FROM RESIDENTIAL DRUG TREATMENT

TO

EMPLOYMENT

FINAL REPORT

BY

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From Residential Drug Treatment to

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The views expressed in this publication are those of the authors and do not necessarily reflect the views of the Consortium Members or Employment- INTEGRA. Names and identifying details of participants of the Integra Programme have been changed to maintain confidentiality.

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F O R E W O R D

The Merchant's Quay Project welcomed the opportunity to participate in the Integra programme which commenced in January l998. We believe in the individuals right to full participation in society. We provide a range of options for clients within the project and reintegration of former drug users back in society is perhaps one of the most challenging aspects of our work.

The presumption is often made that once we 'process' a drug user through a treatment facility and render them 'clean' then our work is done. The Integra Programme afforded us the opportunity to develop an inclusive model of participation, which facilitated former drug users into mainstream training, work placements and employment opportunities. The project was also successful in attracting employers from small to medium sized organisations.

One of the major difficulties encountered in the course of the Programme was access to appropriate housing. Many former drug users were unable to return to their original home because of the risk of returning to the same social circles and hence relapse into previous drug using behaviour. Others lost their home due to the inability to pay rent while engaged in long-term residential treatment. Perhaps the best learning from the Programme has been the importance of providing (re)settlement support as an integral part of facilitating former drug users (re)integration into the community.

We are indebted to our dedicated staff throughout the duration of the project and to the consortium who provided valuable support. Finally we would like to thank the clients who participated and who continue on our after care programme. We have collectively learnt so much from their commitment, courage and hard work.

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EXECUTIVE SUMMARY

INTRODUCTION

Employment-INTEGRA, a human resource initiative of the E.U. was launched in 1995 to promote the integration of groups excluded, or at risk of exclusion, from the labour market. It provides community organisations with an opportunity to devise and implement innovative pilot actions to combat the prevalence and persistence of social exclusion in Ireland[1].

Former drug users are often excluded from the labour market due to numerous societal and individual factors including; the stigma associated with drug use, the fear and ignorance surrounding drug use and related issues, an individual's criminal record and experience of imprisonment, and an inconsistent job history (Lawless and Cox, 1999). Nonetheless, few service providers have focused on the provision of interventions concerned with the re/integration of these individuals into mainstream society. The Merchant's Quay Project as a drug service provider, identified the need for a programme to help facilitate former drug users who have completed residential drug treatment, into the labour market. The needs of this client group were given priority because the lack of employment opportunities and access to secure accommodation, had been identified as factors contributing to the relapse of former drug users upon completion of a residential drug treatment.

In response to this gap in service provision, in November 1997, the Merchant's Quay Project submitted its action plan for the Integra Programme 'From Residential Drug Treatment to Employment' to the Irish Integra Support Structure, WRC Social and Economic Consultants. This document stated that the overall aim of the Programme was to

> *"Develop, evaluate, and disseminate a model of good practice in relapse prevention, using a locally based, holistic programme which facilitates the integration of former drug users into mainstream training, educational and employment opportunities".*

The Merchant's Quay Project identified three main target groups for the Integra Programme; former drug users, local employers and training agencies. As indicated by the overall aim of the Programme, former drug users were the main participants, and as such the primary target group. In addition, it was considered essential to target local employers as they provide a valuable resource at a community level. Finally, statutory training agencies and community organisations were targeted as recipients of drug awareness training, in order to provide them with the knowledge and means to deal with this client group.

The Merchant's Quay Project established the Integra Programme 'From Residential Drug Treatment to Employment' in September 1997. Developmental issues such as; locating suitable premises and the recruitment of appropriate staff were undertaken prior to the commencement of the programme. The operational phase of the Programme began in January 1998 with the first client admission in February of that year. The Programme 'From Residential Drug Treatment to Employment' was implemented as a two-year pilot project with a view to mainstreaming the service. Consequently, continuous monitoring and evaluation of the programme was considered essential in order to inform the learning process necessary to implement any modifications or improvement in

[1] More detailed information on the rationale behind Employment-INTEGRA can be obtained from "*Inclusion in Action: The Achievements and Learning of Integra Projects 1998-1999:WRC Social and Economic Consultants Ltd.*"

programme effectiveness. An Interim Report (Lawless and Cox, 1999) which provides a detailed account of the first operational year of the Integra Programme was prepared and submitted to the WRC Social and Economic Consultants in March 1999. In May 1999, this Report also provided the Merchant's Quay Project with an opportunity to formally launch the Programme and in doing so, disseminate the activities of the programme to a wider audience.

As the Integra Programme advanced it became apparent that clients had a range of issues to deal with, over and above those initially anticipated. As a fluid social intervention the Progrmme had the ability to evolve in such a way so as to incorporate mechanisms to address the changing needs of participants. To this end, the Programme developed into a broader support intervention for former drug users than initially intended. In short, it became necessary to complement the training and employment components of the programme with the appropriate support structures. In this regard, the provision of workshops concerned with relapse prevention, general life and social skills became key features of the programme.

The findings of the Interim Report highlighted that the Programme was successful in providing clients with the necessary support, training and job-placement opportunities to ease their insertion into the labour market. At a client level, the activities of the Project have centered on developing individual action plans and liaising with welfare, accommodation, and training agencies on an individual client basis. In 1998, the Programme secured educational, training and/or employment opportunities for 88% of clients who completed the Programme. Seventy five percent of these clients maintained work placements, 63 % of whom secured full-time employment following their placement. However, the programme also enables the identification of emerging issues such as housing, which were having an impact on the duration of participants stay on the Programme. Consequently, the first phase of the Programme had become dominated by the need to assist participants in locating suitable housing. However, the current 'housing crisis' in Dublin meant that many clients faced difficulties in finding suitable and affordable housing within the limited time frame.

THE STRUCTURE OF THE REPORT

The Final Report while presenting an examination of the Integra Programme 'From Residential Drug Treatment to Employment' over a two year period, concentrates mainly on the last operational year of the Programme.

Chapter One examines the relevant literature regarding social exclusion and more specifically the types of social exclusion experienced by active and former problem drug users. It illustrates that problem drug use does not occur within a social vacuum and is not randomly distributed across the population. While problem drug users do not constitute a homogenous group, generally they exhibit low levels of educational attainment, lack of formal qualifications and experience high levels of unemployment, homelessness, and involvement in crime. In short, problem drug users share social and economic characteristics that contribute to their exclusion from mainstream society. In this chapter it is argued that a comprehensive national drug policy must extend beyond the mere provision of drug treatment and tackle the conditions that have lead to endemic drug use in marginialised communities in Dublin.

Chapter Two details the activities of the Merchant's Quay Projects Integra Programme, and provides information supplementary to the Integra Interim Report (Lawless and Cox, 1999). Both the structure and content of the second operational year of the Programme are outlined in this chapter. Details of the transnational and disseminating activities undertaken by the Programme are also provided. **Chapter Three** presents the client data for each of the two years of the Integra Programme. This includes monitoring data, evaluative data, and clients' self-reported information. **Chapter Four** focuses on the learning process of the Integra Programme and illustrates how and why the Programme evolved over time. It also presents recommendations based on the learning process

undertaken as a result of the operation of the two-year pilot Programme. **Chapter Five** presents the core features of a post residential programme and also outlines the new (re)integration service to be offered within the Merchant's Quay Project.

OUTCOMES

Over the two-year period, the Integra Programme was successful in the following outcomes;

- Attracting the primary target group, i.e. former drug users who had prior experience of residential drug treatment;
- Reaching the target number of client admissions (*n*=49);
- Attracting a high proportion of female clients (*n*=15;31%);
- Attracting a large percentage of clients over the age of 25 years (*n*=36;73%);
- Attracting individuals with low educational attainment i.e. did not proceed beyond Inter/Junior/Group Certificate Level (*n*=38;78%);
- Maintaining high completion rates on the Integra Programme (*n*=32;65%);
- Accessing appropriate job-placements for clients;
- Ensuring high completion of job placements (*n*=16;94%);
- Securing full-time employment opportunities for clients (*n*=19;83%);
- Securing educational opportunities for clients (*n*=3;13%);
- Ensuring the acquisition (*n*=17;94%) or improvement of skills (*n*=11;65%) for the majority of clients;
- Improving clients relationship with family members (*n*=8;50%) and friends (*n*=7;39%);
- Providing the necessary relapse prevention skills (n=17;89%);
- Reporting satisfaction with the support received from workers and other clients;
- Attracting small/medium sized employers to participate in the Integra Programme;
- Ensuring regular contact and support with these employers;
- Delivering Drugs Awareness Training Programmes for members of both Community and Statutory Organisations;
- Monitoring participants satisfaction with the training which was received;
- Ensuring the provision of on-going training for all Integra staff members;
- Engaging in an exchange of learning process as a Transnational Partner;
- Evaluating the Integra Programme over the last operational year and;
- Disseminating the work of the Integra Programme to a wide audience.

CONCLUSION

The Integra Programme 'From Residential Drug Treatment to Employment' was initially implemented to respond to an identified gap in service provision, by providing former drug users with the necessary mechanisms to help them re/enter the labour market. However, the development of the Integra Programme over the two-year period has highlighted the need to facilitate and support the re/integration of former drug users into other aspects of mainstream society, other than training and employment. Furthermore, it recognises the need for a longer and more comprehensive post-residential drug treatment Programme. The fact that the Integra Programme developed during a period of economic growth in Ireland allowed a more in-depth examination of the various types of exclusion experienced by the client group.

RECOMMENDATIONS

Individuals who having undergone residential drug treatment require continued support with regards to their re/integration into the community, in particular in dealing with housing and employment needs. The levels of social exclusion experienced by these individuals mean that being 'drug free' does not in itself enable participation in mainstream society. Extrinsic factors at a local and national level inhibit the integration of those socially excluded. In this regard, the following recommendations are presented;

Socio-Economic Context

- The notion of lifelong learning must be adopted at national level.

- It is essential that national training schemes adopt a long term aspect in their operation as opposed to the short-term placement of individuals in training opportunities, which have little or no significance for any future career options. The provision of career counsellors on site in training agencies are necessary to guide and direct individuals into their most appropriate and desired training areas. In addition, the emergence of Job Clubs would provide a much needed practical aspect to their training.

- There is a need to modify and introduce structures, which will facilitate the easier reintegration of former drug users into the educational system.

- Communities where there are highly levels of deprivation should be targeted. To this end;

  ⇒ In such localities treatment services should develop strategies, which make effective links with (re)integration in terms of housing, job training and employment.
  ⇒ Drug prevention strategies should be introduced, actively targeting the 'youth at risk' in such localities.

Housing

- There is an urgent need for a thorough evaluation of the Housing (Miscellaneous Provisions) Act 1997, and it's role in the eviction of drug users for anti-social behaviour. There is a cost attached to evictions, and the evidence indicates that it is cheaper and in everyones best interest to stabilise the behaviour of a tenant, rather than to evict them (ACMD, 1998).
- Local authorities should review their housing allocation policies and ensure that such policies do not lead to the concentration of problem drug users on any one particular estate. To this end;

  ⇒ Local authorities should consider the introduction of a balanced and mutual 'two-way' social contract with tenants and;
  ⇒ Local Authorities should consider the introduction of 'Cash Deposit Schemes' as in the U.K to help individuals into private tenancies by paying deposits, which would in due course be returnable.

- It is important that a coordinated multisectorial response be adopted in order to address the contribution of the current housing crisis to the further marginalisation of those already excluded from society.

- There is a public responsibility to meet the housing needs of problem drug users.

- There is a need for a life-skills house and other forms of support accommodation to provide

'vulnerable' individuals with the necessary support mechanisms to facilitate their integration into mainstream society.

Employment and Education

- At a national level there is a need to identify best practice in employment generation and re-training for problem drug users and promote their locally based implementation.

- In light of the serious skills shortage in certain sectors of the economy, it is important that employers recognise that they can benefit from the surplus of skills offered by (former) drug users. To this end, employers should be encouraged to actively target (e.g at Recruitment Fairs) such individuals.

- Employers should have, if they have not already, a policy on alcohol and drug use within the work environment. This policy will depend on the nature of the work, the setting, the size of the organisation etc. To this end;

  ⇒ Training for employers in the area of drug use and related issues must be more accessible. Moreover, the training courses on offer should be flexible enough to encourage participation and cater for the diverse needs of employers.
  ⇒ Employee Assistance Programmes aimed at early identification and intervention.

- In order to maintain a low level of early school leaving there is a need for teachers to be adequately trained in drug awareness, early identification (e.g persistent absence) and management of situations effectively.

- There is a need for coordinated drug prevention strategies aimed at young people which embrace the home, school and local community. Such an approach recognised the importance of environmentally based approaches to drug prevention.

Training

- The development of a model of liaison and negotiation with community groups will facilitate the easier integration of former drug users into the community.

- Further development of community partnerships, which aim to involve the community in action, to change norms and to create opportunities and skills.

The provision of training to community members within their own environment be widely implemented. Such an approach is essential in order to equip these groups with the knowledge, skills and attitudes necessary to be a valued resource within their own locality.

- It is recommended that a series of targeted interventions be adopted aimed at the following groups;

  ⇒ Schools in disadvantaged areas
  ⇒ Early school leavers
  ⇒ Young people identified as being at 'risk'

The Individual

- The need for a social intervention to be client centered (in as far as possible) and flexible enough to adapt to the differing needs of the individual participants.

- It is necessary that a wide range of support structures be put in place, in order to help former

drug users sustain independent living. To this end, after-care and family support should be considered an essential feature of any post residential programme.

- It is recommended that the provision of an integration service (to include career guidance counsellor and resettlement officers) to all clients at any point in their drug using career would prove highly beneficial in supporting (former) drug users, to access suitable housing and employment opportunities when required.

PART I

SOCIAL EXCLUSION & DRUG USE

CHAPTER ONE

RE-DEFINING THE ISSUE OF PROBLEM DRUG USE

1.1 INTRODUCTION

Drug use is currently embedded in certain communities in Dublin on one hand (Cullen, 1997) and within contemporary practices of youth (culture of leisure) on the other (Parker *et al*, 1998). The Integra Interim Report (Lawless and Cox, 1999) presented an examination of both national and international literature on drug use and on the social exclusion experienced by problem drug users[2], in particular. The profile of the drug using population in Ireland remains generally similar to that of the previous year, with some additional areas of concern emerging.

The average age of drug users in treatment in Ireland is 24, the lowest in Europe. Just over 65% of individuals treated for drug problems in Ireland were under the age of 25 years compared with 43% in the UK (EMCDDA, 1997). While female drug users are still considered a minority of the total drug using population, national (Cox *et al*, 1999) and international (Hser *et al*, 1987) research highlights an overall decrease in gender differences among teenagers and young adults. Within the Greater Dublin Area problem drug use is largely an opiate (in particular heroin) problem which disproportionately effects certain communities (Cullen, 1997). Although there is no automatic relationship between heroin use and deprivation, international research (Pearson, *et al* 1985; Parker *et al*, 1987) illustrates that problem heroin use is associated with social disadvantage and marginalisation. The inference from the available research is that there are particular areas or neighbourhoods that are perceived to have social problems, and among these problems is a high prevalence of problematic heroin use. This is supported by the limited Irish data available on drug users in contact with treatment services (Cox and Lawless, 2000; O'Higgins and Duff, 1997; Moran *et al*, 1997) which has consistently shown that the majority of people being treated for problem drug use exhibit high levels of unemployment, low levels of educational attainment and are clustered in neighbourhoods characterised by poverty and general disadvantage.

