment and intervention.

3. That outreach services are developed to target at risk community members who may not access treatment for various reasons.

4. That locally based treatment services should include harm reduction, counselling, interventions, support services, family services, aftercare rehabilitation, and detoxification.

5. That the regional helpline be further developed to provide information, support and guidance.

6. That one stop shops should be established where different services are represented and young people feel relaxed about making inquiries. This should involve multi-agency partnerships. This information should also be available on a website.

7. Uniform client assessment should be developed for all drug services in the South East.

8. Health Board services should support clients before and after treatment in voluntary residential treatment programmes.

9. The Health Board should support the development of supervised Halfway Houses.

10. Co-ordinated aftercare should be developed for those coming from residential/in-patient treatment programmes.

11. Health Board staff should be supported in on-going staff training.

12. Existing counsellors who are not members of the Irish Association of Counselling and Therapy or Irish Association of Alcohol and Addiction Counsellors should be supported in achieving accreditation. Counsellors appointed in future to Health Board services should be members of the I.A.C.T. or I.A.A.A.C.

13. Harm reduction programmes should include methadone and needle exchange to maximise the number of heroin addicts achieving stabilisation and recovery.

14. The difficulties in accessing treatment for drug users who are homeless, in prostitution or pregnant need to be addressed.

15. The specialist psychiatric services have an important role in the assessment and treatment of persons with co-existing drug misuse and serious mental disorder.

16. The establishment of support groups/self-help groups for parents and close relatives of drug users is vital and should be encouraged.

17. All hospitals in the South East region should have clear protocols for the management and referral of drug misusers admitted to hospital.

18. The Key Worker role should be established within the treatment model.

19. The Board should identify from local needs assessment the likely demand for in-patient programmes and contract for the level in advance so that such services can undertake proper planning and evaluation to meet the expected level of need. Access to services should be through a designated key worker.

20. A system of on-going evaluation needs to be developed for treatment services.

21. A range of new treatment models will need to be considered as need assessment and consumer needs dictate.

22. Local communities have an important role in providing information to and consulting with the Health Board as part of a genuine partnership.

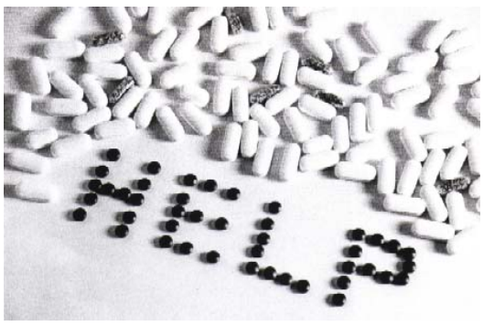
23. A partnership approach should be developed for the provision of prevention, treatment and aftercare programmes.

24. Joint policies, procedures, sharecare protocols and service agreement should in place between all service providers in contact with people with substance misuse problems.

APPENDIX 1

WORKING GROUP

- Mr. Tony Barden, Regional Drug Co-ordinator Chairperson.
- Ms. Barbara Kelly, Secretary.
- Sr. Veronica Mangan, Aislinn.
- Sr. Eileen, Aiseiri.
- Dr. Derek O'Sullivan, Consultant Psychiatrist, Addiction Services.
- Ms. Catherine Lawlor, Counsellor, Addiction Services.
- Mr. Ken Sauvage, Project Leader, TREO, Waterford.
- Mr. Joe McGran, St. Francis Farm Project, Tullow, Carlow.
- Mr. Adrian Johnson, Drug Treatment Clinic.
- Mr. Johnny Casey, Drug Education Officer.
- Dr. Neville de Souza, Public Health Specialist.
- Mr. Tony Power, FÁS Training Centre.
- Ms. Margaret O'Keeffe, W.A.V.E. Training Centre.
- Dr. Declan Murphy – Primary Care Unit.



APPENDIX II

CONSULTATIVE PROCESS

Submissions were received from the following groups.

