CityWide Drugs Crisis Campaign

Drug Rehabilitation

A View from the Community

October 2005

Introduction

The Mid-term Review of the National Drugs Strategy, published in June 2005, agreed that rehabilitation should become the fifth pillar of the Strategy. A Working Group has been set up to develop a strategy for the provision of integrated drug rehabilitation services. The group, chaired by the Dept. of Community, Rural and Gaeltacht Affairs, has to report to the Cabinet Committee on Social Inclusion on the appropriate actions to be implemented by end 2005.

Citywide is represented on the group and one of our main priorities is to ensure that the rehabilitation strategy takes into account and builds on the extensive experience of local community organisations in delivering rehabilitation programmes, in particular through CE Special Drug Projects. The projects have many years experience of working with their participants in identifying and assessing their needs in relation to rehabilitation and in putting programmes in place to meet those needs, in a context of very limited resources and often difficult conditions.

In order to contribute to the development of a strategy for the provision of an integrated drug rehabilitation service we have produced this document which is formed from three parts:

- The first outlines key Actions in the National Drugs Strategy and issues around their implementation
- Part 2 outlines the results of a Citywide survey undertaken in July of this year that gives an overview of the work that Special CE Projects are doing on a day to day basis, the type of programmes being delivered, the supports offered, the gaps in the services on offer and how these gaps might be filled.
- The final part of this document outlines the key elements of a model for a Drug Rehabilitation Service that is community-based, integrated, multi agency and client centred.

The National Drugs Strategy Actions on Rehabilitation

A number of actions in National Drugs Strategy 2001-2008 under the treatment pillar refer to rehabilitation. Two of the key actions are ***Action 48*** & ***Action 74***.

Action 48

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

Progress on Action

This action has been delayed in implementation and made subject to availability of resources, according to the critical implementation path for the NDS published in 2004.

New target – action to be put in place during 2005-2007 – develop services where required depending on resources.

Action 74

To increase the number of training and employment opportunities for drug misusers by 30% by end 2004, in line with the commitment to provide such opportunities in PPF and taking on board best practise from FAS CE programme and pilot Labour Inclusion Programme.

Progress on Action

There are two elements in this action, one relating to numbers of places and the other relating to best practice.

In relation to the numbers of places, the commitment of a 30% increase has not been met, as the current number of places available is 1,120 and not 1,300. The commitment in the PPF, referred to in the action, states that "As the numbers of drug misusers taking treatment increases, the requirement to assist them towards a full recovery will also increase." The number of people on methadone treatment has increased from ***1,861 in 1997*** to ***7,637 in August 2005***. With over a 300% increase in the number of people accessing treatment, the development of training and employment opportunities has in no way kept pace with this increase.

Evaluation of CE Special Drug Projects

Participants surveyed as part of the evaluation generally find the schemes beneficial in meeting their therapeutic and rehabilitative needs. Progression to employment was not seen as a realistic option for many participants partially because it would take longer than three years (5 to 7 was mentioned) and also because of the importance of socio-economic background issues e.g. education, housing, etc. Monitoring of progression in Cork CE schemes indicates that 10% of scheme participants have secured and remain in employment, similar figures are not available for the Dublin schemes.

The report highlights the challenges of using a labour market mechanism as a rehabilitative tool and the difficulty in balancing the rehabilitative and employment-oriented dimension of the scheme to meet individual needs. The scheme is currently the primary, visible mechanism for rehabilitation and the conclusions of the evaluation highlight fundamental challenges in strengthening its approach.

Gaps were identified:

- in inter-agency co-operation
- in the overall management of an interconnected service,
- in the provision of additional person –centred and family supports
- in the primary role that the Health Boards need to play in relation to rehabilitation.