In Dublin, the increase in levels of (visible) homelessness among problem drug users in 1999 drew attention to the extreme vulnerability and disadvantage experienced by these individuals. The Merchant's Quay Project became acutely aware of the increase in the number of homeless drug users presenting at its service and received funding from the Combat Poverty Agency to carry out research in this area. The research revealed that 63% of clients attending the Project's Contact Centre were homeless at the time of interview, with only 7% of the client cohort reporting that they had never experienced homelessness (Cox, and Lawless, 1999). Available evidence suggests that housing legislation, more specifically the Housing (Miscellaneous Provisions) Act, has contributed

[2] The language used to describe individuals who take drugs and/or the consequences of their drug use can be very emotive. More often than not the terms 'drug abuser', 'drug misuser' or 'problem drug user' are used without any explanation. However, Hartnoll *et al* (1985) argues that it is essential to define the terms used, as the haziness surrounding definitions has important implications for the interpretation and generalisation of results. In this Report the term 'problem drug use/r' refers to an individual who as a result of taking psychoactive drugs suffers either medical, psychological or social complications. The term recognises that illicit drug use can cause a range of problems among regular consumers. This term does not refer exclusively to injecting opiate users, although the majority of individuals who attend the Merchant's Quay Project do fall into this category. The term 'drug use/r' is also used in the Report and refers to the recreational use of illegal drugs without any problems occurring for that person.

substantially to homelessness among problem drug users, as a result of evictions due to anti-social behaviour[3] .

In this chapter it will be seen that Irish drug policy, despite the evidence, has failed to adequately address the links between economic and social deprivation and problem drug use. Problem drug use does not occur within a social vacuum and is not randomly distributed across the population. Similarly problem drug users are not a homogenous group; they experience a diverse range of routes into social exclusion. Consequently routes out of exclusion will require quite different sorts of policy interventions. Tackling the environmental conditions which have led to endemic drug use in certain communities and adopting economically orientated solutions through providing worthwhile employment opportunities for people in deprived areas is one such approach.

1.2 THE CONCEPT OF SOCIAL EXCLUSION

> *'Exclusion is not just a concern of the excluded. When some of its members are not allowed contribute or participate, all of society is poorer as it is deprived of the creativity, insights, skills and talents of these members' (Brown and Crompton, 1994).*

Despite the relatively recent emergence of the term 'social exclusion' in Irish social policy, it has been commonly employed by policy analysts at a European level since the adoption of the term in 1988. The notion of 'social exclusion' has tended to exist alongside that of 'poverty' until the European Commission gradually adopted the term. The First Annual Report (1991) of the European Community Observatory presented 'social exclusion' as being 'neither clear nor unambiguous'. In 1992, the European Commission made the first attempt to conceptually clarify the term stating that 'social exclusion' includes the notion of 'poverty' but that 'poverty' does not necessarily imply 'social exclusion'. Room (1995) on the other hand, argues that the concepts of 'poverty' and 'social exclusion' differ substantially in both their meaning and operation. He states that 'poverty' primarily focuses upon distributional issues; that is the lack of resources at the disposal of an individual or a household. Conversely, 'social exclusion' according to Room, focuses on relational issues, in other words, inadequate social participation and lack of social integration.

This argument is consistent with the definition of social exclusion introduced by Lenoir (1974) who first employed the concept (Nolan and Whelan, 1999). He states that the term social exclusion relates to the problem of social adaptation associated with rapid modernisation or urbanisation, as opposed to those problems experienced as a result of poverty. According to Lenoir the 'socially excluded' comprise of a heterogeneous range of problem groups, including children taken into care, drug users and alcoholics. While Lenoir presented the socio-economic origins of such problems, others have highlighted the deviant nature of the groups (Nolan and Whelan, 1999).

Thus, at its most basic, the term social exclusion is derived from the notion of society as a status hierarchy comprising of people bound together by rights and obligations that reflect, and are defined with respect to, a shared moral order. Exclusion is the state of detachment from this moral order and can be brought about by many factors, including limited income (Castels, 1990). Silver (1994, 1996) asserts that the concept of social exclusion has meaning only by implicit reference to notions of what it is to be a member of, and participate in, a society (Nolan and Whelan, 1999). Furthermore, he argues that such notions are highly individualistic in that they vary across societies and environments. On the other hand, Berghman (1995) develops the concept of social exclusion as a process, which is both comprehensive and dynamic. To this end he argues that social exclusion is *comprehensive*, as it

[3] The impact of the 1997 Housing (Miscellaneous Provisions) Act has been examined by Threshold and the final report has being completed: Memery and Kerrins (2000) *Housing and Anti-Social Behaviour in Dublin: A Monitoring Study of the Impact of the Housing (Miscellaneous Provisions) Act 1997*. Threshold. Dublin. The Housing (Miscellaneous Provisions) Act 1997 is further examined in a report undertaken by Cox and Lawless (In Print) on anti-social behaviour in Dublin.

embraces a range of social experiences beyond work and income and *dynamic* in that disadvantage need not be a fixed, unchangeable status.

Within the EU it is generally taken that each individual has a right to participate in the major social and occupational institutions of society. The European Commission considers combating unemployment and promoting (re)insertion into work, as the single most important element in their efforts to combat social exclusion. It is recognised that when individuals are unable to secure their social rights, they will tend to suffer 'processes of generalised disadvantage' in terms of education, training, employment, housing, and financial difficulties. The long-term persistence of this 'disadvantage' can separate one subgroup of the population from the normal living patterns of the mainstream of society (Robbins, 1990). In this regard, Kleinman (1998) argues that the term social exclusion is being used to convey 'multiple deprived' groups. While, Nolan and Whelan (1999) describe it as a pattern of 'cumulative disadvantage' which emerges when socio-demographic features, such as, long-term unemployment and poor educational attainment are combined with other factors such as poverty which excludes them from participation in common aspects of everyday life. Therefore, structural forces, such as the availability of housing and employment opportunities play a vital role. In this regard, social exclusion can only be understood when it is located in the context of wider social and economic change.

1.2.1 SOCIAL EXCLUSION: THE IRISH CONTEXT

In 1993, Commins stated that the term 'social exclusion' was beginning to be employed within Irish social policy discussions. He argued that the use of the term

> *'deliberately rather than casually, conscious of the special connotations attached to it and not to other terms, could give us new insights on social problems and incentives to do something different about them' (Commins, 1993:6).*

In 1997, the National Anti-Poverty Strategy illustrated the need for a co-ordinated policy approach to combat poverty and social exclusion. Moreover, in *Partnership 2000*, the key policy area identified was to reduce the social disparities and exclusion, which exist in Irish society. However, in contrast to the previous 'residual' means of dealing with the issue, it was presented as a 'strategic objective' and an integral part of the Agreement (ESF Evaluation Unit, 2000). The National Economic and Social Forum defines the process of social exclusion as a 'rapid marginalisation from society relating not only to economic and social factors but also issues such as isolation and powerlessness and lack of influence or participation in decision making'.

Despite the successful Irish economy, a significant minority of its population are currently experiencing social exclusion. It has been illustrated that the level of social exclusion as defined by issues such as; poverty, deprivation, criminal status, educational attainment, and literacy skills are comparatively high (ESF Programme Evaluation Unit, 2000). Research has presented numerous factors, which indicate or contribute to social exclusion. The most common of which are the following structural forces; unemployment, housing, crime and education. Recognising that 'social exclusion' is a highly complex process, the next section provides some insight into the 'dynamics' of the process.

1.3 SOCIAL EXCLUSION AND PROBLEM DRUG USE

The association between heroin use and social deprivation is not new. As early as the 1930's the Chicago school of urban sociologists showed that opium use was densely concentrated in the inner zones of that city, an area characterised by urban deprivation. More than 50 years later research in the UK revealed that heroin use was highly scattered and localised with distinct regional variation.

Pearson *et al* (1985) study of heroin use in the North of England showed;

> *" a correspondence between the extent and distribution of heroin use and other signs of social deprivation" (1985:5).*

This does not overlook the fact that many affluent people use drugs, but it does highlight that the real problems associated with illicit drug use are those which are concentrated in deprived areas.

Within the Irish context, a Special Governmental Task Force on Drug Abuse set up as long ago as 1983 acknowledged that the drug problem was "largely explicable in terms of poverty and powerlessness in a small number of working class neighbourhoods" in Dublin (Butler, 1991; Loughran, 1999). However, the report of this Task Force was never published and no reference was made to these findings in the press releases on the Report. O'Higgins (1998) argues that the first serious attempt by Irish policy makers to recognise the relationship between deprivation and drug use was in the work of the 1996 Ministerial Task Force to Reduce the Demand for Drugs[4].

In this section it will be seen that a combination of factors contributes to the social exclusion of problem drug users, in particular inappropriate or lack of housing, lack of work experience, low educational attainment, ill health and the impact of problem drug use and crime. Consequently, the path out of exclusion for individuals and communities is not straightforward and a single intervention may be insufficient to break the cycle.

1.3.1 UNEMPLOYMENT AND SOCIAL EXCLUSION

Problem drug use remains highly scattered and localised, with distinct regional variations, and a tendency for heroin use to be densely concentrated in certain communities. Research in the UK revealed that one crucial determinant of this diversity was the propensity for heroin use to be associated with high levels of unemployment. The 'heroin epidemic' originally developed in both the UK and Dublin at a time when unemployment was rapidly increasing. In 1986, a study in the UK of national trends established a correlation between illicit drug use and unemployment (Peck and Plant, 1986). The relationship was even more noticeable at a neighbourhood level, with a number of local and regional studies indicating a tendency for heroin use to be densely concentrated in areas of economic deprivation and high unemployment (Pearson *et al*, 1985; Fazey, 1987). For example, Parker *et al's* (1987) study of heroin users in Merseyside found that although the unemployment rate at the time of the study was at 20%, approximately 87% of the area's known heroin users were unemployed.

There is limited Irish data available on the levels of unemployment among the drug using population. However, the available information from localised studies of problem drug users concurs with evidence from the Health Research Board which indicates that the proportion of unemployed among the treated drug using population is 80% and over. For example, in 1992, 81% of the Merchant's Quay Project clients were unemployed at the time of interview (McKeown *et al*, 1993). Similar levels of unemployment were found in a study of opiate users in the South Inner City of Dublin (McCarthy and McCarthy 1997) and in Keogh's (1997) study of illicit drug use and related criminal activity in Dublin Metropolitan Area (84%). More recent data available from the Merchant's Quay Project indicates a slightly lower level of unemployment, with 75% of new attendees at the Health Promotion Unit reporting being unemployed at the time of interview[5]. However, in view of

[4] The first report of the Task Force was concerned specifically with opiate use and it identified areas where particularly high numbers of persons were attending treatment centres for drug abuse. These areas were also identified as areas of high deprivation and were mainly in Dublin.

[5] This data relates to the 1249 new clients who presented at the Merchant's Quay Project's Health Promotion Unit between 1998 and 2000.

the thriving economic climate in Ireland, and the drop in overall levels of unemployment, the unemployment rate among this client group is particularly high.

In Partnership 2000 (1996) the reduction of long-term unemployment as a means of combating social exclusion was presented as ensuring 'that the benefits of economic growth and related social improvements, are shared by all sections of the Irish population'. National research has illustrated that the unemployed in Ireland are geographically concentrated in unemployment black spots and are disproportionately drawn from those with low education attainment or skills levels (Fitzgerald, 1999). However, despite the current economic growth and corresponding falling levels of unemployment, labour market exclusion remains a persistent feature of everyday life for a substantial number of people in Ireland. Although government initiatives, such as employment programmes, have targeted the unemployed, it is argued that their main achievement has been to re-cycle the unemployed through intermittent periods of work and/or training (Breen, 1994). The current economic climate has meant that the long-term unemployed are more likely to have jobs which are short-term or of limited significance for purposes of social mobility or long term career development. In this regard, lack of qualifications, poor job-stability, lack of recent job skills and a criminal record may impede further employment opportunities (Baxter, 1975; Pearson, 1987). As will be seen problem drug users are more likely to fall into all of these aforementioned categories.

The Evaluation Report on ESF and the Long Term Unemployed (1998) noted that while 'greater access and flexibility for the long term unemployed is of importance to re-integration, it must be accompanied with extra supports which take account of the specific difficulties they encounter'. The White Paper on Education and Training (1995) proposed 'guaranteed training leading to meaningful qualifications for the unemployed' in addition to, 'mediation back into work through public employment services' (ESF Programme Evaluation Unit, 2000). However, O`Connell and McGinnity (1997) argue that general training programmes have had little or no impact on reducing unemployment, while specific skill training programmes were recommended as being beneficial. However, McCann and Ronayne (1992) reported a higher preference among older unemployed for work rather than training.

1.3.2 EDUCATION AND SOCIAL EXCLUSION

The vast majority of young people and adults want to work; stabilised and former drug users are no different. They are also attached to what MacDonald (1997:195) refers to as the "remarkably durable, mainstream attitude" which values work as the key source of self-respect and "the foundation upon which to build a sustainable future". There is however, a direct relationship between an individual's standard of educational achievement and the probability of employment. Fitzgerald (1999) argues that poor education or limited skills lower an individuals earning potential, and those with the least qualifications are more likely to experience a real or perceived unemployment trap.

The evidence available indicates low levels of educational attainment among problem drug users in Ireland. Data from the Health Research Board illustrates that 63% of problem drug users in contact with treatment services left school on or before the official school leaving age of 15 (O'Higgins and Duff, 1997). On the other hand, McCarthy and McCarthy's (1997) study revealed the low levels of educational qualifications held by problem drug users at a local level; none of the respondents had completed their Leaving Certificate and only 31% had completed the Group or Junior/Intermediate Certificate. Moreover, national research has illustrated that despite increased participation in education across all social groups, educational participation and attainment remains highly class related. Clancy (1999) demonstrated that the differing qualifications of school leavers are directly related to parents social backgrounds. In 1992, 33% of the third level college population were from a 'professional/employer/managerial' background compared with 5.8% from a 'semi-skilled/manual/worker' background.

Annually, approximately 20% of school-goers leave the education system with no or poor educational qualifications suggesting their vulnerability to future long-term unemployment (Combat

Poverty Agency, 1999). In addition, early school leaving is a persistent problem, with approximately 5% of young people, almost exclusively from lower working class backgrounds, leaving school each year without basic qualifications (Walsh *et al*, 1998).

The White Paper on Education (1995) stated that Irish education should therefore promote the 'holistic and lifelong development of the person' and ultimately ensure the 'promotion of equality of access, participation and benefit for all in accordance with their needs and abilities' (ESF Programme Evaluation Unit, 2000). This is very significant as 'early disadvantages tend to be both persistent and cumulative' (ESF Programme Evaluation Unit,2000). The past failure of implementing policies to combat early school leaving has meant that a large minority of older age groups are poorly equipped to take advantage of the new employment opportunities in the economy (Clancy, 1999). While the current economic climate means that early school leavers are obtaining employment, they are often low skilled and may be 'at risk' of becoming unemployable in a changing labour market (ESF Programme Evaluation Unit, 2000).

Using OECD 1996 statistics, the Green Paper on Adult Education (1998) shows that Ireland has the lowest percentage of the population with upper secondary education in the 25-64 age group and the second lowest percentage in the 25-35 age group. As the **Table 1.1** below demonstrates, there is a direct relationship between the standard of education achieved, and the probability of unemployment (Fitzgerald, 1999).

Table 1.1 Unemployment and Educational Qualifications in Ireland, 1996.

Education	At Work %	Unemployed %	Short-term Unemployed %	Long-term Unemployed %
No Qualifications	15.2	28.6	18.8	35.2
Junior Cert.*	23.2	35.9	34.2	37.2
Leaving Cert.	32.3	24.3	29.5	21.0
3rd Level	29.3	11.1	17.5	6.7
Total	100	100	100	100

*Including Group or Intermediate Certificate

Source: White Paper on Human Resource Development, 1997

A high quality educational system is essential to securing the best possible levels of achievement for young people, and to reduce the problems which can lead to disaffection from the educational system and subsequent problems of unemployment and social exclusion.

