Overview

Safetynet Methadone Pilot in Hostel for homeless heroin users

Quality level

Quality level : 2

Executive summary

From December 2007 to May 2008, the Safetynet Service piloted a methadone programme in the Dublin Simon Emergency Hostel. The aim is to reduce heroin use and the high level of hospital admissions among homeless heroin using residents. During this six-month period, 14 residents were initiated onto the programme. At the end of the programme, 10 patients remained in treatment. The evaluation reported that among these 10, there was a marked reduction in drug use and improvements in health and social functioning.

Type of intervention: treatment
Sub-area: pharmacologically assisted treatment
Setting: outpatient
Type of approach
Target group (universal): adults
Age group: adults
Target group (specific): adults
Annual coverage
Substances addressed: opiates
Evaluation type: outcome evaluation (how far are the specific objectives achieved)
Country: Ireland
Start date: 01/01/2007
End date: 01/05/2008
Overall objective

To reduce or stop heroin use among homeless people.

Abstract

During the six-month period from December 2007 to May 2008, the Safetynet Service, a mix of statutory and voluntary health care professionals, piloted a methadone programme in the hostel. The rationale for this pilot intervention was to reduce the level of heroin use and the high level of hospital admissions among homeless heroin using residents of the hostel. During this six-month period, 14 residents were initiated onto the programme. At the end of the period 10 patients remained in treatment, 2 patients had been transferred to another GP within the Safetynet service and two had left the hostel without further contact. Evaluation of the pilot intervention An internal evaluation of the Safetynet methadone programme in the Dublin Simon Emergency Shelter was undertaken after six months of programme. Data collection methods included interviews with staff and clients of the shelter, assessment of drug use and social functioning before and after commencing treatment and an analysis of quantitative Shelter and nursing data relating to participants on the pilot. Drug use Of the 10 patients on the programme at the end of six months, two had opiate and cocaine free urines and the remainder reported marked reductions in drug use. This reflected a reduction from an average pre-treatment six 'bags' of heroin daily to 1-2 'bags' of heroin per week. This reduction is self-reported but is supported by key worker estimates and clinical impressions. Four patients who left the programme reported marked reduction in drug use prior to exiting. Health There was a marked reduction in abscesses and skin conditions in the first five months of 2008 compared to 2007, a reduction largely attributed to the decrease in injecting by clients. Social functioning There were no evictions or 'barring' from the hostel for unsafe drug use in the first four months of 2008 compared to 8 for the same period in 2007, a reduction largely attributed to the methadone programme. In addition, there has been a reduction in the residents' involvement in crime, improvements in level of contact with family, in motivation to attend stabilisation programmes and to source longer term accommodation. Some have started to attend hospital outpatient appointments and re-engage in education.

Context and theory

Initial situation

The Dublin Simon Emergency Shelter provides up to six months accommodation to 30 residents. Most of the homeless persons accepted in the hostel are high risk intravenous heroin users who are not in treatment. The level of risk has meant a high rate of hospital admissions for drug related conditions. The health and resource implications of neglecting to treat
residents? opiate addiction are high. In addition, lack of suitable accommodation and methadone provision has been a significant barrier to residents’ progression out of homelessness. Since medical service to the hostel began in 2006, it became apparent that most of the serious medical problems experienced by homeless persons using the hostel were a consequence of untreated drug use. These included subcutaneous abscesses, deep venous thrombosis and complications of AIDS, often resulting in hospitalisation. Drug use is not accepted within the hostel and has led to residents being evicted or barred resulting in a return to living on the street for active drug users. Long waiting lists and fear of intimidation from other drug users often meant that these hostel dwellers were reluctant to report to treatment services. In an attempt to provide a timely and accessible drug treatment service to residents of the hostel a proposal from the Safetynet service was submitted to the Methadone Implementation Committee in June 2007. Following ethical approval, the service was piloted. The Safetynet methadone programme is essentially the delivery of a drug treatment service to the homeless by using the Methadone Protocol that is used nationally to deliver methadone to patients.