A key conclusion of the evaluation was that CE only makes sense if delivered as part of a coherent and interlinked programme of rehabilitation and support for this client group

Evaluation of Labour Inclusion Programme (LIP)

Action 74 of the National Drugs Strategy also refers to learning from the experience of the Labour Inclusion Programme. The Trade Union SIPTU was involved in setting up the Labour Inclusion Programme and in bringing the Employers Organisation IBEC on board to participate in the programme. SIPTU has been involved since 1999 on the Steering Committee for the pilot LIP, run in conjunction with the Northside Partnership Local Employment Service.

The purpose of LIP was to support recovering drug users into employment. However, the evaluation of LIP has identified huge gaps in the existing rehabilitation services, which has resulted in only small numbers of people being ready for employment.

The evaluation says: "*Progression is LIP's expected outcome; LIP expected it would get clients from the CE projects that are ready for progression. This has not happened and it seems it is not a realistic expectation.. It has become clear during the operation of the programme that there is not a large cohort of people who are stabilised on methadone and are ready for an intensive labour market intervention. Methadone maintenance without a range of other supports is failing many clients. This leads to LIP filling the role of a rehabilitation programme itself*".

Summary of progress to date

- The primary intervention in drug rehabilitation to date has been the FAS special CE scheme. There are 7,637 people in treatment; there are 1,120 FAS places available.
- This number of places does not match the commitment made in the NDS and fails to deliver the PPF commitment to increasing places as numbers in treatment increase.
- The commitments made in the National Drugs Strategy to further develop the rehabilitation services have not been met.
- The evaluation of the CE Special Drug Projects and the evaluation of the Labour Inclusion Programme both highlight the inadequacy of the current provision for drugs rehabilitation and how essential it is that this provision be improved.
- Rehabilitation is not just about education, training and employment. There is a whole range of other needs that have to be addressed e.g. housing, social welfare, childcare etc.
- For this reason the delivery of drugs rehabilitation requires the involvement of a range of statutory, voluntary and community services.

The Review of the National Drugs Strategy

Throughout the consultation process of the Review, the issue of rehabilitation came up as a major concern**.** The Review concludes:

"One of the core principles underlying the treatment pillar is the continuum of care model where drug misusers can expect a timely seamless provision of appropriate services. This is still some way from being achieved. One of the most critical gaps is in relation to rehabilitation. The need to strengthen rehabilitation has emerged as a critical area of future action during the review process. While the priority has been to facilitate speedy access to treatment, what happens after treatment in terms of aftercare and rehabilitation is hugely underdeveloped. FAS CE programmes are still the main route for people who have completed treatment but there are severe limitations on its effectiveness not least the tension between using a labour market mechanism as a rehabilitation mechanism."

The review goes on to outline a new action on rehabilitation as follows:

Action 105: *To make rehabilitation the fifth pillar of the strategy. In this context, a Working group should be set up to develop an integrated rehabilitation provision. The Group, to be chaired by the Dept of Community, Rural and Gaeltacht Affairs, should report to the IDG and the Cabinet Committee on Social Inclusion by the end of 2005 on the appropriate policy and actions to be implemented.*

It is essential that the Working Group takes on board and builds on the extensive experience of local community organisations in delivering rehabilitation services on the ground. The next section outlines some of that experience, based on research carried out with the Special CE Drug Projects.

Part 2

Rehabilitation & Special CE – The situation on the ground

In July 2005 Citywide undertook a survey of CE projects providing rehabilitation to drug users in Dublin. Questionnaires were sent to thirty projects requesting - the overall response rate was 50%

1. Allocation of Places and Number of participants

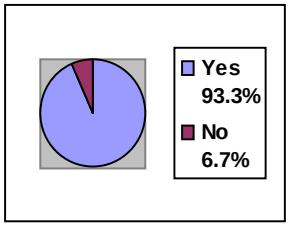
(Response: 15/15)

There are 357 places allocated to the15 projects that responded. At the time of survey a total of 337 places were filled.

