

CityWide Drugs Crisis Campaign

Submission to NDRIC

Introduction

CityWide Drugs Crisis Campaign welcomes the publication of the DRAFT National Rehabilitation Framework. It gives focus, structure and action to the Report of the Working Group on Drugs Rehabilitation. We do note however that this Framework will only work if the commitment given by the government on publishing the Rehab Report is honoured and sufficient resources are made available to its implementation.

CityWide is making this submission following consultation with Community Drug Projects and with Projects operating Special CE Schemes. Special Community Employment (SCE) programmes since their inception have been in the forefront of providing programmes which facilitate enhanced life skills, social integration and educational progression, to persons in recovery from substance misuse. While the Special CE Projects have concerns about some of the operational detail of the Framework, they are in agreement that process must continue and that it must be time framed to ensure its success.

Recommendations

1. The Resources required to implement the framework must be made available including budgets to train case managers & key workers and to employ sufficient rehabilitation co-ordinators.

Section 1: Integrated model of rehabilitation provision

2. In line with the Rehabilitation Report recommendations on Childcare and the Roles of Families in the Rehabilitation Process, the Department of Social and Family Affairs & the Office of the Minister of Children must play a full and active role in the interagency approach to rehabilitation, to ensure that family support and that the welfare and childcare provision for children of drug users is properly recognised and the recommendations of the Rehabilitation Report are actioned.
3. Based on previous experience there is genuine concern that the Health Service Executive may not successfully collaborate with community based projects. To ensure full co-operation and accountability, a Protocol of Co-operation must be agreed between all community, voluntary and statutory services

4. There must be an outline of how Care Plans can be compiled for all clients and not just for the 1000 on Special CE programmes. Care Plan processes are in place for the vast majority of clients attending special CE programmes and it is clear that these Care Plans are primarily developed and led by the projects that have most contact with the client. In the case of those clients of drug treatment services who are not on special CE, or otherwise regularly connected through the various other rehab programmes provided by community projects, will there be Care Plans for all 12,000 drug addicted people in the treatment services? How will those Care Plans be developed, what aspects will they cover and how will they be monitored, etc.?
5. Whilst recognising the Rehabilitation Report names the HSE as having the lead role in case management we would see difficulties in the ability of the HSE to undertake this role for clients who are engaged in rehabilitation but are not linked into a HSE service. Provision needs to be made for those who are not accessing HSE services. The principle of 'Lead Agency' needs to be flexible to include the community & voluntary sector. This may require training for identified staff in diagnosis, dual diagnosis and in the compiling of care plans. The training of staff will require resources.
6. To ensure maximum progress and communication a statutory review system should be implemented where clients are guaranteed a review of their Care Plan after a set period of time.

Section 1: Service transfer, exit and/or discharge, relapse and re-entry

7. Not all people are ready for rehabilitation and some may become a liability to others involved in rehabilitation programmes. The exit of an unsuitable client is often difficult and the safety of staff and other clients can be put at risk. In these cases, projects often proceed with one-on-one aftercare with the client and in so doing protect the group from any ongoing risk or harm; however there is no provision for these cases mentioned in the framework. Procedures and/or acknowledgement for this type of case should be included in the framework document under Step 5.

Section 2: Protocols and Agreements

8. The Rehabilitation Report and the Framework document acknowledge the important role of the FAS funded Special CE Schemes in drugs rehabilitation:

“It is recommended that the relative success of Drugs Task Force CE Projects be built upon. CE Drug Projects have been designated as “special” projects in recognition of the fact that they are not operating as a labour market mechanism in the same way as mainstream CE, but rather as a support mechanism through which drug rehabilitation programmes can be delivered. Nine key adjustments have been made which differentiate CE Drug Projects from mainstream CE and these adjustments are based on the needs of the target group of recovering drug users”¹

It is essential that the “Nine Key Adjustment” which differentiates the Special CE Schemes from mainstream CE Schemes be included in Section 2, Protocols and Agreements. We recognise that a review is currently underway of these adjustments; nevertheless the principle of Special CE with key adjustments should be enshrined within the protocol & agreements section.

Conclusions

Citywide acknowledges the work of the NDRIC in bringing forward this rehabilitation framework. We welcome the intent of the proposals to provide a framework through which a range of integrated options for individual rehabilitation pathways will be provided.

However, from our consultations with Special CE Projects and Community Drug Projects, concerns about the mechanisms for delivery of this framework have been clearly identified. Of particular concern is the issue of statutory agency ‘buy-in’ to the framework which means working in partnership with the community sector through interagency co-operation and established protocols. We are concerned that past and current experiences have highlighted barriers to inter-agency co-operation with various statutory/funding agencies all vying to have their agency needs placed at the centre of the rehabilitation work with the client. We are also concerned that the resources required to deliver inclusive rehabilitation co-ordination are not in place and this will have consequences with regard to the depth of inter-agency care planning.

Notwithstanding these reservations, Citywide is more than willing to continue to support the development of rehabilitation coordination and we look forward to working with the NDRIC in the future.

¹ Rehabilitation Report, page 36