1.3.3 HOUSING AND SOCIAL EXCLUSION

Suitable housing is a basic human need, and should be a prerogative for all. Moreover, inadequate housing and/or the lack of housing are important forms of material deprivation (Fahey, 1998). In Ireland, home ownership has been a persistent and long-standing goal of the state's housing policy. This policy bias in favour of owner-occupation paralleled by the reduced building programmes by local authorities has resulted in the demand for housing out-stripping the supply both in the owner-occupation and private rented sector (Silke, 1999). Housing policy in Ireland has also been highly segregated in nature which has resulted in the creation of a number of multi-disadvantaged communities mainly within the local authority sector (Nolan and Whelan, 1999). These areas are

associated with poor physical and social environment, high levels of crime, problem drug use, vandalism, and ultimately extreme levels of marginalisation. Fahey (1998) argues that housing policy has not been central to policy debates on poverty and social exclusion in Ireland. In order to address the social exclusion experienced by "estates on the edge" and prevent the situation from escalating Nolan and Whelan (1999) argue that innovative ways of providing housing for disadvantaged groups are needed, accompanied by mechanisms to enhance environmental, social and economic conditions of such estates.

Homelessness is the sharp end of social exclusion (Seddon, 1998). Moreover, the lack of accommodation is associated with exclusion from health services (Bines, 1997), employment (Quilgars and Anderson, 1997) and many of the other components considered to be basic prerequisites for modern living, and active participation in society. In recent years high levels of homelessness have been found among the drug using population. In the UK, Flemen (1997) reported that out of the 1,221 new clients presenting at the Hungerford Drug Project in London 84% were in insecure accommodation; that is staying in a hostel, B+B, squat, street homeless, or living with friends or relatives. Levels of homelessness among drug users presenting at services in Dublin were lower, with 63% of the 190 presenters at Merchant's Quay Project Contact Centre reporting homelessness at the time of interview (Cox and Lawless, 1999). However, only 7% of the clients interviewed reported that they had never experienced homelessness. Both international (Donoghoe *et al*, 1992) and national (Cox and Lawless, 1999) research has also shown that homelessness and/or lack of appropriate accommodation adversely effects an individual's drug use; in terms of frequency of use, quantity of drug use and levels of risk behaviour. In short, drug use and homelessness are irrevocably linked however the exact nature and direction of the relationship is unknown. In reality it is likely to be bi-directional, with the lack of shelter increasing an individual's likelihood of taking drugs, and problem drug use increasing an individual's likelihood of experiencing homelessness.

In 1988 the Irish government introduced legislation for the housing of homeless people. This Housing Act (1988) was, according to Harvey (1995), one of the few pieces of legislation in Ireland devised specifically to "tackle the question of social exclusion or extreme poverty". Harvey argues that

> *"The Housing Act 1988 was the result of several years' of campaigning by non-governmental organisations to end the exclusion of homeless people from the national housing system. Until the 1980's homeless people were at best a marginal concern to the Irish administrative and political system".(Harvey, 1995:76)*

For the first time the 1988 Act identified and defined homeless people and explicitly stated that the local housing authorities had responsibilities towards homeless people. However, the Act fell short of requiring the "housing authorities to house homeless people" (Harvey, 1995). The subsequent Housing (Miscellaneous Provisions)Act 1997 was introduced to;

> *…provide for a range of measure to assist housing authorities and approved voluntary housing bodies in addressing problems arising on their housing estates from drug dealing and serious anti-social behaviour….(Dept. Environment, 1997)*

The 1997 Act provided for a range of measures to give local authorities the power to deal with problems arising on their estates from 'anti-social behaviour' (i.e. drug dealing, violence and intimidation). In practice, actions that are taken relate to drugs in some manner or other. On one hand, the 1997 Housing Act has for some local authorities proved an effective tool in estate management. Nonetheless, the Act has been criticised for further marginalising those already excluded from society, and ultimately through the eviction of individuals for anti-social behaviour, directly contributing to homelessness in Dublin (Memery and Kerrins, 2000).

To conclude, housing is not simply the provision of shelter, it has social as well as physical dimensions, in that it locates people within communities and influences the way communities operate. Insecure or inappropriate housing provision impacts on almost every aspect of people's lives;

including their ability to plan, participate and progress in society.

1.3.4 CRIME AND SOCIAL EXCLUSION

The main factors or combination of linked social issues that prevent problem drug users from participating fully in society have been outlined above. However crime, and involvement therein, is an additional factor which contributes to the social exclusion of problem drug users. The drugs-crime connection has been long established (Inciardi, 1981; Parker and Newcombe, 1987). The available research tends to suggest that problem drug use is not inevitably linked to crime, and that, even when such links can be established, a high proportion of problem drug users were involved in crime before they became involved in illicit drug use (Pearson, 1991). For example, analysis of the criminal careers of notified addicts and drug offenders confirms that both groups tend to have prior involvement in acquisitional crime (Home Office, 1985). What however remains unclear from the available sources, is to what extent drug use and crime are causally connected. There is some support for the view that "crime causes drug use". According to this thesis, when illicit drugs - heroin in particular - initially became readily available they became a commodity within the 'hidden illegal economy'. Those already involved in delinquent activities, and hence more familiar with the illicit economy were more likely to come into contact with drugs (Auld, Dorn and South, 1986). Thus, confirming that the drug crime connection resulted from people with previous criminal connections subsequently becoming involved with heroin.

Other research in the UK points to a direct and unqualified relationship between heroin and acquisitional crime, as a means by which heroin users finance their habit. A study of heroin users in London has shown that criminal convictions more than doubled following the onset of regular heroin use (Jarvis and Parker, 1989). An earlier study in Merseyside found that a sample of young adults appearing before the court included a significant number of heroin users. These comprised of both people whose criminal involvement had preceded the onset of their heroin use and a group who had only become involved in acquisitional crime subsequent to becoming addicted to heroin.

National research (Keogh, 1997) has illustrated that 43% of those apprehended for indictable crimes in the Dublin Metropolitan Area were known drug users and were reportedly responsible for 66% of all detected crime in that area. Keogh (1997) also interviewed 352 known drug users, over half of whom (51%) reported that they were involved in crime before they started taking illicit drugs. A further 19% reported that their crime and drug careers started simultaneously, and the final 30% reported that they started to take drugs before they became involved in crime. Regardless of whether an individual's drug use preceded their involvement in crime, the reality is that a substantial number of problem drug users end up involved in the criminal justice system, many of whom serve a custodial sentence. O'Mahony (1997) profile of prisoners in Mountjoy revealed that 66% of the sample interviewed reported using heroin. While Cox and Lawless (2000) found that 51% of new attenders at a Dublin syringe exchange had reportedly served a custodial sentence.

To conclude, O'Mahony (1997) illustrated the homogeneity of Mountjoy prison population, firstly in terms of the overwhelming Dublin bias. Secondly, he highlighted the fact that the prisoners are

> *"predominantly from working class areas characterised by a high proportion of corporation housing and indeed by many other indices of relative deprivation such as high unemployment rates and opiate abuse"(1997;40).*

1.4 SOCIAL INTEGRATION

"A study of exclusion …is necessarily concerned with inclusion, with the "normal" as much as the "deviant", the "same" as well as the "other", and with the credentials required to gain entry to the dominant groups in society (Sibley, 1995: xv).

Social integration is the term commonly employed to denote the inverse of social exclusion. Integration is represented as a 'situation of stable and consistent work relations and family and social relationships' (Andersen *et al*, 1993) and it implies the participation of both the excluded as well as mainstream society if integration is to occur satisfactorily. Consequently, structures like family, school, organised forms of leisure and the job market are fundamentally important for normative integration. Due to the combination of factors, which contribute to social exclusion, the way out of exclusion is therefore not straightforward. Thus, single interventions may not be sufficient, although the identification of where and when interventions can be introduced is essential. Gilman (1998) in employing the 'onion model' to drug intervention outlines the complexity of such interventions. The onion is a system of layers or rings. At the centre of these rings are the individuals with their own psychological or mental set. This psychological ring is bound by the layer which represents the individual's family, friends and/or 'significant other'. This ring is in turn bound by the layer which is concerned with the individual's morals and values. The fourth and final ring is about education, vocation and aspirations. As Gilman (1998) argues "if the onion is rotten in all four rings, and you can tick all risk factor boxes then the probability of the individual ending up as a "socially excluded addict" is significantly increased.

With this in mind, there are two key aspects to the social inclusion of (former) problem drug users; firstly how to prevent the (further) exclusion of those at risk of drifting into crime and drug use, and how to integrate those already involved in such a life style. This Report is concerned with the latter. To this end it recognises that there is a need for dynamic forms of drug treatment which reach into the environments in which the use of drugs has become endemic. It is essential to remove the blocks which are perceived by (former) problem drug users as standing in the way of returning to 'normal' economic life. The kinds of interventions able to do this are reintegrative measures such as employment, education and training. The role of education, training and access to employment play an essential part in assisting former/stabilised drug users in developing the structures, activities and relationships which are integral to the process of constructing a new identity as a non-drug user, and in developing positive self concept. However, while unemployment can cause social exclusion, a job does not guarantee social inclusion. Jobs must be acceptably paid, and hold out prospects for the future - dead end jobs are not the answer. Research has identified the fact that finding and staying in employment is significantly related to success in 'moving out of addiction' (Smith, 1998). It is related because employment provides structure to the drug user's life and structure it is argued, interferes with addiction.

1.5 CONCLUSION

In this section it has been seen that problem drug use tends to be concentrated within neighbourhoods which suffer from multiple deprivation, and are characterised by high levels of unemployment, low levels of educational attainment, early school leaving, lack of adequate housing, high levels of crime and ultimately extreme marginalisation and social exclusion. With this in mind, a comprehensive and effective national response to problem drug use must extend beyond the health care sector. In short, what has been missing from official discourse and national drug policy to date has been the link between economic and social disadvantage and the development and maintenance

of a serious drug problem in urban communities.

Problem drug use cannot be isolated from the social context in which it occurs. This is highlighted by the fact that a number of studies have outlined the importance of the 'setting' (i.e. environmental or contextual factors) in which an individual's drug use takes place (Zinberg, 1984; Murphy, 1996). For example, when the setting is an environment where poverty and social exclusion prevail, people are predisposed to a different and more risky style of drug use than would be commonplace among their more affluent peers (Zinberg, 1984).

Poverty, social exclusion, low educational attainment, and inadequate housing all go together with long-term structural unemployment and are a fact of life for many in local authority housing estates in urban areas (Nolan and Whelan, 1999). Fahey (1998) argues that on one hand, household social exclusion arises from such things as low incomes and unemployment. He argues that the ghettoisation and segregation of such households has resulted in second-order forms of social exclusion. These arise at a community level from such things as high crime rates, widespread drug use and social disorder. In order to prevent the further development of such multiple-disadvantaged communities where drug use is endemic, Silke (1999) argues that housing policy needs to be considered as a more integral element of social policy, with links to education health and employment policies.

Tackling the aforementioned conditions which have led to epidemic drug use in communities in Dublin, in conjunction with the adoption of economically orientated solutions as both preventative measures and as an essential component of drug treatment and rehabilitation is urgently required. In this chapter, it has been seen that environmental and social conditions are factors in the onset of problem drug use and these factors also play an important role in a drug users recovery. Education, training and access to employment play a vital role in assisting former drug users in developing the structures, activities and relationships which facilitate them in the process of constructing a new identity as a non-drug user, and in developing a positive self concept. The provision of education, training and meaningful employment opportunities can give people a future to which they can aspire.

PART II

DEVELOPING A RESPONSE

CHAPTER TWO

ACTIVITIES OF THE INTEGRA PROGRAMME

2.1 INTRODUCTION

The provision of funds by the E.U Employment Initiative, INTEGRA in 1998, afforded the Merchant's Quay Project the opportunity to pilot the innovative Programme, 'From Residential Drug Treatment to Employment'. As outlined in the previous Chapter the Programme was set up in response to the identified need for economically orientated interventions for former problem drug users, to help facilitate their participation, and hence integration into mainstream society. To this end the overall *aim* of the Merchant's Quay Intega Programme was to;

> *'develop, evaluate, and disseminate a model of good practice in relapse prevention, using a locally based holistic programme which facilitates the integration of former drug users into mainstream training/work placement and employment opportunities'.*

The Programme identified three target groups; former drug users, training agencies and local employers. Although each group works within the overall Programme remit, they also maintain their own specific aims and objectives, outlined in the Integra Interim Report (1999). This chapter presents a brief overview of the Integra Programme in 1999, in relation to each of the above target groups. Programme activities for the year in question are concentrated largely on the dissemination and transnational elements of the Programme. Recognising that the research process played an integral part in the development of the Integra Programme over the two-year period, in particular during the last operational year, this process is also examined as a Programme activity. Within this chapter, it is intended that the Interim Report (1998) will act as a supplementary source of information for obtaining additional details on specific features of the Programme.

2.2 TARGET GROUPS

2.2.1 FORMER DRUG USERS

Former problem drug users having completed residential drug treatment encounter numerous difficulties in regard to their integration into mainstream employment/training and educational opportunities. The Integra Programme aims to facilitate former drug users integration into mainstream society. The specific aims and objectives of the Programme with regard to this group, are outlined in Chapter Two of the Interim Report.

Although the clients of Integra Programme over the two-year period have been internally recruited from the Merchant's Quay Residential Programmes, external recruitment has been consistently sought and encouraged. Clients over 18 years of age, who have had prior experience of residential drug treatment or group work and have been drug free for at least two months are eligible to be referred for assessment onto the Integra Programme. Following the assessment procedure, the selection process is undertaken at a team meeting where decisions on client suitability are taken.

THE PROGRAMME

The Integra Programme is divided into two six-week phases. Phase One, previously termed the 'Re-Entry' phase in the Interim Report (1999), focuses on enabling clients to effectively let go of the

therapeutic environment, and to facilitate clients movement back into the community. Encouraging clients to take an increasing amount of responsibility and to develop external support networks is also an essential objective of the Programme, especially during this first phase.

The following workshops were made available for participants during this phase; (the workshops varied depending on the needs of the particular client group);

- House Management, Hygiene, Cookery
- Social Welfare, Tax, Setting up in Business
- Computer Applications
- Personal Development Groups
  - Parenting/Relationships
  - CV and interview skills
  - Effective communication skills
  - Stress workshops
  - Conflict Resolution
  - Assertiveness
- Relapse Prevention Groups
  - Anxiety and relaxation
  - The Process of change
  - High Risk Situations/Triggers
  - Thinking Errors
  - Hepatitis and HIV
  - Healthy living and Diet
  - Decision Making and Problem Solving
  - Drug Use and Offending
  - Lifestyle Balance - causes of and coping with stress
  - Safe Sex
  - Support Networks
- Process Group (non-task centred group)
- Social Planning Groups
  - Week-End Planning Group
  - Post Week-End Group
  - Home Visits
- Support and After-Care Group
- Acupuncture Groups
- Fitness Activities

On completion of the first phase of the Programme, clients are presented to the support and after-care group which they begin attending on the seventh week of the Programme (this group runs one evening a week from 7.30-9.00p.m).

The second phase of the Programme, concentrates on obtaining employment/job-placement or educational opportunities for clients. Clients who undertake job-placements during this phase are required to attend the available workshops on the two days when s/he is not in placement (Monday and Friday). During this phase, clients can take one day each week to follow up on personal issues, such as housing, social welfare etc. Clients who have entered full-time educational or employment opportunities are required to maintain participation in one-to one counseling and in the support and after-care group.

2.2.2 TRAINERS

Ongoing training was considered essential for the Integra staff team to ensure they are delivering the best possible service at all times to clients. Over the two year period of the Programme, a wide variety of training courses were attended ranging from IT skills training to counselling skills training.

In addition, the Merchant's Quay Project`s Training Team delivered to all Integra staff members a residential training week-end in Group Facilitation and Presentation Skills in February 1999.

The Merchant's Quay Project Training Department also provided two 'Training for Trainers' courses on Drugs Education which were attended by individuals from both statutory and voluntary organisations. The provision of a Drugs Education Course to training agencies who deal directly with the client group can influence the practice and provision of training in favour of former drug users. More specifically, training has the ability to impart knowledge, develop skills and change attitudes (Cox and Lawless, 1998). Increasingly training and employment service providers are intervening and assisting individuals who have problems over and above long-term unemployment, such as, alcohol and drug problems. Research undertaken on the impact of a drugs awareness training course for staff members of an employment service in London, illustrated that, prior to the course, many of the participants reported that they lacked the confidence and ability to be able to respond effectively to individuals with drug and alcohol problems (Gossop and Birkin,1994). Staff members found it difficult to advise and assist these individuals because they lacked the necessary knowledge and means to respond appropriately.