2. Funding

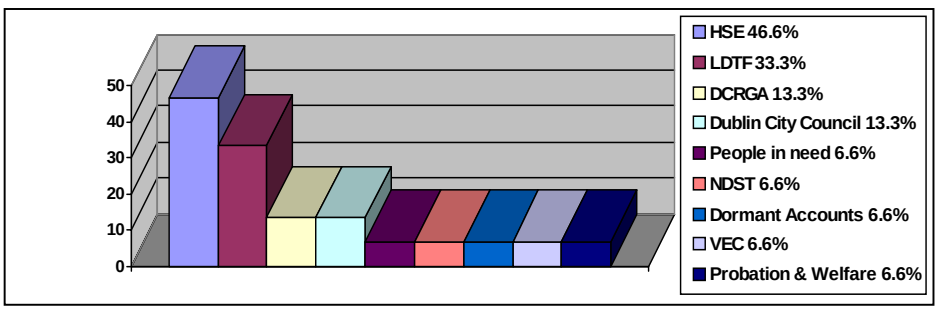
(Response: 15/15)

a) Do your receive funding that is additional to the CE special Drug Project funding?



b) Who provides this funding?

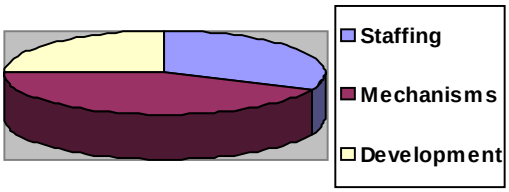
(Response: 15/15)



c) Are you experiencing any difficulties with funding agencies? (Response: Yes -11/15)

Difficulties experienced by projects

The problems experienced by projects because of funding difficulties are broken into three categories: Staffing, Funding Mechanisms & Project Development



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Difficulties

Staffing

- HSE funding insufficient to employ qualified trained staff
- Benchmarking / PPF/ salary increments not allowed – projects losing staff as a consequence
- Differential rates of pay based on geographical areas for VEC tutors means that many tutors do not want to work in areas where pay is less than other areas

Funding Mechanisms

- Long delays between application, appraisal and allocation from Emerging needs fund and from HSSE and Probation & Welfare
- Having to reapply annually for funding
- Having to make multi agency applications

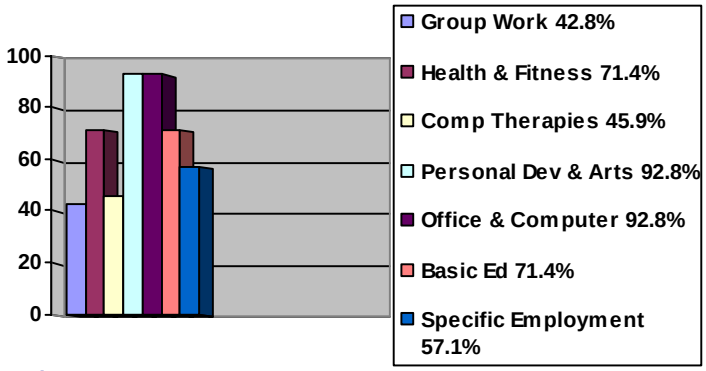
Development

- Projects can maintain services but no facilities for development
- Retrospective payments from HSE makes financial planning impossible
- No substantial increase from HSE in 5 years

3. What training and education programmes do you provide?

(Response: 14/15)

Projects offer a wide range of education & training supports designed to meet the needs of participants. We have broken down responses into seven main areas: Group Work & Personal Development, Office & Computer training, Health & Fitness, Complementary Therapies, Specific Employment Training, Basis Education and Creative Arts & Social Studies.