- Wexford Area Partnership.
- Regional Co-ordinator of Child Care Services.
- Waterford Co-ordination Group on Demand Reduction Measures for Drugs.
- Mr. Tony Whelan, General Manager, Community Care, Kilkenny.
- Co. Wexford Community Based Drug Initiative.
- Co. Wexford Co-ordinating Committee.
- Mr. Sean McCarthy, Suicide Resource Officer.
- Kilkenny Drugs Initiative.
- Clonmel Community Based Drug Initiative.
- Aislinn Treatment Centre.
- Mid-Tipperary Drugs Initiative.
- Ms. Roseleen Hanton, Regional Drug Helpline.
- The Family Centre, Dungarvan.
- Aiseiri, Cahir.
- South Tipperary Alcohol and Addiction Treatment Centre.
- Addiction Counsellors, South Eastern Health Board.
- Drug Education Officer, South Eastern Heath Board.
- FÁS, South East Region.
- Carlow Community Based Drug Initiative.
- TREO, Waterford.
- Southside Community Based Drug Initiative.
- Ballybeg, Larchville, Lisduggan Community Based Drug Initiative.
- Co. Waterford Community Based Drug Initiative.
- W.A.V.E. Training.
- Dr. L. Calvert, Kilkenny Addiction Treatment Services.
- South Eastern Health Board Drug Treatment Service/Methadone Clinic, Carlow and Waterford.
- Mr. Tony Geoghegan, Director, St. Francis Farm/Merchants Quay, Carlow.

APPENDIX III

The following list of issues were raised through the consultative programme and have been addressed through the recommendations made by the Committee and listed within this report.

- Development of a comprehensive treatment service accessible to all the people, especially under 18 year olds, based in the community and self referral.
- Uniformity of access to the five Addiction Centres throughout the SEHB.
- Access to such services must be friendly to young peoples needs.
- Provision of Outreach Services to target at risk community members who may not access treatment for a number of reasons.
- Those in need of treatment and rehabilitation should be offered the opportunity to avail of these services in another county if necessary.
- Locally based treatment services should include the full range of services including harm reduction, support services, family services, aftercare provision and rehabilitation both residential and day care.
- Detoxification Unit and Residential Stabilisation Unit should also be available.
- A Helpline should be set up to provide a confidential service which will offer information, support, guidance and referral for those misusing substances.
- The provision of "Drop-In Centres" or "One Stop Shops" where different services are represented and young people may feel relaxed about making enquiries about a range of topics.
- Family Support for the relatives of drug users i.e. include self help.
- Transport – Travelling to a service can be difficult for young people and their parents. In some areas no outreach counselling services are being provided.
- No direct contact exists between counselling services and rehabilitation.
- Develop aftercare facilities for those who have come from residential/ outpatient treatment or other programmes.
- Greater Inter-Agency co-operation be developed in order to provide a seamless service.
- On-going Staff Training, supervision and support.
- Different Models – visits should be made to other centres for addiction to ascertain their models of working/treatment regimes.
- Greater co-operation should exist between GPs and other primary careworkers.
- An evaluation of the C.A.T.S. (Kilkenny) should take place.

- Workers should be trained in Crisis Intervention Techniques.
- Clients should participate in their own care planning.
- Lack of Aftercare from residential services in West Waterford.
- Lack of counselling in Tipperary Town.
- Funding for treatment for those unable to pay.
- Professional supervision for Counsellors.
- Failure of current drug related services to meet the demand in Wexford.
- Too few Counsellors, location and access barriers to treatment, lack of follow up and a shortage of family counselling and early intervention services need to be developed.

APPENDIX IV

PRINCIPLES OF DRUG ADDICTION TREATMENT

The Working Group recommends that the thirteen PRINCIPLES OF DRUG ADDICTION TREATMENT (a research based guide) from the National Institute on Drug Misuse, (USA) be accepted as a basis for treatment in the future.

1. No single treatment is appropriate for all individuals. Matching treatment settings, interventions and services to each individual's particular problems and needs is critical to his/her ultimate success in returning to productive functioning in the family, workplace and society.

2. Treatment needs to be readily available. Because individuals who are addicted to drugs may be uncertain about entering treatment, taking advantage of opportunities when they are ready for treatment is crucial. Potential treatment of applicants can be lost if treatment is not immediately available or is not readily accessible.

3. Effective treatment attends to multiple needs of the individual, not just his/her drug use. To be effective, treatment must address the individual's drug use and any associated medical, psychological, social, vocational and legal problems.

4. An individual's treatment and service plan must be assessed continually and modified if necessary to ensure that the plan meets the person's changing needs. A patient may require varied combinations of service and treatment components during the course of treatment and recovery. In addition to counselling or psychotherapy, a patient at times may required medication, other medical services, family therapy, parental instruction, vocational rehabilitation and social and legal services. It is crucial that the treatment approach be appropriate to the individual's age, gender ethnicity and culture.