As outlined in the Interim Report, a 'Training for Trainers' course was provided in September 1998 to members from a wide range of voluntary and community organisations. Representatives included;

- Trainers from Post-Prison Programmes;
- Local Employment Exchange Managers;
- Community Training Workshop Supervisors
- Technical Trainers from Vocational Skills Training Programmes;
- Government Employment Mediators;
- Educators involved in Local Community Centres.

In 1999, the national training agency, FAS, was targeted as the main statutory training agency. The course was held over a period of two-days in the Parliament Hotel, Lord Edward Street on April 13th and 14th. Fourteen personnel attended. The Drugs Education Course covered the following main areas;

- The nature of drug addiction;
- The impact of drug addiction on the individual;
- The personal, social and environmental contexts in which drug addiction occurs;
- The rehabilitation process and re-integration process; the role of training providers in the re-integration of former drug users.

The provision of a Drugs Education Course to training personnel within the statutory sector was seen as an innovative element of the Integra Programme. In this regard, it was deemed necessary to present participants with an opportunity to reflect on their experiences of the Course. A survey of participant satisfaction was administered to all attendees on the last day of the Course. This survey enabled participants to subjectively determine whether their needs were met in terms of course content, while at the same time allowing for an analysis of the effectiveness of the Course in reaching its objectives. The survey employed was similar to that of the post-course quantitative research instrument previously used in the research report 'Training Communities to Respond to Drugs' (1998). This research instrument proved effective in examining participant self-reported changes in knowledge, skills and attitudes at the end of the Course. It was decided to use this research instrument once again, as the combination of both rating scales and open-ended questions provided a wealth of information. The effectiveness of the Drugs Education Course in terms of its success in (a) course design and content and (b) reaching its specific learning objectives are presented below;

(a) Course Design and Content

All participants were asked to rate the Drugs Education Course, according to a five-point scale, ranging from 'very poor' to 'very good'. Ninety three percent of the participants reported that the

course was 'very good', while the remaining 7% reporting the course as being 'good'. Moreover, all the participants reported that they would recommend the course to others. Thereafter, participants were asked to state what, in particular, they found to be most beneficial about the Course. Many participants referred to the benefits of the subject matter covered in the Course; especially the sessions on the theories of addiction, motivational interviewing and methadone.

Essential to an examination of the Course was obtaining participants feedback on possible improvements to the Drugs Education Course. All participants stated that the course was satisfactory and that any improvements needed were largely concerned with providing a more detailed examination and in-depth discussion of various topics, therefore suggesting a longer duration for the Drugs Education Course. Another suggestion to improve the Course was to include a visit to a drug treatment or rehabilitation service.

(b) Effectiveness of Drug Education Course

Participants were asked to state what they hoped to gain from attending the Course. A range of responses were provided as presented below;

- To receive a greater awareness of drugs issues;
- To overcome the fear associated with drug users;
- To have concerns about drug users dealt with;
- To be informed of coping strategies for dealing with former drug users.

On completion of the Drugs Education Course, 62% of participants reported that they had achieved their outlined goals, while the remaining 38% reported having started to achieve their goals. The majority of participants showed marked improvements, with 67% of participants reporting an increased willingness to respond to and intervene with individuals with drug problems.

As the primary aim of the Drugs Education Course is to increase knowledge, skills and change attitudes, measuring changes in these was considered to be an integral part of the evaluation of the Course. What follows is a summary of participants self-reported changes in their knowledge, skills and attitudes.

KNOWLEDGE

The effectiveness of the Drugs Education Course in imparting knowledge on drug use and related issues was of the utmost importance. At the end of the Course, all participants were asked to rate their satisfaction with the course in terms of the knowledge provided. **Table 1.2** illustrates the overall levels of participant satisfaction with the course in this regard.

Table 2.1 Participants' Satisfaction: Knowledge

Gained Knowledge in terms of:	Very	Fairly	O.K	Not Very	Not at all
Understanding issues around drug use	92%	_	8%	_	_
Dealing with those with drug problems	46%	39%	15%	_	_
Dealing with those effected by others' drug use	39%	39%	22%	_	_
Drug terminology and street names	55%	31%	7%	7%	_
Legal classification and aspects of drugs	54%	23%	23%	_	_
Treatment methods and theories	39%	46%	15%	_	_
Issues around methadone prescribing	77%	15%	-	8%	_
Existing services and resources	62%	15%	23%	_	_

ATTITUDE

Table 2.2 illustrates the extent to which participants were satisfied with any changes in their attitudes as a result of attending the drug awareness training course. It illustrates that the majority of individuals were satisfied with the course in this regard. Participants were also asked to self-report on whether they felt their attitude towards drug users had changed. All participants stated positive changes, many reporting that they were less anxious at the prospect of dealing with drug users, and that they had a greater understanding of the reasons why people turn to drugs and their ongoing difficulties.

Table 2.2 Participants' Satisfaction: Attitudes

Changing Attitudes in terms of:	Very	Fairly	O.K	Not Very	Not at all
More accepting of others	69%	23%	-	8%	_
More aware of self/confident around drug issues	46%	31%	15%	8%	_
More comfortable dealing with drug users	46%	46%	8%	_	_
Better able to cope with own feelings	69%	23%	8%	-	_

SKILLS

Table 2.3 presents participant satisfaction with the skills they received while undertaking the Drugs Education Course. Yet again levels of participant satisfaction were high.

Table 2.3 Participants' Satisfaction: Skills

Gained Skills in terms of:	Very	Fairly	O.K	Not Very	Not at all
Identify various drugs	31%	31%	31%	7%	_
Identify drug paraphernalia	46%	31%	15%	8%	_
Identify drug misuse	23%	54%	8%	15%	_
Understand those effected by drug use	46%	46%	8%	-	_
Listen effectively and understand	54%	39%	-	7%	_
Deal with behaviour you find difficult	25%	75%	-	_	_
Deal with conflict re drug use	23%	54%	23%	-	_
Make appropriate referrals	58%	25%	17%	_	_

Participants were asked whether they felt that they had developed any skills in addition to those outlined above. The majority of participants (78%) reported having developed skills in the following areas, motivational interviewing, listening effectively and with empathy, and the ability to recognise and apply the correct approach when dealing with this client group.

Another measure of course effectiveness is the potential impact participants' newly developed knowledge, skills and attitudes can have in the work environment. The following are some of the ways in which the participants reported how the Course will benefit their role within their organisation.

- To give information to others in the workplace
- To provide a basis for discussion of issues
- To be better able to cope with issues in this area
- To encourage others in the organisation to listen and undertake the course
- To use training more effectively to communicate with people with drug related problems

In conclusion, the evaluation of the Drugs Education Course has highlighted an increase in participants' knowledge, skills and a change in attitudes. Furthermore, self-reported data by participants has illustrated the benefits of the information received on the Course. In view of these findings, drug awareness training programmes should be made available to individuals who are required to deal with stabilised and/or former drug users.

2.2.3 EMPLOYERS

The Interim Report (1998) illustrated that the main aim and objectives of the Integra Programme in relation to this target group was to convey a more favourable image of drug users, and ultimately to encourage them to take 'positive risks' with regard to their employment. It also illustrated that in order to ensure greater diversity of work placements for clients, it was important to use the existing employers at that time as a nucleus to attract a future bank of employers. In this regard, it was decided to prepare and distribute a Drug At Work Resource Pack specifically designed for employers and trade unions to encourage them to provide additional job-placement or employment opportunities for this client group. In view of the current economic climate, it is now of the utmost importance that clients are facilitated into positions of sustainable employment as opposed to short term employment activities.

As a pilot intervention, it was not necessary to actively target the large employers especially in the initial stages of the Programme. Notwithstanding, there was a high level of contact with large corporations, trade unions and employer organisations (for example, a presentation at Dublin Chamber of Commerce). Over the two year period, the Programme primarily concentrated on recruiting existing employers known to the Merchant's Quay Project and employers within the locality. In this regard, the engagement of five small to medium sized employer organisations in the provision of job-placements for clients of the Integra Programme illustrated an aspect of the Programme which did require additional attention. However, despite this limited number of employers, the success of the job-placements undertaken by clients demonstrated the willingness of these employer organisations to engage in and continue to accept placements from the Integra Programme. The Interim Report (1999) illustrated the employer research instruments which were to be administered to participating employers from January 1st 2000. Each of the above five employer organisations completed and returned the questionnaires.

While employers reported the Leaving Certificate as being the average qualification of employees, minimum skills required by these organisations were highly reflective of their job description, such as, having a good standard of computer literacy etc. Individual qualities sought by the organisation included 'honesty', 'happy disposition', 'willingness to learn', 'hard working ability' and 'enthusiasm'. Only two employers reported taking job-placements on a regular basis within their organisation. These employers reported having previously employed persons known to be former drug users, although all employers reported having policy procedures in place regarding alcohol or drug use. Over a half of employers reported having had to previously deal with issues related to alcohol or drug use, two of which reported that members of their organisation had received Drug Awareness Training.

Recognising that not all employer organisations had previously employed former drug users, employers were asked what they considered to be the primary reason for not having done so. The majority of employers reported the 'lack of opportunity' as being the primary reason for not having previously recruited this client group. Regarding support and training opportunities for new workers, all employers reported both induction and ongoing training as an essential feature of their organisation.

Staff relations and the acceptance of the individual on placement were reported by employers as being 'very good'. Employers were also asked to rate the work undertaken by clients while on placement within their organisation. The majority of employers rated the work as being either 'good' or 'very good', with all employers reporting that clients were energetic and highly motivated. Furthermore, all employers reported that based on experience they would not be deterred from employing former drug users in the future. In addition, an employer also stated that he liked taking on clients from the Programme because he was aware of their drug using history and knew they were accessing support. Another employer felt that due to his involvement in the Programme he was now able to recognise addiction in another staff member and support him in dealing with this issue (Randall, 2000).

The above results although only reflective of a small number of employer organisations do illustrate the success of the Integra Programme in facilitating appropriate job-placement opportunities. Maintaining regular contact with all employers and keeping them well informed of any programme developments was also considered very important. For example, a one-day meeting was held in 1999 in a Dublin hotel where the employers and Integra team staff discussed a variety of issues. The issue of drugs awareness training was raised during the course of the day however, employers stated that although this would be of interest to them it would not be possible due to time limitations.

2.2.4 DISSEMINATION ACTIVITIES

One of the main areas of development recommended in the Interim Report (1998) was the need to publicise the Programme and disseminate the activities of the Integra Programme to a wider audience. In September 1999, the position of an Information Officer for the Integra Programme 'From Residential Drug Treatment to Employment' was secured. A wide range of dissemination activities were undertaken which included the delivery of presentations, participating in workshops, and attending and actively promoting the Programme at various conferences and launches of reports. Although these activities were primarily undertaken as part of the efforts towards the mainstreaming of the Programme, they also ensure that the integration of former drug users into employment and education is maintained on the agenda of individuals from both statutory and community sectors.

The following conferences and seminars are among those attended by the Information Officer and/or Facility Leader of the Integra Programme during the final operational year.

- Youth at Risk Conference (21st October, 1999) Fingal Corporation.
- Inclusion in Action (26th October, 1999) Irish Integra Support Structures WRC, Social and Economic Consultants. A day event which concentrated on the learning and exchange of information of second round Integra applicants.
- Life After Drugs (22nd November, 1999) Ballyfermot Task Force. Launch of their Annual Report.
- Media and Social Exclusion Conference (30th November, 1999) Integra. A Mainstreaming activity supported by the Irish Integra Support Structure WRC Social and Economic Consultants.
- Dublin Employment Pact (Ongoing). An opportunity to place former drug users and their employment difficulties on the agenda. The Information Officer of the Merchant's Quay Project is now on a focus group which meets once a month.
- Young People and Drugs (17th and 18th February, 2000) Eastern Health Board.
- Poverty, Drug Use and Policy (19th February, 2000) Combat Poverty Agency.

- WE CAN Festival (15th and 16th May, 2000) Integra Mainstreaming Activity.

In addition, the Irish Integra Support Structure; WRC Social and Economic Consultants, who are responsible for collectively publicising all Integra Programmes have undertaken various activities to ensure their wider recognition. These activities include the establishment of an Integra web-site with each individual programme presented. In addition, a documentary by Ocean Films has been made detailing the work of all Integra Projects. The Integra Programme of the Merchant's Quay Project has been consistently involved in these activities over the last operational year.

2.2.5 TRANSNATIONAL ACTIVITIES

As outlined in the Interim Report, the transnational dimension of the Programme in 1998 was highly successful in allowing an effective exchange of learning to occur. It also allowed an examination of the holistic responses that have been developed in other member states, which attempt to achieve the personal, social and employment needs of drug users. The Transnational Partners were;

- Flemish Employment and Vocational Training Service (VDAB), Brussels, Belgium.
- Centre Espanol, Madrid, Spain.
- Peoples College, Nottingham, England.
- San Patrignano, Rimini, Italy.

In 1999, a 'Transnational Double Impact' web-site was produced by the Peoples College, Nottingham, which contains information on all the transnational partners. In addition to the visits undertaken in 1998, the following transnational activities were undertaken in this year of the Programme;

- A visit was undertaken in March 1999 by the Integra Team members to the Peoples College in Nottingham, England. Their experience in the design and delivery of training and education programmes for socially disadvantaged groups proved to be highly informative.

- A transnational visit was also undertaken in June 1999 to Centro Espanol in Madrid, which operates the Programme 'Proyecto Hombre'. Their holistic response to the issue of drug use and their knowledge in the provision of training for trainers courses was very beneficial.

- The Integra Project Manager and Integra Team members attended the final transnational meeting in Brussels in December 1999. This provided an opportunity for the transnational partners to meet and finalise activities regarding mainstreaming.

2.2.6 RESEARCH ACTIVITIES

As a pilot programme, the monitoring and continuous evaluation of the Integra Programme was considered to be an integral part of its development over the two-year period. The evaluation of the Integra Programme strived

- To determine whether the Programme was effectively addressing its stated objectives;

- To verify, document and quantify programme activities and their effects;

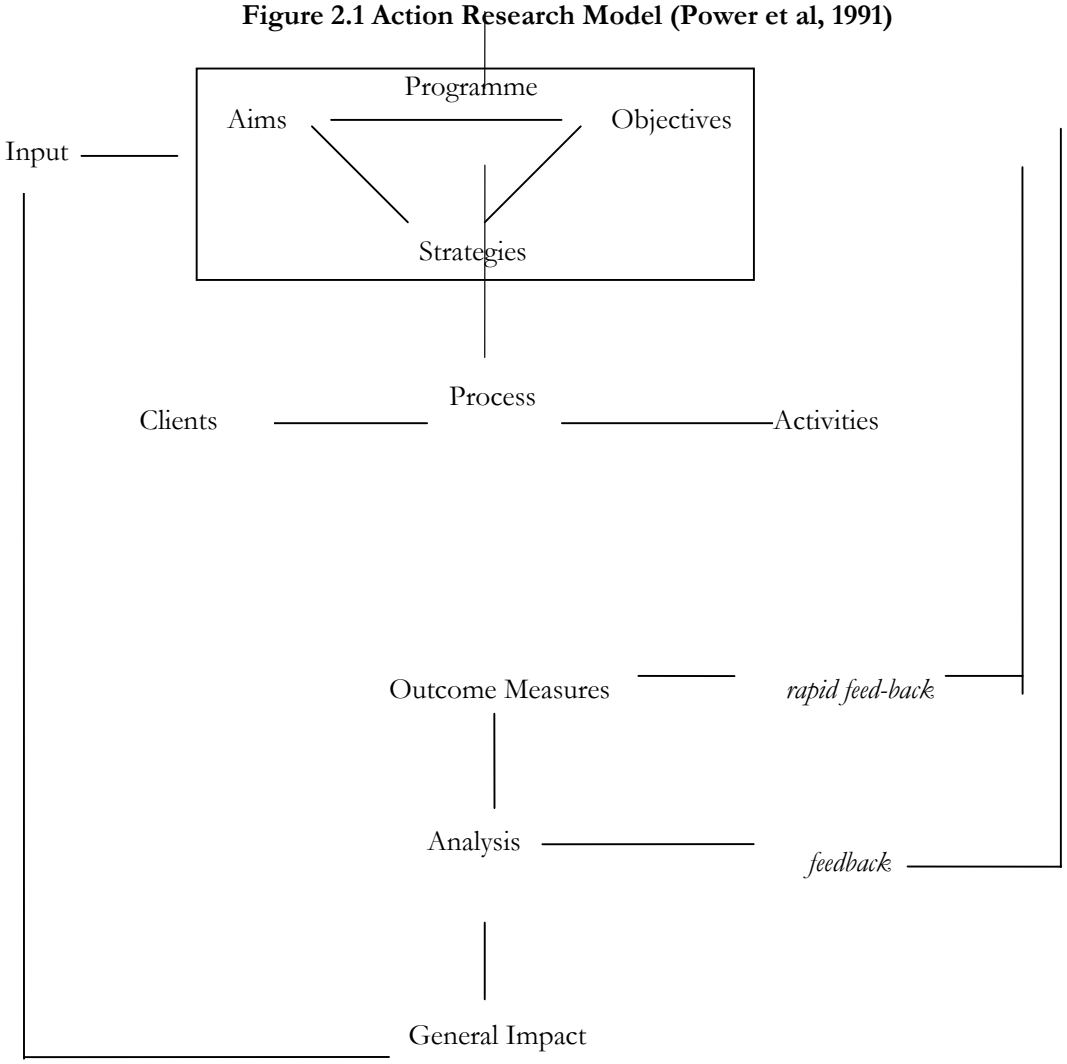
- To allow the Programme's efficiency to be improved upon;

- To provide a rational basis for management's decision making and;

- To provide feed-back and systematic assessment to staff on their job performance.