Group work &Personal Development:

Psychotherapy / counselling Addiction studies, Relapse prevention, Anger management, Person interpersonal skills, Personal effectiveness, Personal development, Communications, Group work skills

Office / Computer

Information technology, Data entry, Computerised accounts, Computer applications, Sage (payroll), ECDL, Desktop publishing, Record keeping, Administration / receptionist skills, Shipping Clerk

Specific Employment Training:

Machine operative, Manual handling, Forklift driving, Childcare, Preparation for work, Work orientation, Safe pass, Youth & community work, Beauty therapy diploma, Nail technician, Commercial floristry, Horticulture

Creative Arts & Social Studies:

Art & design, Creative writing, Film /video production, Drama studies, Wood Carving & Woodwork, Ceramics, Photography

Living in a diverse society, Basic psychology, Gender studies, Active citizenship

Complimentary Therapies:

Acupuncture, Holistic massage, Holistic, Yoga / tai chi

Health & Fitness:

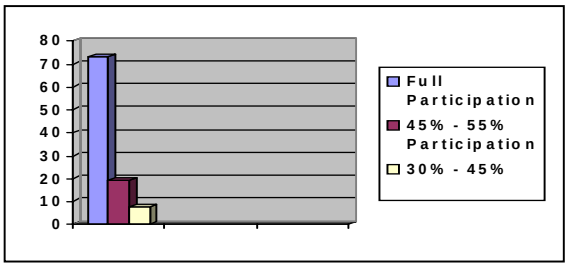
Swimming, Health & safety, Food & nutrition, Health education, Health related fitness, Hep C Education, Cookery Drug awareness, Kayaking

Basic Education: Maths, English, Core Skills

4. Personal Support Services – one-to-one, group work, counselling etc

(Response 15/15)

All respondent projects provide personal support services; in the vast majority (73%) all participants take part in personal support services. Three projects had participant involvement levels of 45- 55% with only one project having involvement rates of below.



5. Advocacy Work on behalf of participants

(Response: 14/15)

a) **Numbers of participants requiring advocacy support work – 64%**

b) **Agencies most used and seen as most helpful in advocating on behalf of clients**:

Education/training/Employment: Local Drugs Taskforces, Local Employment Services, VEC, local Colleges were all seen as helpful and supportive in assisting clients with educational and employment supports.

Families and Children: Community Drug Teams, Merchants Quay, Citywide & local Health Board Staff were most used by respondents in advocating on family & children related issues.

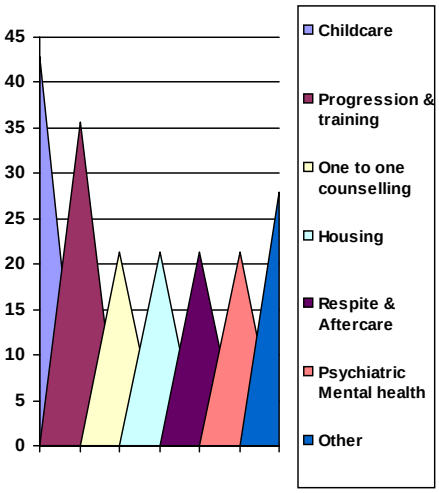
The reasons given for using these agencies/groups were that individuals within these agencies were helpful, supportive, innovative and capable of making a real effort for clients.

General Areas of Advocacy: Community Drug Teams across the city were seen as supportive in advocacy work. MABS is used by a number of projects citing experienced and helpful staff. Merchants Quay and Citywide are helpful on issues of family support, general drug issues and on prison related issues. Probation and welfare, partnership companies and community networks are all used for advocating on clients' behalf. Clinic doctors, HSE local staff and Psychiatric services were all seen as helpful for clients with drug related health issues and psychiatric problems.

c) Agencies that were seen as least helpful in advocating on particular client issues:

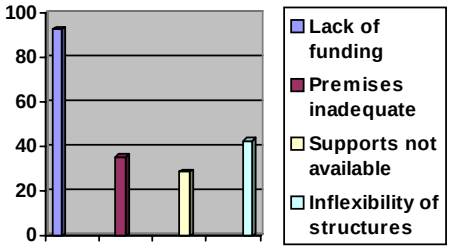
Supporting projects needs for adequate premises to expand service delivery was the issue on which LDTF's in particular areas were seen as least helpful. Dublin City Council officials were viewed by respondents as being inflexible in the area of evictions. Doctors in some clinics were observed by respondents as being unwilling to cooperate in an interagency approach in dealing with clients. Health Board officials were reported by respondents as being inflexible and lacking in understanding of participants' recovery needs. FAS was seen by respondents as also lacking in understanding of recovery needs of Special CE participants. Gardai were viewed as not proactive enough by responding projects.

