

DEALING WITH COVID-19 AND BEYOND

A joint paper from Merchants Quay Ireland, Coolmine
Therapeutic Community and Depaul



Merchants Quay Ireland
Homeless & Drugs Services



FOREWORD

No one service can meet the diverse needs of the service users who are homeless and/or who use drugs. As Section 39s, Merchants Quay, Coolmine and Depaul have strong collaborations, share information and work together to meet the existing and emerging needs of those who need our help and support.

Working together is key to improving access to housing, health, and social outcomes for those who use our services.

In this context, we decided to come together to submit this paper to Government to highlight the positive outcomes because of the response to the pandemic across the voluntary and statutory sectors. But also, to highlight the continuing and complex needs of our service users as we work together to reopen the country and as we look further ahead into the future.

Across the three organisations, services are provided within a continuity of care and support ranging from high support accommodation to health & harm reduction services to residential & community detox/treatment services to those marginalised in society with very complex needs.

ABOUT US

Merchants Quay Ireland is a leading Irish charity working with people experiencing homelessness and people who use drugs. The organisation provides services ranging from crisis and case management, healthcare services, harm reduction and family support to residential and community detox & rehabilitation, aftercare and prison-based addiction counselling.

Coolmine is a national drug and alcohol treatment centre that provides a range of quality residential, day and community-based services. Coolmine programmes are specialist supporting homeless men, pregnant women, women with young children, clients and children impacted by domestic violence and trauma, traveller community members, new community members and prisoners. Through services embedded in a continuum of care, we support clients to access treatment, stabilise, detoxify and remain drug and alcohol free.

Depaul is a leading cross-border homeless charity which supports people experiencing homelessness and those who are at risk of homelessness. Depaul provides low threshold, specialist support to the most vulnerable in our society. These include both accommodation and community-based services. Last year, across the island, Depaul helped over 4000 men women and children, including women leaving prison, people residing in direct provision, young people, people with entrenched addiction issues and people suffering from mental health difficulties. Since being established in 2002 Depaul has gone on to become a leading voice within the homeless sector and now currently provides 30 services across the island of Ireland.

WHERE WE ARE NOW – THE COVID-19 CONTEXT

This country has been experiencing an unprecedented public health threat with the emergence of the COVID-19 virus. While the pandemic has touched all our lives, it has been felt most keenly by vulnerable groups who rely upon services like ours to protect them from harm.

Under the leadership of the HSE, and in collaboration with, DRHE, DCC, Section 39 homeless and addiction services, voluntary and community organisations, we have implemented a range of containment and mitigation measures to reduce the risks from COVID-19.

We have done what is necessary to protect those who use our services. Measures taken have included isolation units, cocooning units, and positive COVID-19 step down units. The majority of people experiencing homelessness now have accommodation and access to healthcare, including medications and treatment. All partners are to be commended on their fast response to save lives. There have been no COVID-19 deaths in this cohort group.

In addition, further positive health related consequences have occurred. Commencement on Opioid Substitution Treatment has been reduced from 12 weeks to 5 days for people experiencing homelessness and opioid dependency.

The impact has not been without challenges- adherence to hygiene and social distancing measures is especially challenging in some of the settings in which services operate. Reconfiguration of day services to 'take out' basis with less social interaction has been difficult. Difficulties in providing face-to-face care has meant support is via mobile or apps such as Zoom. Staff have been quarantined, alternating shifts to reduce infection risks to other staff resulting in fewer staff available at any given time, whilst struggling with childcare issues.

It is an extra risky time to use drugs particularly when drug use can lower a person's immune system, making all drug using groups at greater risk of illness from the virus. We have seen in previous times, when drug supplies change, clients will use alternatives to their usual drug of choice or use new types drugs which can increase the risk of overdose. Teams are also reporting people are self-detoxing without the appropriate supports.

With the pressure of dealing with new, reconfigured services and reduced residential detox and treatment beds, these changes are having a significant impact on people's drug use and mental health. We can predict an increase in polysubstance use with a prevalence of alcohol and non-prescribed medication.

Before COVID-19 virus arrived in Ireland there were around 2,900 people being accommodated in temporary accommodation in the Dublin Region. These were in a variety of settings including private emergency accommodation and hostels run by voluntary agencies. Many people were being accommodated in communal settings with shared bathroom and toilet facilities and shared bedrooms. It very soon became apparent as more was learned about the nature of COVID-19 transmission that some settings were not suitable for full protection from the virus.

