



KEY FINDINGS & RECOMMENDATIONS
FROM THE NOVAS COMMUNITY DETOX
EVALUATION.

DR RONNI MICHELLE GREENWOOD



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In 2015, Novas' management sought an independent local programme evaluation to assess the fidelity and outcomes of their community detox programme, which delivers the Progression Routes Protocols. A full final report was delivered to Novas in May 2016. The key findings and recommendations are distilled into this Executive Summary.

Key Findings

Finding 1 – Fidelity:

Novas CD provides community-based supports to clients and GPs with a high degree of fidelity to the Progression Routes Protocols. One Key Stakeholder referred to the team as the “gold standard” for delivering the Progression Routes Protocols. This means that a highly needed and evidence-based community detox service is now available in the Midwest Region.

Finding 2 – Innovation:

Novas CD goes beyond the original Progression Routes protocols in ways that increase effectiveness. It expanded Broker-CD Coordinator Role and added an in-house team of key workers. These innovations enhance the delivery of community-based detox.

Finding 3 – Importance:

Novas CD fills a gap in the drugs services continuum of care because they serve individuals who cannot access residential detox.

Finding 4 – Clients Served:

The team received a total of 335 referrals between 1 May 2012 and 24 June 2015. 40% were first time referrals and 60% were repeat referrals. 90% of clients were referred for benzodiazepine detox. 75% had previously tried some kind of drug treatment. Most clients come from Limerick City. Clients' ages ranged from 18 to 65, and average age was 31. 60% were male. 50% had legal problems, 40% were single parents, and 20% recently had an acute housing crisis. On average, clients had substantial problems with physical health and mental health, and rated their quality of life as not very good.

Finding 5 – Client Satisfaction and Success:

Clients are highly satisfied with the services they receive from the Novas CD. The number of clients served demonstrates the effectiveness of the programme of moving community members toward recovery. Length of engagement with the programme ranged from 1 week to 3.25 years, and averaged 8.5 months. Almost 20% of clients completed detox.

Finding 6 – General Practitioners' Engagement:

Novas CD provides necessary support to GPs who would not otherwise agree to deliver community detox. GPs trust, respect, and rely upon the expertise of the Novas CD team. GPs believe Novas CD reduces risk and provides essential supports patients engaged in detox from benzodiazepines.

Finding 7 – Value to Key Stakeholders:

Key Stakeholders appraise the service as cost-effective, and evaluate the team as highly competent, passionate, and skilled specialists. Key Stakeholders want this team to grow, both in size and type of services it offers to its clients.

Finding 8 – Team Effectiveness:

The team deliver the protocols with professionalism and compassion. They are cohesive and effective in their working relationships.

Recommendations

1. Broaden Target Population.

Rates of alcohol and codeine dependence are high in the Midwest Region. The team could collaborate with experts to adapt the Progression Routes Protocols to alcohol and codeine detox.

2. Increase Resources

Increase funding. A dependable, ring-fenced funding stream is a necessary prerequisite to the team's long-range development goals. The team should also apply for funding from additional funding streams, for example, funding streams that are tied to particular specialisms or target groups.

Increase space. The team cannot grow unless their offices expand. Although they are mostly in the community, they need desk and meeting space. To increase the range of services offered to clients, they need space in which to deliver these services.

Increase staff. Team members are employed part-time. These staff members could easily fill 40 hours per week devoted solely to community detox. Increases in staffing hours could take the form of current staff moving from part-time to full-time and/or the hiring of new team members.

Enhance services. 1) Many Novas CD clients have histories of trauma. All staff should be trained in the delivery of Trauma Informed Care via the model of Psychologically Informed Environments (PIE). 2) Most Novas CD clients have benzodiazepine dependence. CBT is an evidence-based practice with a large body of research demonstrating its effectiveness for anxiety management. Benzodiazepine misuse is strongly associated with anxiety symptoms, it is important that each team member be trained to deliver CBT.

3. Enhance Regional Presence

Expand interagency work in the sector with services such as ALDP and CSMT.

Deliver training on community detox to external bodies like probation and social work to raise awareness about best practices for community detox and increase empathy for individuals facing the challenges of substance dependence and detoxification.

4. Enhance National Presence.

Because the Health Research Board and NDTRS reports only include inpatient statistics, they underrepresent both the level of benzodiazepine use and the intensity of drugs services in the Midwest Region. The level of services provided by Novas CD is substantial, and so should be included in these national reports to increase visibility and improve accuracy of national estimates of benzodiazepine use.



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