6. a) Are there any participant needs that cannot be not be met by your Project?



- Lack of childcare supports featured strongly from respondents with over 40% citing this as causing major problems for their clients.
- Over 35% of projects believe that realistic progression paths and options are unavailable to their participants.
- In 22% of projects clients with mental health and psychiatric needs along with those with chaotic drug use patterns were unable to receive the type of supports that they need.
- One-to-one counselling is not available in 22% of the respondent projects.
- Aftercare, respite for families and housing difficulties were highlighted as other needs not being met.
- Lack of inter-agency cooperation on areas such as relapse, dabbling in drugs and minor offences

b) Reasons why these needs cannot be met?

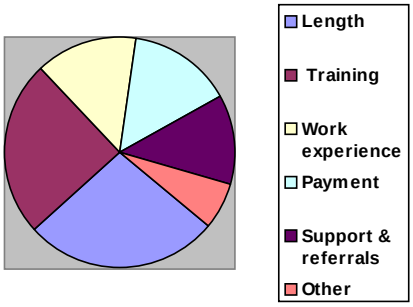


Lack of funding to employ qualified staff was seen by 93% of respondents as being the reason why participants' needs are not being met. Funding is needed to employ:

- Qualified outreach workers
- Child Support workers
- Counsellors
- Mental health experts
- Relapse prevention officers
- Staff experienced in working with chaotic drug use patterns

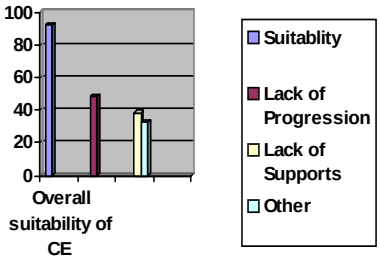
- The structure of CE itself was seen to be inflexible by over 40% of respondents: lack of built-in aftercare, flexibility of options and limited scheme time.
- Over 35% of projects do not have appropriate premises to provide support needs as outlined above.
- Clients are unable to access supports because of a lack of inter-agency procedures and a lack of understanding of rehabilitation process by some agencies

7. a) What features of the existing CE Drug Project Model do you see as Positive?



- The length of time that participants' have on CE was seen as the most positive aspect of this scheme. Respondents commented that three years gives time to develop behavioural change, to develop care plans and to develop structure in addition to improving skills.
- The availability of training and educational opportunities was seen as the next most positive aspect of Special CE schemes.
- Projects reported that both work experience and payments were positive aspects of Special CE for their clients.
- Special CE was seen as being positive for allowing access to services, supports and referrals.

7. b) What features of the existing CE Drug Project model do you think are negative?



The suitability of CE as it is currently structured as a mechanism for rehab featured strongly in response to this question. Examples were given as:

- Emphasis on quantifiable progression
- Unrealistic expectation that after 3 years people in recovery can access employment
- Lack of aftercare and pre-CE
- Lack of flexibility around scheme time & capping of 3 years not allowing an individual to progress from a rehab project onto a general CE
- Funding for training is insufficient leading to concentration on group training – individuals not getting the attention they need

- Lack of developed progression routes was seen by 48% of respondents as a negative feature. Lack of support both from within FAS and other agencies was reported by 39% of projects responding.