There was also a need to provide adequate accommodation support for those who are symptomatic and/or were diagnosed as COVID-19 positive. Steps were taken by the HSE and Dublin Regional Homeless Executive to put in place accommodation for single people, couples and families in self-

contained accommodation. Around 1,000 beds were created in a variety of settings such as hotels, self-contained tourist apartments for such purposes.

This has been a significant step forward by Government, HSE and DRHE to provide this response and has meant that the transmission of the disease amongst the population of those in temporary accommodation has been minimised. But what happens next for people in this accommodation. Now is an opportunity to address the long-term accommodation needs of this cohort and arrive at an exit plan to ensure that individuals do not have to return to hotel or private emergency accommodation.

In 2019 alone...

MQI helped **11,641** people with needs spanning homelessness, addiction and health. Our Riverbank Centre provided **109,010** meals to people experiencing homelessness; we supported **838** clients with mental health issues with over **8,000** visits to our general nursing & GP service. We provide detox and rehabilitation treatment for **181** people who wished to become drug-free.

Coolmine provided over **9,000** contact supports, saw 1,930 individuals access assessment and support, **316** admissions to primary treatment services and **252** prison assessments and admissions. Our community and day services supported **350** clients in stabilisation and drug free day programmes. **120** high-risk families were supported in our Parents under Pressure programme.

Depaul worked with **4,806** men, women and children (up 10.92%), **545** families (up 6.24%) and **1,088** children (up 23.5%). We saw **15** babies born to our services and **391** service users move on from our accommodation-based services and find a suitable home. We provided 29 services in ROI & NI, 569 beds each night for those who needed them most, over **1,000** direct nursing consultations and **1,118** direct GP consultations.

CASE STUDIES

These are real cases of those in our care. Their names have been changed to protect the identity of our clients.

Mary

Mary is a 49-year-old woman who has been accommodated within a homeless 'cocooning' facility during Covid-19. Due to her current medical condition Mary is in a high-risk category as her immune system is compromised.

Mary says, "I got my kidney removed and I have also got my hip replaced about 36 weeks ago. I also suffer from cryptogenic organising pneumonia (COP), eczema and asthma.

"I was sharing a house with 35 other women so if it came into the house, I could have died from it. So, my doctor got me put into the hotel I'm in now".

Mary has been 'cocooning' for over 12 weeks in the hotel and explains how she feels about her current situation.

"I do feel comfortable here. You are not sharing a room; you are in the room on your own. It's clean, it's nice. The way you'd like to have your own little place. Clean and tidy. I don't have to share a bathroom. I don't think people, on health grounds, should have to share in any situation a toilet".

Mary says the thoughts of what will happen once she has to move from her current accommodation 'scares' her. "That's what worries me when this is all over, where am I going?"

Mary now has a key worker. The aim will be to ensure that she receives the assistance to obtain long term accommodation suitable for her needs and not return to temporary accommodation or rough sleeping. It's also essential that Mary receives health and medical support within the community that meets her complex needs if she obtains a tenancy.

David

The Merchants Quay Ireland Outreach team found David, a young man in his early twenties, sitting outside what would normally be a busy shopping centre at 11am in the morning. David was hoping to get money to buy food but wasn't having any luck tapping in the empty streets. He had left an emergency hostel early that morning and despite having had breakfast he was now hungry and worried about where his next meal would come from.

He believed the homeless services in the city, which he had come to rely on for food, were now closed because of the lockdown. It was clear from David's demeanour and the wounds on his legs and hands that he is in active addiction.

His legs had open wounds which were seeping, painful and itchy. They needed urgent medical attention and the Outreach team were able to let David know that our nursing service was still open every day. The team gave him some food and water, explained to him that he could get a hot meal at our service that lunchtime and encouraged him to go get his legs dressed while he was there.

David explained he was worried about securing somewhere to sleep that night. Using a mobile phone, the MQI outreach team were able to log into the Pass system there and then check his status. The reality was David was booked into the same hostel for 3 more nights. David didn't know that.

David was grateful and relieved to find out that he had a bed for the night already sorted. Feeling happier in himself that he didn't have to worry about having to sleep out, he agreed to visit the MQI to get the hot meal and get his leg wounds seen to by the nurse.