5. Remaining in treatment for an adequate period of time is crucial for treatment effectiveness. The appropriate duration for an individual depends on his/her problems and needs. Research indicates that for most patients the threshold of significant improvement is reached at about three months in treatment. After this threshold is reached, additional treatment can produce further progress towards recovery. Because people often leave treatment prematurely, programmes should include strategies to engage and keep patients in treatment.

6. Counselling (individual and/or group) and other behavioural therapies are critical components of effective treatment for addiction. In therapy patients address issues of motivation, build skills to resist drug use, replace drug using activities with constructive and rewarding non-drug using activities and improve

problem solving abilities. Behavioural therapy also facilitates interpersonal relationships and the individual's ability to function in the family and the community.

7. Medications are an important element of treatment for many patients especially when combined with counselling and other behavioural therapies. Methadone and levo/alpha/acetylmethadol (laam) are very effective in helping individuals addicted to heroin or other opiates stabilise their lives and reduce their illicit drug use. Naltrexone is also an effective medication for some opiate addicts and some patients with re-occurring alcohol dependence. For persons addicted to nicotine, a nicotine replacement product or oral medication can be an effective component of treatment. For patients with mental disorder, both behavioural treatments and medication can be critically important.

8. Addicted or drug abusing individuals with co-existing mental disorder should have both disorders treated in an integrated way. Because addictive disorders and mental disorders often occur in the same individual, patients presented for either condition should be assessed and treated for the re-occurrence of the other type of disorder.

9. Medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use. Medical detoxification safely manages the acute physical symptoms of withdrawal associated with stopping drug use. While detoxification alone is rarely sufficient to help addicts achieve long-term abstinence, for some individuals it is a strongly indicated pre-cursor to effective drug addiction treatment.

10. Treatment does not need to be voluntary to be effective. Strong motivation can facilitate the treatment process. Sanctions or enticements in the family, employment setting or criminal justice system can increase significantly both treatment entry and retention rates and the successive drug treatment interventions.

11. Possible drug use during treatment must be monitored continuously. Lapses through drug use can occur during treatment. The objective monitoring of a patient's drug and alcohol use during treatment such as through urinalysis or other tests can help the patient withstand urges to use drugs. Such monitoring can also provide early evidence of drug use so that the individual's treatment plan can be adjusted. Feedback to patients who test positively for illicit drug use is an important element of monitoring.

12. Treatment programmes should provide assessment for HIV/AIDS, Hepatitis B and C, Tuberculosis, and other infectious diseases and counselling to help patients modify or change behaviours that place themselves or others at risk of infection. Counselling can help patients avoid high-risk behaviour. Counselling also can help people who are already infected manage their illness.

13. Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment. As with other chronic illnesses, lapses to drug use can occur during and after successful treatment episodes. Addicted individuals may require prolonged treatment and multiple episodes of treatment to achieve long-term abstinence and fully restore functioning. Participating in self-help support programmes during and following treatment is helpful in maintaining abstinence.