When evaluating an intervention, it is essential to tailor the evaluation process to the particular programme. Moreover it is vital that the intervention being evaluated be adaptable and fluid enough to benefit from the evaluation process. A new and innovative pilot programme, such as the Integra Programme, has the ability to redefine some if not all elements of the Programme as required. Such an approach to evaluation is termed formative research, where the results are used to guide the design process or direct further activities (Rossi and Freeman, 1985). In this regard, the emphasis is on increasing the success and effectiveness of subsequent programme activities. The use of the action research model highlighted below, illustrates its ability as a model to provide short-term feedback to service providers, so that programmes may be adapted and modified.

Figure 2.1 Action Research Model (Power et al, 1991)



As outlined in Chapter Three of the Interim Report (1998), the use of the 'triangulation measurement' methodology was employed. This approach refers to the use of more than one method of investigation or source of data. Both qualitative and quantitative methodologies were employed, to varying degrees and at varying stages, to evaluate the Integra Programme. The main advantage of combining quantitative and qualitative methodologies is that it results in a collection of different types of information and more importantly, allows a sense of 'explanatory completeness' to be conveyed (Pawson and Tilley, 1997).

Over the two-year period, the following qualitative and quantitative research techniques were employed;

- Structured Interviews

- Focus Groups
- Case Notes
- Questionnaires (Client Entry Forms, Client Departure Forms and Participant Satisfaction Questionnaires on the Drugs Education Course).

In 1999, the comprehensive use of *focus groups* was employed as a means to direct future Programme development following the pilot phase of the Programme. This explicit use of group interaction, by encouraging participants to talk to one another, can generate valuable data (Kitzinger and Barbour, 1999). Moreover, focus group methods have highlighted the fact that individuals are more likely to self-disclose in a group rather than any other setting, with the possibility of 'over-disclosure' occurring. Focus groups were undertaken with all key stakeholders involved in the delivery of the Integra Programme; clients, staff members, and management. The involvement of programme participants was considered essential as it was recognised that they have specific aspirations or objectives for a Programme, and are in a position to make judgements about the success or failure of the Programme in regard to achieving those objectives (Burns, 1994). It is argued that to undertake research in pre-existing groups reduces the inhibiting effect of existing relations between group members. Moreover, research indicates that the existence a of 'naturally-occurring' group is one of the most important contexts in which ideas are formed and decisions made (Barbour and Kitzinger, 1999). In this regard, it was decided that the client focus group, with the agreement of the clients would take place within the support and after-care group setting. Focus groups were held on the following dates;

- Management: 15/03/00
- Staff: 23/03/00
- Clients: 27/03/00

The data gathered on these occasions provided the basis for the suggested recommendations in Chapter Five and also contributed to directing the future role of a such a Programme within the mainstream services of the Merchant's Quay Project. In addition, the findings helped to demonstrate the development of the Programme over the two-year period according to each of these core groups.

2.3 CONCLUSION

This chapter has presented an overview of the Integra Programme. It has illustrated that a three pronged approach was employed to promote the integration of former drug users into mainstream society by targeting three participant groups; former drug users, trainers and local employers. Each target group while operating under the overall frame of reference of the Integra Programme, also maintained their own specific aims and objectives (Lawless and Cox, 1999). The outline of the Programme activities highlights the fact that the Merchant's Quay Project endeavoured to provide a holistic intervention. Moreover, it has been shown that the Integra Programme has over its two operational years been effective in ;

- providing a range of workshops to meet the needs of the client group
- providing drugs education to training agencies
- making and retaining contact with a bank of local employers.
- disseminating the activities of the programme to a wider audience
- engaging in an exchange of learning though the use of transnational partnerships

CHAPTER THREE

CLIENT DATA

3.1 INTRODUCTION

The data collected from participants of the Integra Programme informs an overall profile of client intakes for the two years in question, and also played a key role in influencing the direction of future programme development. This chapter will present the two main types of data collected; monitoring and formative data. The monitoring data provides a broad overview of client admissions over the total two-year period. On the other hand, the formative data, which concentrates on the last operational year of the Programme, provides evaluative information on the Integra Programme[6].

3.2 MONITORING DATA

The following data provides basic socio-demographic information which is collected for monitoring purposes across all facilities of the Merchant's Quay Project including the Integra Programme. This section will present data on all clients who, following assessment, were accepted onto the Integra Programme for both 1998 and 1999. The fact that all the clients who were assessed in 1999 were accepted onto the Programme suggests a more rigorous referral procedure than the previous year[7]. In total, there were 49 client admissions onto the Integra Programme over the two-year period, which illustrates the effectiveness of the programme in reaching its target number. There were a total of 27 client admissions to the Integra Programme during its last operational year. This increase in client intake for 1999 may be due to the longer operational year, in that, as outlined in Chapter One, the Integra Programme was extended into March 2000.

Table 3.1 illustrates that 31% of the total client admissions were female. This 2 to 1 male to female ratio is particularly high in comparison to research undertaken both nationally and internationally. Data collected by the Health Research Board for the Greater Dublin Area in 1996, indicated that 28% of the total treatment contacts for that year were female (Moran *et al*, 1997). Likewise, Anglin *et al* (1987) suggests an average of a 4 to 1 gender ratio for most drug treatment services. However, research undertaken in the Merchant's Quay Residential Programme, High Park, in 1998 illustrated that 33% of the clients were female. Considering that the Merchant's Quay Project Residential Programme, which actively recruits female clients, is the main referral source for Integra, it is not surprising that one third of the programme participants were women. Moreover, this gender ratio is consistent over the two years of the programme, as Table 3.1 illustrates. This suggests that the Integra Programme was highly successful in maintaining female participants as a large proportion of its client intake.

[6] As outlined in the Integra Interim Report (1999) the first operational year of the programme was largely concerned with establishing its structures and piloting the evaluation instruments. Therefore, comprehensive formative data is only available for the final operational year of the programme.

[7] In the early stages of the Integra Programme the assessment procedures were not very structured (Lawless and Cox, 1999). The introduction of Client Assessment Forms in the beginning of the second operational year helped to ensure a more rigorous and effective assessment procedure.

Table 3.1 Gender of Clients by Year

Gender	1998		1999		Total	
	n	%	*n*	%	*n*	%
Male	15	68	19	70	34	69
Female	7	32	8	30	15	31
Total	22	100	27	100	49	100

Table 3.2 conveys the age profile of clients according to two categories; under 25 years of age and over 25 years. It illustrates that the majority of clients (73%) were over 25 years of age. This can largely be explained by the fact that all participants on the Integra Programme were well advanced in their drug using careers and had previously undergone residential drug treatment. Therefore, the Integra clients were older than drug users attending other non residential drug treatment services. Moreover, there was an increase in the percentage of clients who in 1999 were over 25 years of age. In 1998, 64% of clients were over 25 years compared with 81% of clients in 1999. Analysis revealed that there was also a gender difference in the age of participants. The mean age for male participants was 29 years compared with a mean age of 25 years for female participants. This may be due to the fact that research undertaken in the Health Promotion Unit of the Merchant's Quay Project, indicates that women were presenting at the Project at a younger age and also earlier in their drug using careers (Cox *et al*, 1999).

Table 3.2 Age of Clients by Year

Age	1998		1999		Total	
	n	%	*n*	%	*n*	%
<25 years	8	36	5	19	13	27
>25 years	14	64	22	81	36	73
Total	22	100	27	100	49	100

Table 3.3 below, illustrates the lack of educational qualifications held by the clients on the Integra Programme. Thirty one percent of the total client intakes were early school leavers, and reported having left school without acquiring any formal qualifications. Forty seven percent of clients reported having only received their Junior/Intermediate or Group Certificate. In addition, only 12% of clients reported having received their Leaving Certificate. The data presented also illustrates that only 27% and 19% of clients in the years 1998 and 1999 respectively, had decided to continue their education beyond the Junior/Intermediate or Group Certificate.

Table 3.3 Educational Attainment of Clients by Year

Educational Attainment	1998		1999		Total	
	n	%	*n*	%	*n*	%
No Qualification	5	23	10	37	15	31
Inter/Junior/Group Cert	11	50	12	44	23	47
Leaving Cert.	5	23	1	4	6	12
Third Level Qualification	1	4	4	15	5	10
Total	22	100	27	100	49	100

Figure 3.1 graphically illustrates the client turnover across the two years, by the number of week on the Programme. The data shows that in 1999, there was a substantial decrease in clients entering the second phase of the Integra Programme, the 'Day Programme'. Eighty six percent of clients (*n*=19) continued onto the second phase of the Programme in 1998, while in 1999 only 56% of the clients (*n*=15) did so. In other words, only 14% of clients in 1998 did not enter into the 'Day Programme' while in 1999, 44% of clients did not continue into this phase. This can largely be explained by the easier access of clients to employment opportunities in the latter year, and so client turnover for those who sought employment opportunities was relatively high. However, as will be discussed in greater detail in the following chapter, the lack of appropriate housing for clients meant

that individuals who had no accommodation to return to, were often retained on the Programme beyond the twelve week period. Overall, a total of 69% of clients (*n*=34) proceeded onto the 'Day Programme' over the two year period.

Table 3.4 illustrates the completion rates of clients over the two-year period. Sixty five percent of the total number of clients (*n*=34) who entered the Programme over the two years completed the Integra Programme. In other words, 35% (n=15) of clients failed to complete the Programme. Non-completion refers to clients leaving at any point during the Programme for reasons such as; relapse, birth of a child or child-care responsibilities.

Table 3.4 Completion Rate by Year

Programme	**1998**		**1999**		**Total**	
	n	%	*n*	%	*n*	%
Completed	16	73	16	59	32	65
Not Completed	6	27	11	41	17	35
Total	22	100	27	100	49	100

Table 3.5 conveys the number of work placements undertaken and completed over the two-year period by clients of the Integra Programme. The low number of job-placements undertaken in 1999 may reflect the current economic climate, in that clients are more likely to access employment opportunities when there is an increase in the demand for labour. This is reflected in **Table 3.6** which illustrates the increase in the percentage of clients obtaining employment opportunities, either full-time or part-time. Moreover, it illustrates the ability of the Integra Programme to access employment opportunities for clients following completion of the Programme.

Table 3.5 Work Placements by Year

Work Placements	**1998**		**1999**		**Total**	
	n	%	*n*	%	*n*	%
Completed	11	92	5	100	16	94
Not Completed	1	8	0	0	1	6
Total	12	100	5	100	17	100

Figure 3.1 Client Turnover by Year

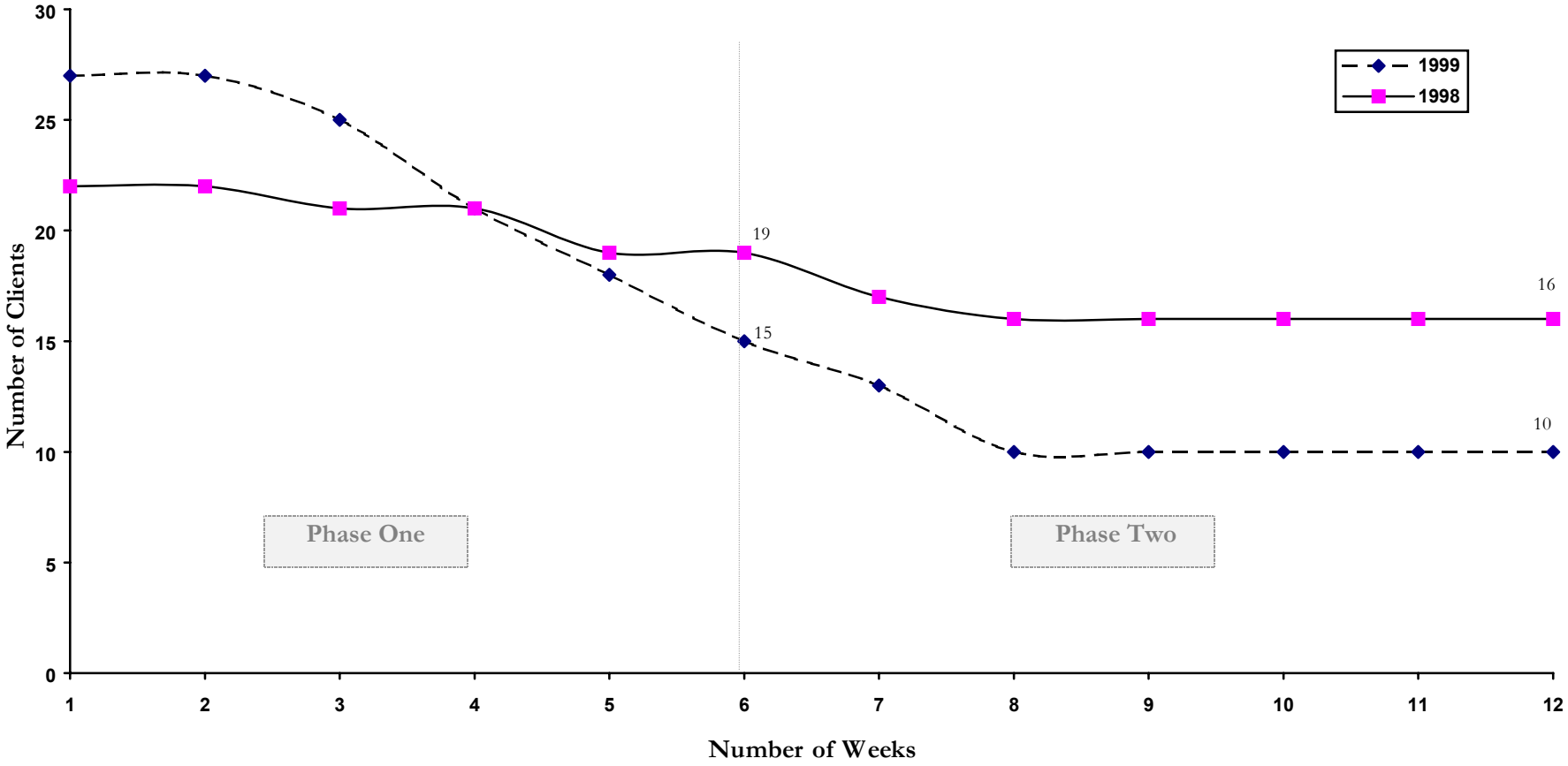


Table 3.6 Employment/Education by Year

Employment/ Education	1998		1999		Total	
	n	%	*n*	%	*n*	%
Full -Time	7	78	12	86	19	83
Part-Time	0	0	1	7	1	4
Education	2	22	1	7	3	13
Total	9	100	14	100	23	100

3.3 FORMATIVE DATA

As discussed in the previous chapter, there are limitations to the research methodology employed in this study. Moreover, as the pilot programme evolved, it became increasingly apparent that any research undertaken during the course of the two years would be of a formative nature. In other words, the data collected would inform the future activities of the Integra Programme and its development, rather than simply being employed as a means of analysing programme effectiveness. Consequently, it was considered important to collect data relating to two periods of the Programme; entry and departure, so as to firstly identify clients needs following residential drug treatment and secondly, to modify and develop the programme accordingly. The data gathered relates specifically to the second operational year of the Integra Programme and is presented under the following headings; client profile and programme results.