Once in the building MQI staff could then, if appropriate, leverage this interaction with David to highlight harm reduction options, naloxone training and even introduce the idea of moving to a methadone programme.

To support David, the MQI team had to first of all find him, identify his immediate and most pressing needs, link him in with appropriate services and provide him with accurate information.

David's case highlights that until basic needs like food and shelter are met, we cannot hope to support people's health and addiction needs. The very provision of these basic services is often the doorway into a trusting relationship where deeper support is even possible.

For David, the MQI Outreach team interrupted what could have been a lonely, fearful day of hunger and isolation. Above everything else, the MQI outreach team offered David kindness and the human connection he so desperately needed.

Sarah

There was uncertainty as to the progression of Sarah, who was 5 months pregnant, homeless and stabilizing on methadone. She was in emergency accommodation, had fled a domestic violent relationship from the south east of the country and was homeless.

Two days following admission to Ashleigh House, Sarah haemorrhaged in the early hours of the morning. An ambulance was called, and all her physical and emotional health needs were supported immediately with support of the night workers. Her baby was delivered immediately following an emergency C section. Mother and baby returned to Ashleigh House one week later where both are currently being supported. The baby was born five weeks premature but is doing really well.

Sarah has many physical and emotional health needs which are being facilitated with the support of transport, nursing, psychiatry support and peer support. There is also heavy social work involvement.

John

John was sleeping rough and accessing one night only accommodation, before the pandemic, and accessed Coolmine's day stabilisation programme mid-March 2020.

John had been in active addiction over 20 years and has been homeless for the past six years. He had had no contact with his family in that time due to guilt and shame. He has no previous attempts at treatment.

Whilst awaiting placement on our welcome programme, COVID-19 restrictions came into place across the sector and all community and day services were closed. John entered cocoon accommodation and remained committed to starting his recovery journey.

Coolmine supported his referral and admission to the Dublin Simon Community Detox programme.

Following this, he began a methadone detox and arrangements were put in place for a door to door admission to Coolmine Lodge as soon as restrictions were eased. John entered Coolmine Lodge at the start of May and is currently drug free for the first time in over 20 years and participating well in the programme. It was not his intention to become drug free at start of his journey but due to circumstances where residential treatment was his only option during the pandemic, he took the opportunity and is doing really well.

AS THE COVID-19 EMERGENCY EVOLVES- PRIORITIES FOR 2020

While long term solutions to homelessness and addiction are needed, it is vital that in the short-term, the most vulnerable people are not lost in the plan to re-open the country. We need to remain prepared should there be another surge of COVID-19.

This will require three key priorities to be met;

1. Housing

The existing accommodation arrangements put in place at the start of the emergency should remain in place, as necessary. This should include the prolonged use of hotels and the focusing of resources to support households in particular vulnerable single people until the end of this year.

2. Treatment Capacity

We must ensure clients who accessed Opioid Substitute Treatment have continued access. Structured pathways should be created for those commenced on treatments, to access residential treatment and, aftercare and recovery-based services on exit from isolation. We need to ensure that the finances have been put in place to deal with this immediate need are maintained for the period required to execute such an exit strategy.

3. Healthcare

A structured exit plan is required for those in cocooning facilities, so they do not return to homelessness and have access to healthcare including day services.

Effective COVID-19 Testing & PPE will be required for workers in drug and homeless services who are exposed to a similar risk of infection to other frontline healthcare professionals during this pandemic. Provision for adequate testing and provision of PPE needs to be in place for service users and staff

Continuation of homeless day service provision for marginalised rough sleepers is required to ensure ongoing proper access to basic hygiene, food, social contact, and emergency healthcare.

BEYOND COVID-19 - ENSURING CONTINUITY AND ACCESS

Homelessness is a traumatic experience. For far too many this is a plight that persists, and the longer people are trapped in homelessness, the more their physical and mental health deteriorates. With that comes increased risk of addiction. 376 people died in 2017 from overdose (poisoning deaths) and there were 410 deaths as a result of medical causes or trauma among people who use drugs (non-poisonings) (Health Research Board, 2019). The average age of death of women who are homeless in Ireland is 38 years, while for men it is 42.