8. Any Other Comments?

The following comments featured strongly in responses:

- It is essential that inter-agency collaboration and a respectful ethos be developed between projects, FAS officials and other relevant agencies.
- There is a need for more understanding of rehab process - individual care plans for those in recovery take time and can have set-backs - this should be the focus of CE rather than the existing system which emphasizes quantifiable progression records

Respondents also commented:

- There is a need for realistic referral and progression routes essential – for real jobs, respite care and detoxification facilities
- Childcare facilities –should have opening and closing hours that facilitate participants working hours
- For CE to be successful it needs well trained staff, paid appropriately
- FAS should have a dedicated unit to deal with drug projects
- All taskforce areas should have at least one dedicated project for drug free clients.
- Aftercare systems need to be in place with tracking to link in with former participants

Some Conclusions

- While FAS provides core funding, practically all of the CE Special Drug Projects are accessing more than one source of funding to carry out their work.
- Projects are caught up in a lot of administration to deal with annual funding applications, reports and accounts for a number of different agencies.
- There is a major issue for projects in trying to provide training and qualifications for their staff and in trying to keep staff that, when they do acquire some level of training and experience, can receive significantly higher salaries in other sectors.
- It is clear that projects are making huge efforts to meet the individual needs of their clients, both at a personal and vocational level. There is a wide range of both skills based and personal development training being provided through the projects.
- A significant majority of clients are also accessing personal supports through the projects.
- A key element of the projects work is advocacy on behalf of their clients. It is clear that, for the projects, the effectiveness of advocacy is still very dependent on building relationships with individuals within agencies.
- Some of the key areas identified by projects in which there are major gaps in current provision are:
    - Mental health services
    - Childcare services
    - Progression routes.
- The work of the projects in meeting the needs of clients is affected both by the limitations of the current CE structures and also by the lack of inter-agency working.

Part 3

Drug Rehabilitation Service – A model for the way forward

The Client

- Every client who goes into treatment should be offered referral for a rehabilitation assessment.
- This assessment should cover the whole range of issues that impact on the lives of drug users and their recovery, e.g. general health, mental health, family/relationship issues, childcare, housing, social welfare/income, legal issues, criminal issues, education, training, employment etc.
- The client should be a partner in drawing up an agreed individual care plan, based on the needs identified at assessment.
- Following assessment, the client should be supported through his/her key worker in accessing whatever services are relevant and appropriate to them.
- Rehabilitation should be seen as an open-ended, rather than a time-limited, process for the client, rehabilitation services should be available for as long as people need them. Clients are often involved in treatment and rehabilitation at the same time, but rehabilitation needs to continue when a client leaves treatment.

The services

- There is a wide range of statutory, community and voluntary services that have a role to play in drugs rehabilitation.
- Each of these services in the LDTF area should outline what it can currently offer to people in rehabilitation and what resources are necessary to increase the level of these services, if required.
- The gaps in services need to be clearly identified e.g. childcare, housing support, and the resources required to provide the services need to be quantified.

The CE Special Drug Project will continue to be a core element of rehab for those clients for whom it is appropriate to their needs. The existing CE model can provide clients with opportunities for personal development and support, education and training and can play a key role in advocacy on behalf of the client. The development of a pre-CE programme will enable projects to offer more intensive one-to-one support for clients who require it.

Co-ordination, monitoring and progression

- Delivery of a comprehensive rehabilitation service will, as we have seen, require the involvement of a whole range of statutory, community and voluntary agencies. But for the client, all these services need to be accessible through one source i.e. his/her key worker and care-plan.

- If this is going to happen, there needs to be one agency taking overall responsibility for co-ordination. The Local Drugs Task Force is best placed to carry out this role of co-ordination of the local rehabilitation service. Delivery of the service will remain the responsibility of individual agencies and projects.

- It should also be the role of the LDTF to monitor the delivery of the rehabilitation service and to identify when, where and why specific services are not being made available to the rehab service in their area.

- The LDTF should also look at the development of progression routes for clients in rehabilitation services and identify both the supports and blocks to progression.

- Where blocks to progression cannot be dealt with at local level, they will be referred to the NDST to be considered at policy level.