CLIENT PROFILE

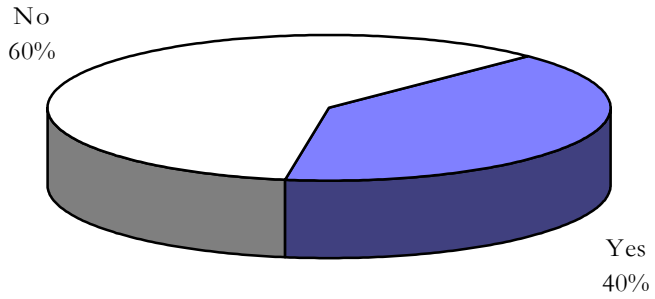
As presented in this chapter, there were a total of 27 client admissions to the Integra Programme for the year 1999. Seventy percent of the clients (n=19) were male, with the majority of clients (81%) over 25 years of age. In most instances clients were internally referred from the Merchant's Quay Project Residential Programmes, in that they were either previous graduates of the Programmes or were recruited for the Integra Programme while in residential drug treatment. In such instances, when clients were referred straight from residential to the Integra Programme, it was not always considered appropriate to undertake a detailed assessment[8]. The data outlined in this section relates to 20 clients of the Programme. It will present baseline data on clients' socio-demographic features, drug history and experience of training and employment opportunities.

[8] When clients leave any Merchant's Quay residential drug treatment programme they are requested to fill-in a post programme questionnaire which is designed both to evaluate the effectiveness of the programme and to examine participants' satisfaction with the programme. In such instances it was often considered inappropriate to then ask participants to complete another questionnaire, and when this was the case client assessments for the Integra programme were verbal.

3.3.1 CHILD CARE

Figure 3.2 illustrates that 40% (*n*=8) of clients reported having children. The majority 63% (n=5) of those were male. Furthermore, none of the clients reported having responsibility for child-care arrangements. All clients reported that their children lived with other family members or were in foster care. These findings are similar to that of research undertaken in the Merchant's Quay Project, Health Promotion Unit which showed that only 29% of first visit clients who had children had either sole or shared parental responsibility for their children (Cox and Lawless, 2000). The suggestion is that although research has indicated that child-care responsibilities are often barriers to treatment (Cuskey, 1982), the lack of such responsibilities among clients on point of first contact with drug services may actually sustain clients contact with treatment services.

Figure 3.2 Children of Clients



3.3.2 LEGAL STATUS

Clients were asked whether they had ever spent time in custody, either serving a sentence or on remand. Sixty five percent of clients (n=13) reported having spent time on remand while 50% of clients (n=10) had spent time serving a custodial sentence. There was also a gender difference, with the majority of males, 77% and 80% respectively reporting such occurrences. It was also considered essential to ascertain whether clients had any outstanding legal issues, which might interfere with their involvement in the Programme. **Table 3.7** illustrates that 70% (n=14) of clients had some form of current legal issue. Moreover, 25% (n=5) of clients reported having charges pending and an additional 20% (n=4) of clients had a warrant out for their arrest.

Table 3.7 Legal Status of Clients

Legal Status	n	%
Temporary Release	1	5%
Suspended Sentence	1	5%
Community Service[9]	1	5%
Probation	1	5%
Bail	2	10%
Warrant for Arrest	4	20%
Charges Pending	5	25%

[9] An agreement was made with the courts for the individual in question to do his community service in Merchant's Quay, thus providing a safe environment to help the client with his recovery.

3.3.3 DRUG HISTORY AND TREATMENT

Clients reported a mean age of first drug use of 14 years (range 11-24 years). Female clients initiated their drug use earlier than their male counterparts, in that the mean age of first drug use for female clients was 12 years compared with 14.7 years for male clients. For the total client group, the average age at which clients reportedly first initiated IV drug use was 17 years (range 16-31 years). Analysis revealed that female clients first injected drugs at an earlier age than their male counterparts. On average female clients reported first IV drug use at 16.4 years, in comparison to an average of 17.5 years for male clients.

All clients had prior experience of residential drug treatment as this is a main criterion for entry onto the Programme. Clients reported an average of two previous experiences of residential drug treatment. The majority of clients (n=19) reported that the Merchant's Quay Project Residential Programme was their last residential drug treatment setting prior to entry onto the Integra Programme. Clients were also asked whether they had experienced any other type of drug treatment under the following categories; methadone maintenance, detox, counselling, narcotic anonymous and other. **Table 3.8** illustrates that all clients had previously experienced some form of drug treatment other than the reported residential drug treatment. Nearly two thirds of clients (*n*=13) reported having been on a methadone maintenance programme, while half of the clients (*n*=10) had received counselling as a form of drug treatment at some point in time. The categories below are not mutually exclusive groups and so it is worth noting that 60% (*n*=12) of clients reported having undertaken more than one of the aforementioned forms of drug treatment.

Table 3.8 Previous Drug Treatment of Clients

Treatment	n	%
Methadone Maintenance	13	65%
Detox	7	35%
Counselling	10	50%
Narcotic Anonymous	7	35%
Other	4	20%

Table 3.9 presents the longest period of time drug free reported by clients. The average length of time participants reported being drug free was 59 weeks (range 12 weeks - 6 years). As Table 3.9 illustrates 32% of clients (*n*=6) reported being drug free for three months or less. In all instances this three month period relates to time spent in residential drug treatment. Moreover, only 36% of clients reported having remained drug free for a period in excess of six months. This highlights the need for additional post residential support as a means of relapse prevention.

Table 3.9 Longest Period Drug Free

Period	n	%
0-3 months	6	32%
4-6 months	6	32%
7-11 months	2	10%
>12 months	5	26%

3.3.4 EDUCATIONAL ATTAINMENT

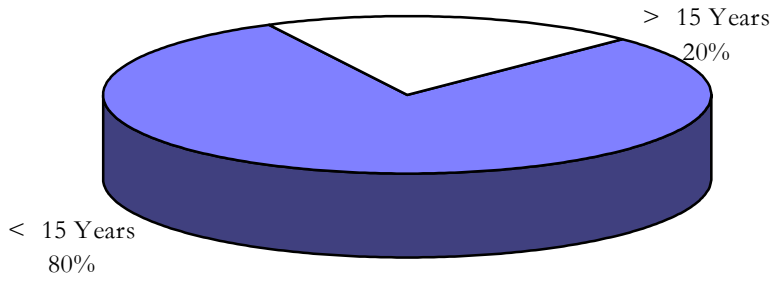
Research undertaken in Ireland indicates that the majority of drug users in treatment left school before the official school-leaving age (O'Higgins and Duff, 1997; McCarthy and McCarthy, 1997). **Table 3.10** illustrates the highest level of educational attainment for participants on the Integra Programme. This table shows that twenty percent of clients (n=4) reported having left school

without receiving any formal qualifications, while 60% (*n*=12) of clients left school only in receipt of inter/junior or group certificate. **Figure 3.3** also illustrates that 80% (*n*=16) of clients left school prior to the legal school leaving age of 15 years, while the remaining 20% (*n*=4) of clients reported retention in the educational system beyond 15 years. Analysis revealed that female clients reported having left school at a younger age than their male counterparts. The women were on average 14 years old, while their male counterparts reported a mean age of 15.4 years.

Table 3.10 Educational Level of Clients

Educational Levels	n	%
Primary Level	4	20
Inter/Junior/Group Cert.	12	60
Leaving Certificate	1	5
Third Level Qualification	3	15
Total	20	100

Figure 3.3 Age Left School



3.3.5 TRAINING

Clients were asked whether they had ever undertaken any training programmes. Seventy five percent (n=15) of clients reported that they had undertaken some form of training. Of these, forty percent (n=6) of clients specifically referred to the training received from FAS (National Training Agency). In the majority of these cases the training programmes were highly specialised and covered areas such as; carpentry, catering, engineering and metal work. This high level of training is due to the fact that the undertaking of training programmes such as those run by the National Training Agency (FAS) are often compulsory and targeted at the long-term unemployed in order to maintain their social welfare payments. The remaining clients referred to a range of NCEA, City and Guilds and Third Level qualifications, such as; computers, communications, social studies, fitness instructors course and psychology.

Despite the high levels of training reported above, the majority of clients (*n*=19) reported that they required additional training. Clients were also asked what skills or additional training they would like to acquire by undertaking the Integra Programme. A quarter of all clients (*n*=5) reported computer literacy as their main training requirement. Clients also reported apprenticeship, community employment and pursuing further educational opportunities as general training needs. Clients also stated very specific training areas, such as; printing, health and hygiene, counselling and child psychology; the majority of whom had previously received training in similar less specific areas. This highlights the ability of the client group to identify areas of personal development.

3.3.6 EMPLOYMENT

Research has indicated the high levels of unemployment among active drug users in treatment (O`Higgins and Duff, 1997) and at the point of first contact with drug services (Cox and Lawless, 2000). It has also been illustrated that problem drug use disproportionately effects certain communities in the Greater Dublin Area (Cullen, 1997). These areas tend to exhibit very high unemployment rates and other indices of social deprivation. Barriers to employment include; few academic qualifications, lack of recent work experience and job skills and criminal records. However, very little national data has been collected on previous employment of active and former drug users. As one of the primary aims of the Integra Programme is to facilitate the integration or reintegration of clients into employment, previous experience of employment and any difficulties encountered by clients were considered essential. Ninety percent of clients (*n*=18) reported having had prior experience of paid employment at some point in time. In many instances this was casual low paid employment. Other clients reported a range of employment positions such as; carpenter, electrician, factory operative, stagehand and veterinary assistant. However, this client group is not representative of the population of former drug users, in that they have undergone intensive drug treatment in the past and have also completed residential drug treatment. In this instance, re-integration as opposed to integration into employment opportunities would be of foremost importance.

Of those who reported having paid employment, 72% of clients (*n*=13) reported that their last position of employment was full-time. All clients were asked how they found the work environment. The majority of clients referred to the fairness of the employer and colleagues, one client referred specifically to the work environment as been 'very comfortable'. However, all of these clients also reported that while in employment they had experienced difficulties related to their drug use. **Figure 3.4** illustrates some of these difficulties reported by clients Clients were then asked the primary reasons why they left their last place of employment. **Table 3.11** below, illustrates that over a half of clients (55%) reported drug use as being a primary influence on having to leave their employment. It is important to recognise that this figure is a subjective measure and that the reasons for leaving employment are complex and highly interconnected. Clients were given the opportunity to tick more than one of the reasons provided below.

Table 3.11 Reasons for Leaving Last Position of Employment

Reasons	n	%
Drug Use	11	55%
Family/ Personal Problems	2	10%
Work Environment/Colleagues	1	5%
Wages and Conditions	2	10%
Asked to Leave	5	25%
Wanted to Leave	4	20%

Figure 3.4 Participant Self-Reported Difficulties of Employment Due to Drug Use

"I found it hard to stick to the hours, I mean I just wasn't able to get out of bed on time in the mornings"

"It was really tough cause I was on a methadone programme at the time and I'd to get off work to go see the doctor every Wednesday"

"I just wasn't able for a 9 to 5 job, I need something a lot more flexible"

"I couldn't get into work on time, and I missed loads of days"

"I was out sick a lot because I was feeling so rough and just couldn't get into work"

"There was loads of hassle cause I was always late and I started to rob money from the till as well"

"I had no interest so I wasn't doing the job as well as I could have"

"It was very hard cause there was drug paraphernalia lying around where I worked, and it was a real temptation"

"I found the job very boring and so I missed loads of days"

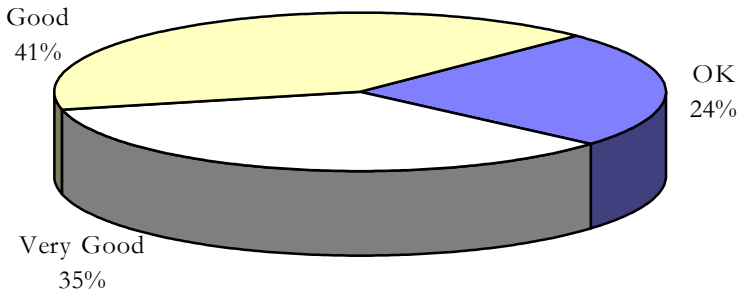
"I had to hide the fact that I was using from everybody else working there, that wasn't easy"

3.4 PROGRAMME RESULTS

As a pilot programme, it was necessary to engage in a process of learning not only with regard to the operational aspects of the Programme but also on the Programme as a whole. More specifically, it was considered of the utmost importance to highlight the successes and difficulties of the Integra Programme. In this regard, the clients as service users were viewed as key informants in this process. All clients who departed from the Integra Programme in 1999 whether successful or not were asked to complete a client departure form. The data in this section relates to 18 clients who agreed to complete the departure form following completion of the Integra Programme.

Firstly, clients were asked to rate the Integra Programme on a five-point scale ranging from 'very good' to 'very poor'. **Figure 3.5** illustrates that 35% of clients (n=6) reported that the Integra Programme was 'very good', while the remaining clients reported the Programme as either been 'good' or 'okay'. Clients were also asked to state whether there were any elements of the Programme, which they believed could be improved upon. Clients reported a range of suggestions with regard to structure and content of the Integra Programme, such as; increased activities and leisure groups, additional one-to-one support, greater flexibility, and a broader programme in which to include other aspects of the integration process.

Figure 3.5 Rating of Programme



Participants were also asked whether they were satisfied with the support that they received from both workers and clients while participating on the programme. Client satisfaction was particularly high, with participants reporting satisfaction rates of 88% and 94% for workers and clients respectively.

In order to evaluate the Integra Programme it was considered necessary to ask clients whether they believed they had changed in any way since they first started the Programme. Eighty nine percent of clients (*n*=16) reported that they had changed since they commenced the Programme. However, the fact that 78% of clients reported the need to make further changes following completion of the Integra Programme highlights the short-term goals of such a Programme and the need for a more comprehensive integration programme.

In addition, clients were asked whether the Programme enabled the acquisition or improvement of skills. Ninety four percent of clients (n=17) reported that they had acquired new skills, while 65% of clients (n=11) reported that they had improved upon their existing skills. Clients were also asked to rate on a five-point scale ranging from 'definitely yes' to 'not at all' whether they had experienced any increase in the following groups of skills; ability to cope, job search, motivation, communication and general life skills. As illustrated in **Table 3.12** the majority of clients reported increases in all skills with only 24% of clients (n=4) reporting no increase in any of the groups mentioned below. Furthermore, clients reported elements of the Integra programme such as; budgeting, money management, parenting, computer literacy, and personal development as being highly beneficial.