As we move beyond the crisis, and look to 2021, vulnerable people in our care need the continuation of funding for the COVID-19 HSE emergency response to maintain existing service provision. Ensuring timely access to health and social care services and extending the range of treatment options is necessary to achieve better outcomes for our clients. Recovery relies on people having access to the supports they need when they need them. Women with children and pregnant women are particularly vulnerable.

There are four clear priorities for the post-COVID-19 period;

1. Provision of secure accommodation

When a person has a roof securely over their head it is easier for people to focus on solving their other problems. We need to change the lives of people experiencing long-term homelessness which includes people recovering from substance abuse and mental health issues. Measures should include:

- A plan to regulate single let agencies coupled with an extension of rent freezes and ban on evictions.
- The ability and funding for Local Authorities to be able to negotiate long term leasing options with private landlords
- A more comprehensive roll out of rent supplement for those receiving COVID-19 related social welfare payments.

2. Access to treatments

It is vital that the necessary treatments to help people out of drug addiction and to treat overdoses are provided in the medium term. Measures should include;

- Provision of Naloxone, a prescription-only medicine which, within minutes, reverses the effects of opioid overdose.
- Provision of Opioid Substitution Treatment and ensuring the ongoing provision of drug treatment services, including opioid substitution medications and other essential medicines to clients is critical.

3. Continued provision of day services

Where services are jointly funded by the HSE & DRHE, there are tensions in relation to this and genuine concern that going forward DRHE will wish to fund accommodation services only. While clients gain respite from the streets, this type of service is so much more than a hot meal, it is the

very foundation of all ancillary services e.g. nursing/medical care, clothes, showers etc., where staff build trusting, empathic and respectful relationships with clients, allowing them to support the client in exploring and seeking assistance in addressing their issues and needs. These services are seen by clients as their 'family unit', as it is the only human contact they have during the day and they are often isolated from their own families.

4. Provision of stabilisation, detox and rehabilitation services

Drug and alcohol problems are part of modern-day life. However, people can and do recover and go on to live full and active lives. Recovery relies on people having access to the supports they need when they need them.

To establish these supports, we must;

- Create pathways to access detox & treatment to those in cocoon/isolation units and homeless services, for women/pregnant women, traveller community members, new communities to create opportunities to access treatment for marginalised members of our society. This should form part of the COVID-19 exit strategy. Increase residential detox & treatment beds to create more capacity in the reconfigured services. For example, currently, Coolmine has approx. 200 individuals seeking treatment support at any one time. There are 30 men assessed and waiting for a male residential treatment bed today. There are over 60 women nationally seeking a residential bed in Coolmine Ashleigh House (80% are mothers and/or pregnant). MQI received 240 referrals for its residential detox & rehabilitation services in the first quarter of 2020, with 45 people admitted to both services. Referrals remain high for community detoxes (benzodiazepines & alcohol) in the first quarter of 2020.
- Create capacity in the consolidation of COVID-19 services to include more residential treatment beds for those stabilising, detoxing, and/or seeking drug free services.
- Move towards opening Ireland's first Medically Supervised Injecting Facility. Ireland has the 4th highest rate of drug related deaths in Europe – with over 700 drug related deaths in 2016 of which around half are overdose deaths. Evidence from around the world shows that supervised injecting facilities saves lives. The Government's commitment to this service needs to be prioritised, the number of drug related deaths is too high for this service not to remain as part of the programme for Government.
- Fund the establishment of Women's Service, Limerick. The HSE National Service plan commits to the funding of the establishment of a residential treatment service for homeless women and children in the mid-west region on a phased basis in 2020 and full year implementation in 2021.

BUILDING FOR THE FUTURE

The COVID-19 pandemic has shown how we can respond rapidly to reduce harm and protect people. We need to build on these learnings and now plan effectively for the future, including a focus on supporting recovery.

Set out below are what we see as the key building blocks for future recovery:

1. Review Rebuilding Ireland and the Right to Housing

A national Housing Strategy around accommodation for single people is urgently required together with a referendum on the constitutional need for a right to housing for all Irish citizens.

2. Target homelessness among women

Women's experience of homelessness is typically different from that of men. For example, homeless women feel ashamed more often than men if they have had children to take care of and they have been taken into custody. Most people experiencing homelessness are men, so when women become homeless, they end up in services which are predominantly men where they are vulnerable to various kinds of abuse. Hence, women need different kinds of housing support to men.