APPENDIX V

REPORTS CONSIDERED

- The Psychiatric Services Planning for the Future – 1984.
- Drug-use Among Young People in Six Waterford Communities – Nexus, November, 2000.
- Homelessness – Reducing Disparities, James D. Plumb (July, 2000).
- Homelessness – An Integrated Strategy (Department of Environment and Local Government).
- A Guide to What Works in Family Support Services for Vulnerable Families – Kieran McKeown (October, 2000).
- An Introduction to the Equal Status Act 2000 – The Equality Authority (2000).
- From Residential Drug Treatment to Employment - Merchants Quay.
- Local Drug Task Forces – A Local Response to the Drug Problem.
- Review of Literature and Policy on the Links between Poverty and Drug Use - E.R.S.I. (1998).
- Drug Related Knowledge, Attitudes and Beliefs in Ireland – Health Research Board (2000).
- Drug Using Women Working in Prostitution – Eastern Health Board (2000).
- Demand Reduction Activities in the Field of Synthetic Drugs in the European Union – European Monitoring Centre for Drugs and Drug Addiction (E.M.C.D.D.A.) 1999.
- The Task Force to Review Services for Drug Misusers – Drug Treatment Services, England 1996.
- Tackling Drugs Together in Greater Glasgow – Strategy 1999 - 2003.
- Substance Abuse Services in East Surrey – A Draft Strategy 2000.
- Qutreach Work among Drug Users in Europe – E.M.C.D.D. A. 1999.
- Principals of Drug Addiction Treatment – National Institute of Health U.S.A. 1999.
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- Report of the State of Young Peoples' Health in the European Union – 2000.
- External Review of Drug Services for the Eastern Health Board –Dr. Michael Farrell 2000.
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- Mid-Tipperary Drugs Initiative Report – (to be published).
- Responding to Drug Misuse in Clonmel – Martin Fitzgerald, 1999.
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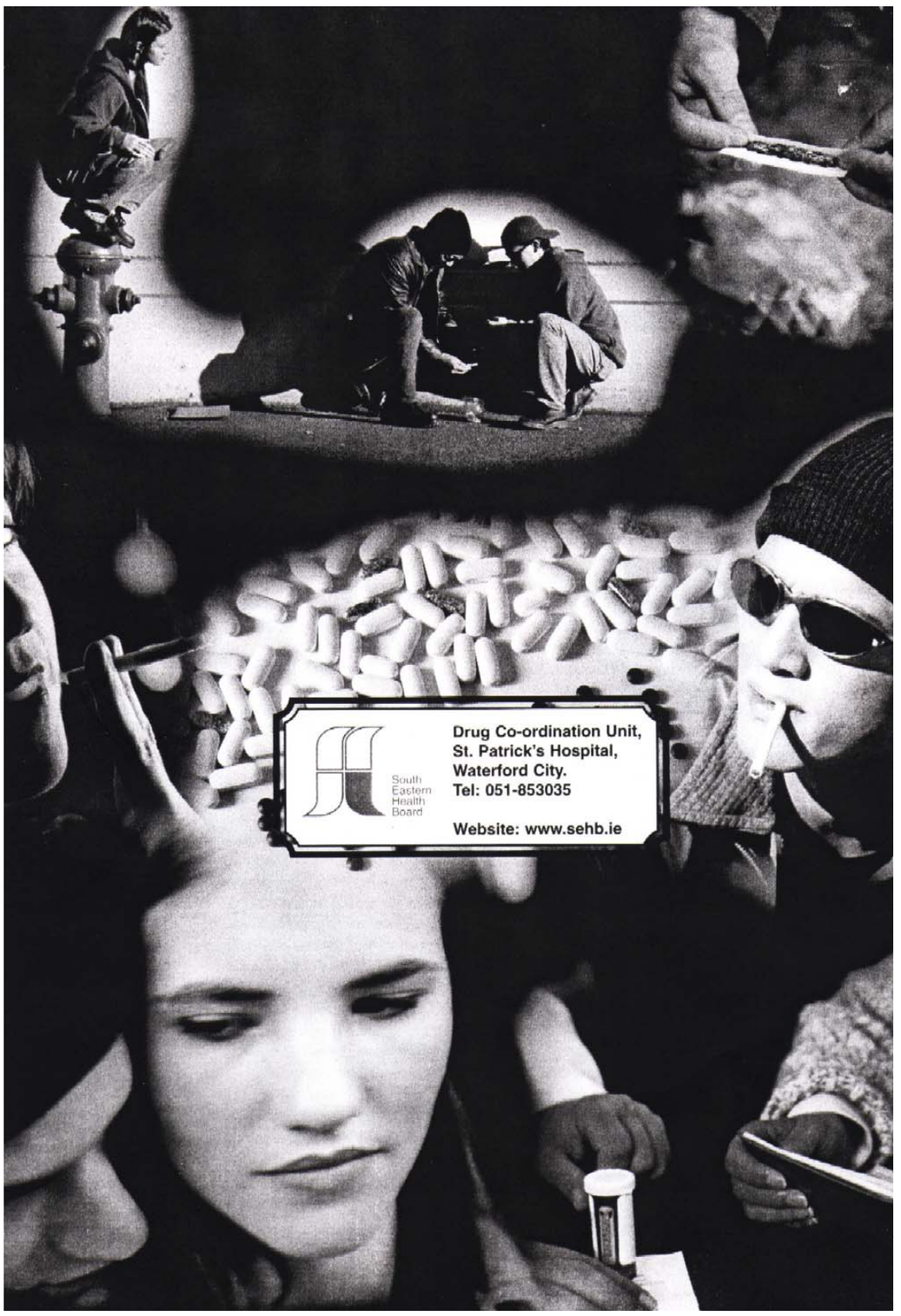
- Changing Residential and Social Care for Drug Users – S.C.O.D.A.
- Enhancing Drug Services – a Management Handbook for Quality and Effectiveness – S.C.O.D.A.
- Guidance on Good Practice – Home Office U.K. 1998.
- Prevalence, Practice and Proposals – Report to the Community Addiction Team – U.C.G. to Western Health Board 1996.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