Table 3.12 Clients Reported Increase in Skills

Skill	Def. Yes	Yes	Not Sure	No	Not At All
Ability to Cope	7(41%)	10(59%)	-	-	-
Job Skills	2(12%)	7(41%)	6(35%)	2(12%)	-
Motivation	5(29%)	7(41%)	4(24%)	1(6%)	-
Communication Skills	6(36%)	5(29%)	5(29%)	1(6%)	-
General Life Skills	5(29%)	8(47%)	4(24%)	-	-

A less subjective means of determining clients' reported changes in levels of skills was to collect such information over two time periods; on entry and on completion of the Integra Programme. **Table 3.13(a)** illustrate clients' reported level of skills on entry to the Programme. On completion of the Programme, clients were asked to rate the change, if any, in the following skills; forming and maintaining friendships, confidence in group work and confidence in dealing with non drug users. **Tables 3.13(a)** and **3.13(b)** indicate that there was no substantial change reported by clients. This may be due to the fact that the clients having undertaken residential drug treatment had acquired these skills prior to entry onto the Integra Programme.

Table 3.13 (a) Clients' Reported Level of Skills on Entry

Skill	V.Good	Good	O.K	Poor	V. Poor
Forming /Maintaining Friendships	5 (25%)	13 (65%)	2 (10%)	-	-
Confidence in Group Work	6(30%)	10(50%)	4(20%)	-	-
Confidence with Non Drug Users	2(10%)	11(55%)	5(25%)	2(10%)	-

Table 3.13 (b) Clients' Reported Changes in Skills

Skill	V.Good	Good	O.K	Poor	V. Poor
Forming/Maintaining Friendships	4 (22%)	12 (67%)	2 (11%)	-	-
Confidence in Group Work	6 (35%)	7 (41%)	4 (24%)	-	-
Confidence with Non Drug Users	1 (5.5%)	13 (72%)	3 (17%)	1 (5.5%)	-

Following completion of the Programme, it is necessary that there is adequate family support in order to sustain long-term behaviour change among clients. In this regard, an essential element of the Integra Programme was the development of relationships among clients and immediate members of their external environment. **Table 3.14** conveys that 50% of clients reported a substantial improvement in their relationship with family members, while 39% of clients reported such improvement with friends.

Table 3.14 Development of Relationships

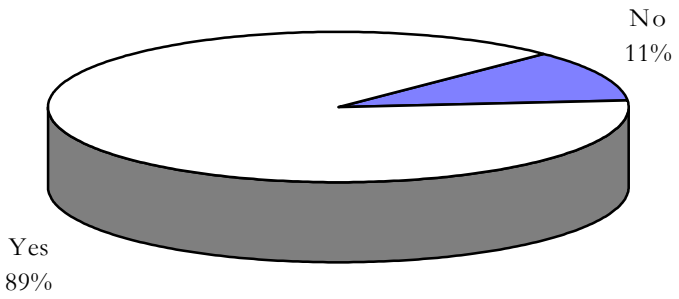
Relationship	Got Worse	The Same	Improved a Bit	Improved a lot
Parents	-	5 (31%)	6 (38%)	5 (31%)
Other Family	-	4 (25%)	4 (25%)	8 (50%)
Friends	-	4 (22%)	7 (39%)	7 (39%)

Research undertaken on 860 first visit clients who attended the Health Promotion Unit over a 12 month period illustrated that the vast majority of clients (43%) relapsed within the first six months of being drug free, the main reasons for such lapse being peer pressure and boredom (Cox and Lawless, 2000). In this regard, it was considered necessary to ask clients whether the Programme had helped with relapse prevention and provided the clients with the necessary coping strategies to prevent or minimise the risk of further lapse.

Figure 3.6 below illustrates that 89% of clients (n=17) reported that the programme had helped with relapse prevention. Clients were also asked in what way the Programme had succeeded in providing them with the necessary skills for relapse prevention. The majority of clients reported that the relapse prevention groups within the Integra Programme had provided them with the skills to firstly identify potential 'risky' situations, secondly to assess the underlying reasons behind their relapse and finally to employ the appropriate strategies to change behaviour, if necessary. As one client reported;

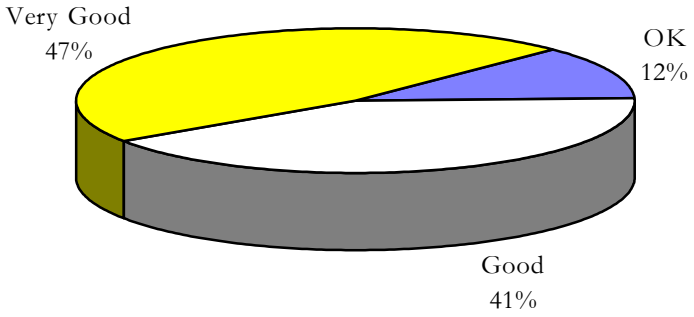
'It has given me the coping skills I need to be able to look at and work out my problems'.

Figure 3.6 Relapse Prevention Skills



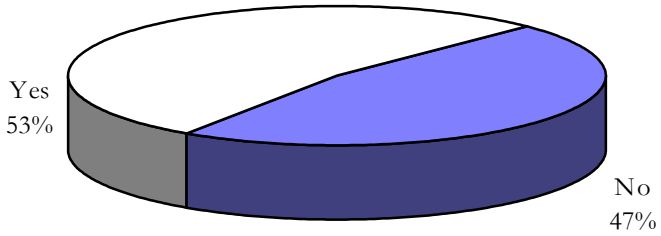
Clients were also asked to rate their chances of remaining drug free on a five point scale ranging from 'very good' to 'very poor'. **Figure 3.7** illustrates that just under half of the clients (47%) reported their chances of remaining drug free as being 'very good'.

Figure 3.7 Chances of Remaining Drug Free



Finally, clients were asked where they were going to live following completion of the Programme. Over a third of clients (n=6) reported that they were returning to their family home on completion of the Integra Programme, while 29% of clients (n=5) stated private rented house or flat, and one client reported returning to local authority housing. However, one client did report returning to B&B accommodation. Furthermore, 17% of clients (n=3) reported that they were returning to live with an IV drug user. Clients were also asked whether they had experienced any difficulties in sorting out accommodation. **Figure 3.8** illustrates that fifty three percent of clients (n=9) reported having experienced problems in locating a suitable environment in which to return to live.

Figure 3.8 Difficulties in Finding Accommodation



3.5 QUALITATIVE DATA

The quantitative data presented earlier in this chapter has illustrated the profile of clients on the Integra Programme. It has shown that the majority of clients report having a comprehensive history of drug treatment, low educational attainment, lack of recent work experience and criminal records. However, despite these similarities each client of the Integra Programme presents with his/her own individual needs and circumstances. The following two client stories demonstrate the ability of the Integra Programme to adapt to the emerging issues of clients while on the Programme. It also highlights the need for an inter-agency approach in order to deal most effectively with drug users. This is demonstrated in Client A's involvement with the court and probation services. On the other hand, to assist Client B with housing issues negotiation with the community was required. The complexities of an inter-agency approach cannot be underestimated as it involves both time and effort from all concerned. Such a collective effort can ensure that all action is pursued in the best interests of the clients.

The first client story demonstrates the manner in which a community service order was incorporated into the structures of the Integra Programme. It illustrates the success of such an approach for the client in terms of its non interference with his progress while on the Programme. Client B, illustrates how the Integra Programme succeeded in working in conjunction with community members in order to facilitate the integration of the client into his locality. It highlights the importance of returning to the family home for the client and the role of the Integra Programme in this process.

The client stories highlight the ability of the Integra Programme to deal with clients' presenting issues and ultimately to help them in meeting their main goals. However, the implication is not that all clients who accessed the Integra Programme have had successful outcomes similar to the client stories presented. The reality is that clients do lapse and this may result in their non completion of the Programme. Names of clients in the following stories have been changed in the interests of confidentiality.

John`s Story

John is 35 years old and was born and bred in Dublin`s North Inner City. He has been an IV drug user for seventeen years, has been on numerous treatment programmes and has experienced episodes of homelessness. When he accessed the Integra Programme in 1998, John had a number of outstanding criminal charges. He had also become estranged from his long-term partner, their six-year-old child and his extended family due to his increasingly chaotic drug use.

John left school at sixteen upon completion of his Inter Certificate and had no further formal education/training. He has had a checkered employment history having worked in a variety of short-term, low skilled, poorly paid positions. His longest period of employment was for three years when he worked as a factory operative which he found boring and poorly paid. This compounded by his escalating drug use eventually led to him leaving this job. He then worked as a casual labourer for a number of years and he was unemployed for the year prior to accessing the Residential Programme. John had made a number of attempts to stabilise his drug use prior to entering the Merchant's Quay Residential Programme including five weeks in a detoxification unit. He successfully completed residential drug treatment and graduated to the Integra Programme.

John accessed Integra because he wanted to participate in a slow recovery, find direction in his life, improve the relationship with his child and ex-partner, access further education/training, and stay drug free. As a result of his involvement in the residential programme John gained an insight into his addiction and experience of group work. Consequently, he actively participated in the Integra Programme and was open, friendly and honest. Years of guilt and self-blame meant his self esteem was very low and so an essential part of John`s care plan was building up his confidence and feelings of self worth. John also considered family contact as being essential to his recovery, to this end staff facilitated visits with his child and previous partner.

Through the Integra Programme, John accessed a community based work placement which was demanding and involved a high level of responsibility. His key worker said he responded to this challenging position in a mature and consistent fashion and his employers were impressed with his dependability and diligence. While on the programme, John recevied a court date, which resulted in 100 hours of community service and a suspended sentence with two years probation based on good reports. The Integra Facility Manager was successful in negotiating with the Probation and Welfare Service to allow John to carry out his Community Service at Integra as a maintenance assistant.

As John had nowhere to return to live upon completion of the Programme, much of his time was spent attempting to access suitable accommodation. This he found extremely stressful although he was ultimately successful. John also succeeded in getting full-time employment as a manual labourer. Slowly he began to repair some of the damages to his personal relationships and has successfully negotiated with his partner, access to his child. His self-esteem has grown significantly and he feels very confident in his ability to stay drug free. However, John recognises the

need for ongoing support, and to this end he attends the weekly Support and Aftercare Group.
John is now 13 months in recovery. He continues to work full-time and has managed to re-establish many of his personal relationships. John now engages in weekly leisure activities and has developed a passion for golf. He has applied for a position in a prominent Irish company which he has always aspired to join. John plans to holiday outside Ireland for the first time this year. In the past he would not have had the confidence or the stability to undertake many of these tasks.

Richie`s Story

Richie is a 19 year old male from north west Dublin. He first used drugs at the age of 11 and progressed onto smoking heroin at 15 years of age, however he never injected. He left school upon completion of his Inter Certificate and received no further formal education or training. His longest period of employment was 4 months when he worked as a general operative in a factory. He left this position because he was on a methadone maintenance programme and had to see his doctor once a week, which meant he was consistently late for work. Richie had made five prior attempts to detoxify, had been on a methadone maintenance programme and had also attended N.A meetings in the past. His longest period drug free was eight months. His last detoxification was in prison before he accessed the Merchant's Quay residential treatment programme after which he graduated onto the Integra Programme.

In the past he had served time both on custodial sentence and on custodial remand. He was released on a suspended sentence pending treatment. Prior to imprisonment Richie lived in a rented flat because he had been driven out of his family home (in a very violent manner) by a group of community activists as a result of his drug taking/drug related activities. His family had been very supportive over the years but were living in extreme fear following his 'eviction' from the family home.

When Richie started the Integra Programme he had a number of very clear goals including staying safe, accessing training/employment opportunities, preparing for a new start with drug free friends, returning to his family and community and developing safe hobbies. In the long-term he wanted to get a steady job with opportunities, own his own house and to have a social life. While Richie was on the Programme, he was very enthusiastic and showed a positive attitude to staying drug free. Ideally Richie wanted to live independently but did not have the confidence to live in a flat alone. This he saw as a long-term aspiration but in the short term he wanted to rejoin his family in the family home. The facility manager began negotiating with the group of community activists. A series of discussions took place after which a meeting was held between Richie, the facility manager and the group leaders. This was very difficult and frightening for Richie but the outcome was successful as he was allowed back into the family home.

Upon completion of the Programme Richie accessed full-time employment as a manual labourer and was living with his family. He had an extremely positive attitude and was very ambitious about his future. However, he began socialising with old associates which Programme staff believed could cause problems for him in the future. However, from the beginning Richie decided to access the weekly Support and Aftercare Group which he attended with enthusiasm.

A year and a half later Richie is still working and is maintaining a drug free lifestyle. He remains ambitious and is planning to obtain further qualifications. He has joined a gym and finds this a very positive way to use up excess energy. He still attends the Support and Aftercare group and phones project staff on a regular basis to 'check in'. He recently has bought a car and went on his first holiday abroad. He is presently considering working abroad a possibility he would never have had the confidence to consider previously.

3.6 CONCLUSION

In this chapter the monitoring, formative and quantitative data collected from participants on the Integra Programme was presented. It has illustrated that the Programme was successful in attracting the primary target group of former drug users, i.e. those excluded from the labour market not only by virtue of their drug use but also their lack of educational qualifications, inconsistent job history and criminal record. In addition, the Programme provided the clients with some of the necessary relapse prevention skills to ease their insertion into the labour market. Moreover, the Integra Programme facilitated the integration of former drug users into employment/training or educational opportunities. To conclude it has been shown that the Programme was effective in a number of measures, as outlined in **Table 3.15** below.

Table 3.15 Summary of Results

Programme Population	▪ Reaching Target Population: former drug user/completed residential drug treatment ▪ Reaching target number of client admissions (n=49) ▪ Attracting high proportion of female clients (n=15; 31%) ▪ Attracting large proportion of clients over 25 years of age (n=36; 73%) ▪ Attracting clients with low educational attainment:31% early school leavers (n=15)
Programme Outcomes	▪ Maintaining high completion rate from the Integra Programme (n=32; 65%) ▪ Maintaining high completion of job placements (n=16; 94%) ▪ Securing full-time employment opportunities for 83% of clients (n=19) ▪ Securing full-time educational opportunities for 13% of clients (n=3) ▪ Ensuring the acquisition (n=17; 94%) and/or improvement of skills (n=11;65%) ▪ Improving clients relationships with family (n=12;75%), friends (n=14;78%) ▪ Providing the necessary relapse prevention skills (n=17; 89%)
Programme Activities	▪ Delivering Drugs Education Programmes for Community/Statutory Organisations ▪ Monitoring Participants satisfaction with the Training ▪ Delivering Group Facilitation and Presentation Skills to Integra Team Staff ▪ Ensuring the provision of on-going training for all Integra staff members ▪ Attracting small/medium sized employers to participate in the Integra Programme ▪ Ensuring regular contact and support with these employers ▪ Successful in accessing appropriate job-placements for clients ▪ Receiving high levels of satisfaction from employers regarding placements ▪ Disseminating the work of the Integra Programme to a wider audience ▪ Engaging in exchange of learning process as a Transnational Partner ▪ Evaluating the Integra Programme over the last operational year ▪ Highlighting the need for additional post residential support for former drug users

PART III

RESPONDING EFFECTIVELY

CHAPTER FOUR

THE LEARNING PROCESS

4.1 INTRODUCTION

The purpose of this section of the Report is to present a range of recommendations based on the information collected from stakeholders (i.e. clients, programme staff, and management) with regard to the problems identified over the two-year period of the Integra Pilot Programme. It will be seen that a number of developmental issues, many related to the environment and external to the service, emerged over the two years, which impinged upon service delivery, and consequently influenced the direction of the Integra Programme. The subsequent chapter is concerned with developing a strategy to further enhance the integration of former drug users into mainstream society and the provision of such a service by the Merchant's Quay Project.

No intervention operates in a vacuum, as it is strongly influenced by social and environmental conditions. In Chapter One it was clearly illustrated that the social conditions associated with poverty and deprivation, although far from being the sole cause of drug use, are significantly and causally related to problem use. Moreover, the relationship between deprivation, social exclusion and drug use is subtle and complex. They are not only related to the simple fact of 'ever' used, it may relate more subtly to age of first use, progression to dependency, intravenous use, risky use, health and social complications (ACMD, 1998). In this chapter it will be seen that the wider socio-economic context, which clearly shapes and influences certain aspects of drug related problems in Ireland, also impinges on a variety of other policy issues with regard to employment, education, training, and housing. This highlights the complexity and interconnectedness of the issues and the needs for multi-agency strategies.