3. Provide women-specific addiction services

One of the objectives within Reducing Harm, Supporting Recovery-A health led response to Drug and Alcohol Use in Ireland 2017-2025 is improving access to services for women. As stated in the strategy 'Women can experience barriers to engaging and sustaining involvement with treatment and rehabilitation services'. These include non-recognition of being a homeless mother, fear of losing children and no access childcare. There is a lack of services that accommodate children. There is only one residential treatment facility in Ireland, Coolmine Ashleigh House, for pregnant women and women with young children- 22 beds nationally.

There is a lack of female specific service and gender sensitivity within services (services predominately accessed by males). Often this leads to women's' nondisclosure of past trauma/violence for fear of being judged and stigma. Homeless women with addiction issues move around services.

There is a need to increase the

- range of wrap around treatment and supports to facilitate more women with children or who are pregnant taking up treatment and ensure the services are equipped to meet the needs of women
- number of Gender Specific Homeless Services e.g. women only hostels
- number of Gender Specific Harm Reduction & Treatment Services – studies have found that such spaces increase feelings of safety, respect and dignity among women who use drugs particularly those who have experienced physical and sexual abuse.

4. Deliver “Recovery Housing”

As a state we need to prioritise ‘Recovery Housing’ to prevent high risk families and single people exiting treatment to homelessness in line with ‘Rebuilding Ireland’. Recovery Housing is a key enabler to supporting long term recovery. It allows for people in recovery to continue their life skills training, career and education pathways, address ongoing primary healthcare needs, access childcare and avail of peer support groups.

In addition, it provides a safety net for those who may be struggling to avoid relapse. Many clients on completion of treatment, are unable to access suitable accommodation and as a result, they often end up back in emergency accommodation or on the streets, which is putting their recovery at risk.

A continuing theme raised by our clients is a lack of housing for people exiting treatment. Aftercare and support are vital to allow people to maintain and build on the positive gains they have made while becoming drug-free. Coolmine see 20% of their treatment beds being used for primarily housing a client post treatment completion- they have nowhere to go due to homelessness. MQI have two transition houses (12 beds) for clients who come out of treatment – there is little or no move on to allow other clients to avail of this housing. Depaul provides a 6 bedded unit for women coming out of treatment to move out of homelessness. It will be opening a family recovery unit in July of this year to support women with children coming out of treatment continue the treatment pathway and obtain long term housing. Depaul have established Depaul Housing Association to support those with the most challenging issues to access social housing.

5. Provide long-term stability for the sector

Charities play a vital role in improving our society and make a huge contribution to the economy. They provide crucial support to people and communities across the country, often those that are hardest to reach. Government must recognise that building sustainability within the sector has to be a priority and address pay equality issues with organisations funded under Section 39.

EDITORS NOTES

Reference Docs:

Reducing Harm, Supporting Recovery

Ireland's national drug strategy, 'Reducing harm, supporting recovery: a health-led response to drug and alcohol use in Ireland 2017-2025', The strategy sets out an overarching vision for 'a healthier and safer Ireland, where public health and safety is protected and the harms caused to individuals, families and communities by substance misuse are reduced and every person affected by substance use is empowered to improve their health and wellbeing and quality of life'. The vision is underpinned by five strategic goals that structure the adopted approach: (i) to promote and protect health and wellbeing; (ii) to minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery; (iii) to address the harms of drug markets and reduce access to drugs for harmful use; (iv) to support participation of individuals, families and communities; and (v) to develop sound and comprehensive evidence-informed policies and actions. Performance indicators are defined for each goal.

http://www.drugs.ie/downloadDocs/2017/ReducingHarmSupportingRecovery2017_2025.pdf

Rebuilding Ireland – Action Plan for Housing and Homelessness

'This Plan sets out a clear roadmap to achieve the Government's goals to significantly increase and expedite the delivery of social housing units, boost private housing construction, improve the rental market, and deliver on the commitment to see housing supply, in overall terms, increase to some 25,000 new homes every year by 2020. Ending rough sleeping and the use of unsuitable long-term emergency accommodation, including hotels and B&Bs, for homeless families, are key priorities that take precedence within the Plan'. (from introduction)

Impact of COVID-19 on drug services and help seeking in Europe, EMCDDA trendspotter briefing May 2020