**Basic assumptions/theory**

The Safetynet intervention is premised on the assumption that the health and social functioning of homeless heroin users will be greatly improved by providing on-site medical and nursing services, as well as a needle-exchange service and methadone to homeless heroin users. This group of heroin users have been shown to be at high risk of problem drug use, hospitalisation through drug-related illness and eviction from hostel through drug-related issues. By providing on-site services in the hostel to this group of participants, the safety intervention believes that methadone can reduce these drug-related harms and can bring an excluded group of drug users closer to treatment and ancillary health and social services.

**Objectives and indicators**

**Evaluation design**

outcome evaluation (how far are the specific objectives achieved)

**Specific objectives and outcome indicators**

**Specific objective 1**

Reduce heroin use among participants

**Outcome indicator 1**

Reduction in drug use (heroin)
Specific objective 2
Reduce morbidity among participants

Outcome indicator 2
Reduction in morbidity (Skin conditions, abscesses, etc.)

Specific objective 3
Improve social functioning among participants

Outcome indicator 3
Improvement in social functioning (reduction in evictions from hostel, reduction in crime, improvements in contact with family and with external health and social service providers).

Instruments used

Type of quantitative instrument
Type of qualitative instrument

Action
Methadone prescribing Needle exchange General Health Services by an on-site General Practitioner (GP) General Health Services provided by an on-site nurse These general health services include wound management, dental services, vaccinations and general nursing assessment.

Results

Process evaluation

Results
Pharmacist views A pharmacy located in the centre of Dublin city dispensed the daily methadone for the 14 residents on the methadone programme. In an interview, the head pharmacist reported that he was very happy with the way the programme was running and he did not experience problems with the participants. Most were respectful and visits to the pharmacy were without incident. Communications with the prescribing GP were easy and helped by direct phone access. Staff views Staff working in the shelter were very
positive about the introduction of methadone programme on site and supported any proposal to expand the number of places available to residents. Staff reported the following strengths and weaknesses of the intervention.

**Strengths**
Residents can see a health professional almost immediately on accessing the Shelter and be assessed for treatment. A realistic time frame for treatment which is significantly shorter than anywhere else in the city. It is empowering for clients to be able to attend a chemist and not to have to undergo queues, high security and metal detectors that often exist in clinics. Clients can see the nurse for needle exchange and injecting advice on site. Less likely to miss methadone prescription or dispensing. Potential to move quickly to stabilisation. Less intimidating and impersonal than large clinics. Communication between a client, their key worker and their prescribing service are excellent. People can continue to be prescribed from the shelter after they have moved into other accommodation. The pharmacy is local with late opening times. The Shelter provides two stabilisation beds on-site for those who wish to start on a stabilisation programme. This presents a great opportunity for someone on the methadone programme. Weaknesses There are not enough places. There is no drugs counsellor linked to the service. Clients who are barred from the shelter service cannot access the building for methadone prescription and therefore must be seen elsewhere. Groups and activities for residents on site which would help people stabilise are not provided.

**References**

**Contact**

- **Responsible organisation**: Primary care Safetynet Service for Homeless People. The aim of the service is to form a cohesive and comprehensive, primary health care service to homeless people in Dublin.
- **Name of organisation**: Primary care Safetynet Service for Homeless People. The aim of the service is to form a cohesive and comprehensive, primary health care service to homeless people in Dublin.
- **Street address**: Parkgate Hall, 6-9 Conyngham Road, Dublin 8
- **Postal code**: Dublin 8
- **City**: Dublin
- **Country**: Ireland
- **Website**: www.primarycaresafetynet.ie
- **Email**: btmelaugh@hotmail.com
- **Partner organisation(s)**: Dublin Simon Emergency Shelter
- **Contact**: Brian Melaugh
Additional information

Number of staff involved: Approx 10-15
Status/profession of staff involved: Staff include a doctor, a nurse, key workers and hostel staff.
Type of evaluator: Internal evaluator
Name of external institution(s): not applicable

Full reference to evaluation report:

Budget

Annual budget: Annual budget is not available
Sources of funding: Percentage from each source

Additional remarks