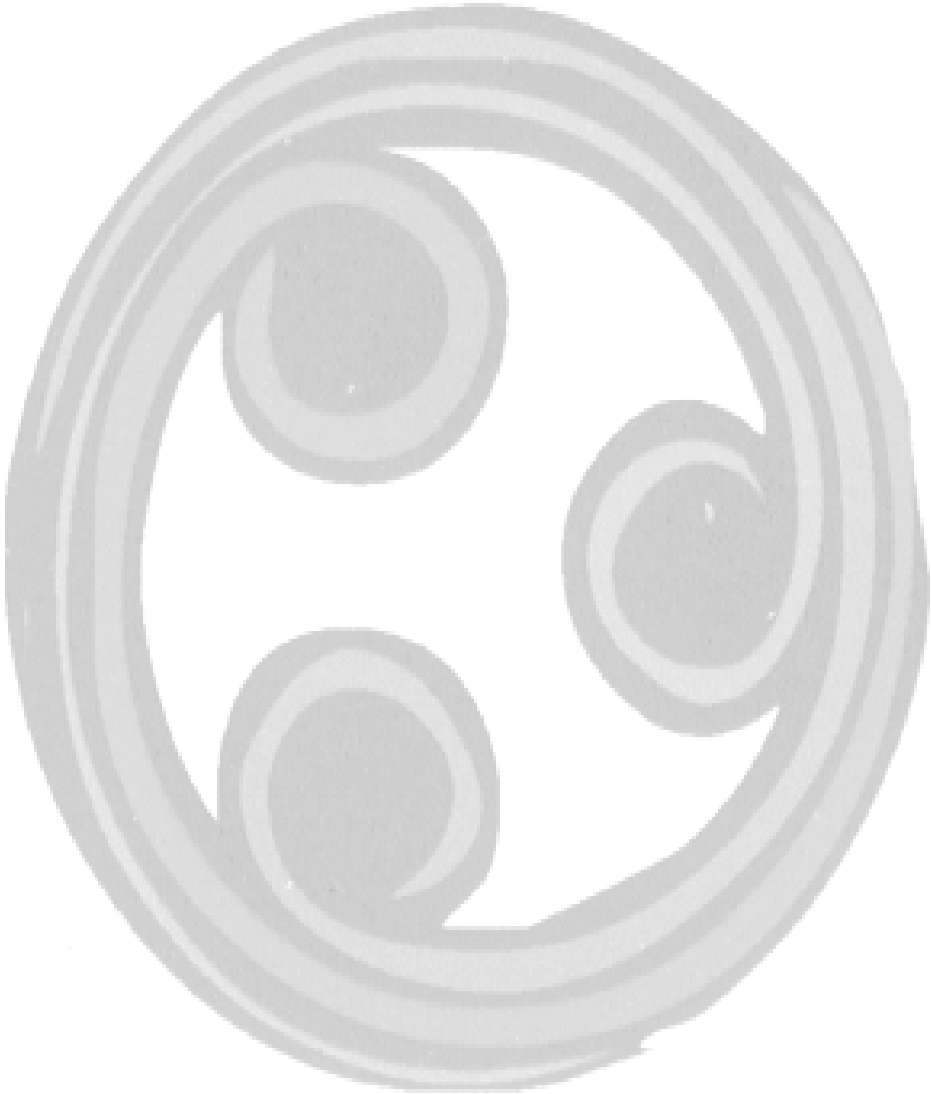
Conclusion

The drugs crisis continues to devastate communities right across Dublin and now outside of Dublin as well. As this report outlines, communities are continuing to respond to the crisis by developing services at a local level that can offer support to drug users, their families and communities. Huge efforts are being made by projects to meet the needs that participants present with and many of these efforts are successful. However, there are major difficulties for projects in dealing with particular needs such as progression, mental health issues and childcare.

The development of rehabilitation services for drug users is now recognised as a major priority both at local and national level and the Departmental Working Group has been set up to look at how these services should be developed.

Recommendations

- The Working Group needs to learn from and build on the experience of the community drug projects.
- An interagency approach to rehabilitation is essential and a clear commitment to that approach is required from all relevant agencies.
- The Government needs to make additional resources available in the 2006 budget so that the plan being drawn up by the Departmental Working Group can be implemented without delay.



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