This chapter highlights how the Integra Programme evolved as a result of, and in response to, various factors, both internal and/or external to the programme. As a fluid social intervention, the Integra Programme was afforded the opportunity to continuously adapt and modify elements of the Programme when necessary. While the principles governing the Integra Programme still remain sound, and its intended outcomes have been achieved, the specifics of service delivery changed over time.

4.1.1SOCIO-ECONOMIC CONTEXT

The social environment is an interactive world, which is not only influenced by the individuals residing in it, but which in turn, influences the lives of these individuals. The influence of the environment operated on both a micro and macro level. The former comprises of the individual's more immediate interpersonal environment such as family, peer group, schooling and workplace, while the latter refers to broader social, economic and cultural factors (ACMD, 1998; 5). For example, the family (ACMD, 1998) and peer groups (Parker *et al*, 1998) have been shown to influence the development of drug use in young people. On the other hand, it has been clearly outlined in Chapter One that the socio-economic environment plays an important role in social exclusion and drug use. It has been illustrated that problem drug use in Ireland occurs disproportionately in communities characterised by high levels of unemployment, low levels of educational attainment, high incidences of early school leaving, high concentration of local authority housing, poor physical and social environment and high levels of vandalism and crime. This can partially be explained by the *urban*

clustering effect, a consequence of the "mechanisms of the housing market", which brings together people who are experiencing a variety of otherwise unrelated problems in 'hard-to-let" estates/flat complexes. This in turn results in dense concentrations of multiple social difficulties, such as unemployment, poverty, housing decay, single parent households, crime and drug misuse in one community.

The 'cumulative disadvantage' experienced by (former) drug users and the significant impact it can have, as outlined in Chapter One, in accessing employment and/or educational opportunities, highlights the challenges faced by the Integra Programme. The recruitment of a number of small to medium sized local employer organisations during the first operational year provided successful job-placement opportunities for a large majority of clients, from which some clients secured full-time employment. However, the increased demand for labour especially in the low skilled /semi skilled areas during the second year of the Programme meant that clients were increasingly securing full-time employment at an earlier stage in the Programme, with fewer job-placements being undertaken. As one client stated;

'There is loads of work to be had out there, that's not the problem'.

However, the nature of the employment secured by clients often lacked opportunities for ensuring a career development, or sustainable employment. The literature reviewed in Chapter One highlights the fact that the current economic growth, creates the risk of (former) drug users becoming part of the new 'working poor' (Combat Poverty Agency, 1999). To prevent such an occurrence, the following recommendations are presented;

- **The notion of lifelong learning must be adopted at a national level.**

- **There is a need to recognise that national training schemes must adopt a long term aspect in their operation as opposed to the short-term placement of individuals in training opportunities, which have little or no significance for any future career options. The provision of career counsellors on site in training agencies are necessary to guide and direct individuals into the most appropriate and desired training areas.**

- **There is a need to modify and introduce structures which will facilitate the easier re-integration of former drug users into the educational system.**

- **Communities where there are high levels of deprivation should be targeted.** To this end;

  | In such localities treatment services should develop strategies, which make effective links with (re) integration in terms of housing, job training and employment.
  | Drug prevention strategies should be introduced, actively targeting the youth 'at risk' in such localities.

4.1.2 HOUSING

Drug users and their families have housing needs like any other citizens. Providing individuals with satisfactory housing is an essential part of (re)integration. However, drug users can be unwelcome neighbours. Consequently, many communities will resist any policy which seems to locate such problems in their neighbourhood. From its inception the Integra Programme was aware of the importance of housing and it's role in maintaining an individual's drug free status. However, as outlined in Chapter One the lack of affordable, accessible and adequate housing in Dublin in the late 1990's and the increased level of homelessness among drug users, contributed to a shift in

emphasis of the Programme, from an employment initiative towards a broader (re)settlement progamme.

As outlined in Chapter Two, the initial stage of the Integra Programme was a six-week residential phase which aimed at facilitating clients' movement back into the community, in a planned and structured way, with the support of a 'key worker'. A primary aim of this phase was to assist clients in finding and securing suitable follow-on accommodation. This was considered a fundamental aspect of the reintegration process. Moreover, obtaining suitable accommodation assists clients in accessing and maintaining educational and/or employment opportunities. However, as illustrated in Chapter One, the emerging housing crisis in Dublin meant that clients failed to secure appropriate accommodation within this limited time period. Consequently, many individuals were faced with a situation whereby they had to return to unsuitable accommodation. This is reflected in the following client statement;

'Many clients have had no where to go but back to their families, or into emergency accommodation.….some people have relapsed because of this'.

The difficulty in securing accommodation, not only prolongs the inevitable transition from supported accommodation into independent living, it also leads to frustrations and disappointment. As one client said when asked about getting accommodation upon completion of a residential drug treatment programme;

'The thing is, you start to get clean and than you find out that there is nowhere to go afterwards'

Due to the housing crisis in Dublin, the Programme often extended well beyond the programme period, which resulted in increased pressure on regulating future client intakes. This development highlights the need for earlier intervention with regard to accessing suitable accommodation for former drug users upon completion of residential drug treatment. To this end, it is essential that each client's individual circumstances with regard to housing be examined upon accessing residential drug treatment. Preliminary steps must be taken to help secure accommodation upon completion of treatment (such as getting their name on the housing list; saving money for a deposit on future accommodation). As one of the staff members of the Integra Programme stated;

'There has been a lack of focused housing support and/or access to settlement across the board for all clients in the Merchant's Quay Project'

With regard to the housing needs of (former) drug users, the following recommendations are presented;

- **There is a public responsibility to meet the housing needs of problem drug users.**
- **It is important that a coordinated multisectorial response be adopted in order to address the contribution of the current housing crisis to the further marginalisation of those already excluded from society.**

- **There is an urgent need for a thorough evaluation of the Housing (Miscellaneous Provisions) Act 1997, and its role in the eviction of drug users for anti-social behaviour.** There is a cost attached to evictions, and the evidence indicates that it is cheaper to stabilise the behaviour of a tenant than to evict him/her(ACMD, 1998).

- **Local Authorities should review their housing allocation policies and ensure that such policies do not lead to the concentration of problem drug users in any one particular estate/flat complex. To this end;**

  - Local Authorities should consider the introduction of a balanced and mutual 'two-way' social contract with tenants and;
  - Local Authorities should consider the introduction of 'Cash Deposit Schemes' as in the UK, to

help individuals into private tenancies by paying deposits, which would in due course be refundable.

- **There is a need for a life-skills house and other forms of support accommodation to provide 'vulnerable' individuals with the necessary support mechanisms to facilitate their integration into mainstream society.**

4.1.3 EMPLOYMENT/EDUCATION

It has been clearly outlined in Chapter One that problem drug use occurs among some of the poorest, most deprived social groups within contemporary inner cities. Unemployment has been cited as being one of the key factors influencing the growth of drug use within these areas. However, the relationship between drug use and unemployment is complex, with some drug use leading to unemployment and the experience of unemployment creating the conditions within which drug use flourishes (Pearson, 1987). Moreover, the lack of meaningful employment contributes to the [further] exclusion of individuals from mainstream society and can inhibit a drug user's recovery process. The chance for either spontaneous or post-treatment recovery for a drug user will be influenced by aspects of social exclusion which decrease access to positive alternatives to drug use, make accessing meaningful employment unlikely and generally hamper the individuals integration within society (ACMD, 1998). The Integra Programme recognised the role of sustainable employment in maintaining an individual's recovery and integration into mainstream society. However, as will be highlighted below the current labour shortage, meant that accessing employment for participants on the programme was easier than initially anticipated.

The recruitment of a number of local employers, which were previously known to the Merchant's Quay Project, formed the initial bank from which clients were provided with job-placements. From the onset of the Programme, employers were provided with an opportunity to undertake drugs awareness training, if required. However, the apparent lack of interest in the training on offer, was according to a staff member, largely due to the reported 'lack of time, personnel and resources of these small employers'.

As discussed in Chapter Two, following the first operational year, staff members of the Integra Team organised an employer evening, which provided the employers with a forum to discuss their experiences of participating in the Integra Programme. As reported by an Integra team member below, employers reported high levels of satisfaction with clients from the Integra Programme;

'One of the advantages identified by employers in accessing placements through Integra, was the added security of having someone to vouch for the individual and the fact that they did not simply have to rely on a C.V. to tell them about their prospective employee'

During the second year of the Programme, it was intended to use the bank of local employers as a nucleus to attract additional employer organisations. However, as mentioned previously, the significant growth in the economy meant that clients were able to access employment immediately. Therefore, the need to attract additional employer organisations did not feature as important as in the earlier stages of the Programme. Instead, what was highlighted was the necessity for a satisfactory bank of employers, so as to address the needs of clients, and match the client aspirations with the appropriate job-placement. In this regard, the participation of larger companies, which tend to have in place support networks and more importantly specific programmes, such as the Employee Assistance Programmes, would be welcomed. However, clients reported a preference for working in small companies, because of the more intimate and personal environment.

Although following the Integra Programme participants accessed employment, in the majority of instances it was not sustainable, as the nature of the positions held, reflected the client's lack of formal

educational attainment. As highlighted in Chapter One research has indicated a relationship between early school leaving and labour market experience. More specifically, the level of education obtained determines the ability of individuals to access training and/or employment and other progression opportunities.

In this regard, the following recommendations are presented;

- **All employers should have a policy on alcohol and drugs use within the working environment.** This policy will depend on the nature of the work, its setting, the size of the organisation etc. To this end;

  Training for employers in the area of drug use and related issues must be more accessible. Moreover, the training courses on offer should be flexible, encourage participation and cater for the diverse needs of employers.

- **Employee Assistance Programmes should be introduced aimed at early identification and intervention.**

- **In light of the serious skill shortage in certain sectors of the economy, it is important that employers recognise that they can benefit from the surplus of skills offered by (former) drug users.** To this end, employers should be encouraged to actively target such individuals (e.g at Recruitment Fairs).

- **At a national level there is a need to identify best practice in employment generation and re-training for problem drug users and promote their locally targeted implementation.**

- **In order to maintain a low level of early school leaving there is a need for teachers to be adequately trained in drug awareness, early identification and management of situations effectively.**

- **There is a need for coordinated drug prevention strategies aimed at young people, which embrace the home, schools and local communities.** Such an approach recognises the importance of environmentally based approaches to drug prevention.

- **It is recommended that a series of targeted interventions be adopted aimed at the following groups;**

  Schools in disadvantaged areas:
  Early school leavers and:
  Young people identified as being 'at risk'.

4.1.4 TRAINING

The attitude of the community towards drug use(rs) undoubtedly has a bearing on the individual's own beliefs and actions. Moreover, the community's beliefs are shaped by the wider society of which they are part, and also by the more immediate experiences of the community in question. For example, it may be the nuisance caused by drug dealing, the fear caused by visible homelessness, or indeed the complacency caused by the absence of any evidence of problem drug use. Research has illustrated the importance of the provision of drugs awareness training to communities, and its role in changing attitudes and in empowering and mobilising local community groups (Cox and Lawless, 1998, ACMD, 1998). While the Merchant's Quay Project is acutely aware of the importance of the community in the process of exclusion (i.e. being the agent of exclusion and/or the excluded) they

were not identified as a target group of the Integra Programme. However, training was a key activity of Integra, and the recipients were identified as being both employers and trainers.

Initially, the provision of training to members of both statutory and voluntary training agencies was aimed at increasing participants' knowledge and skills, so as to enable them to deal more effectively with former drug users, and to influence the provision of training in favour of these individuals. Over the two-year period, the training provided to these agencies highlighted a demand by training agencies to receive additional training in drug use and related issues.

Despite the fact that no client accessed employment as a direct result of the training provided, there was a self-reported increase in the overall level of drugs awareness among participating agencies. Moreover the difficulties experienced by clients in readjusting to their community, highlighted the fact that training should be expanded to include training for family members and/or communities. As the following Integra staff member stated basically; 'clients go back changed people but where they are going has not changed'. Research has indicated that the provision of drugs awareness training to community members has proved highly effective in the past (Cox and Lawless, 1998).

In this regard, it is recommended that;

- **The provision of training to community members within their own environment be widely implemented**. Such an approach is essential in order to equip these groups with the knowledge, skills and attitudes in order to be a valued resource within their own locality.

- **Further development of community partnerships, which aim to involve the community in action, to change norms and to create opportunities and skills.**

- **The development of a model of liaison and negotiation with community groups to facilitate the easier integration of former drug users into the community.**

4.1.5 THE INDIVIDUAL

Throughout this Report the environmental perspective of drug use has been highlighted and the importance of the social context in which problem drug use occurs. In short it is argued that the environment (both micro and macro) can and does affect the choices which individuals make (ACMD, 1998). This does not however imply that problem drug users are a homogeneous group, it merely highlights the influences of socio-economic factors on the development of drug use among young people. Problem drug users represent a diverse group of individuals with complex and differing needs. This became acutely evident as the Integra Programme developed and responded to a broad range of issues, which emerged at a participant level.

As highlighted, the main aim of the Integra Programme was to provide an economically orientated intervention for former drug users, to help facilitate their participation and hence integration into mainstream society. However, the varied client needs that emerged as the Integra Programme evolved, meant that the Programme had to adapt its structure accordingly. As a result, greater emphasis was placed on support and relapse prevention than initially anticipated. However, the experience of the Programme over the two-year period has highlighted that these support structures need to be firmly located from the outset of a post residential programme and must not cease for clients upon completion of the Programme. This demand for continuous support is reflected in the following client statements;

'I'm only learning how to live again, and I have a lot to do and I need a lot of support'

'Although there is loads of work out there not everybody wants to, or is ready to start working immediately, I need

to get my head together first'

In this regard the following recommendations are presented;

- **The need for a social intervention to be client-centered (in as far as possible) and flexible enough to adapt to the differing needs of the individual participants.**

- **It is necessary that a wide range of support structures be put in place, in order to help (former) drug users sustain independent living.** To this end after-care and family support should be considered an essential feature of any post residential support programme.

- **It is recommended that the provision of an integration service (career guidance counsellor and resettlement officers) to all clients at any point in their drug using career would prove highly beneficial in supporting clients, when required, to access suitable housing and employment opportunities.**

4.7 CONCLUSION

In this Chapter the role of the environment in contributing to problem drug use, and the social exclusion of drug users, has been discussed. It has been shown that an individuals choices are influenced and limited by the macro and micro environment. This environmental approach to drug use advocates the introduction of policies that renders it less likely that an individual will be harmed by drugs (ACMD, 1998). Moreover, it has been clearly shown that the environment can impact - either "positively" or "negatively" - on the success of an intervention. In the case of the Integra Pilot Programme the most obvious environmental influences over the two operational years, have been at a macro level; more specifically the housing crisis, and the changing economic climate in Ireland. The first, as illustrated, prevented many of the clients on the programme from accessing suitable accommodation in the limited time period. Conversely, the increase in job opportunities highlighted the need for career guidance for participants on the programme in order to ensure that they access sustainable employment. Fortunately, the Integra Programme, as a social intervention was quite nebulous. The objectives, while outlined in the Interim Report were vaguely formulated, and perhaps more importantly flexible. Consequently, the intervention had the ability to be adaptable and to respond in an appropriate manner to changes that occurred over the operational period. Moreover, the Integra Programme was afforded the opportunity to learn from its pilot phase and develop a more refined response to the integration of former drug users into mainstream society.

CHAPTER FIVE

A STEP FORWARD

5.1 SUMMARY

This final report has presented a broad overview of the two-year pilot Integra Programme 'From Residential Drug Treatment to Employment'. The programme was initiated in response to a gap in services for former drug users, and offered an intervention, which aimed at facilitating the (re)integration of former drug users into mainstream society by improving their access to the labour market. In this regard, the two-year pilot Integra Programme offered a holistic intervention which attempted to address the multi-dimensional nature of social exclusion experienced by former drug users. However, it is also recognised that dealing with exclusion from the labour market is only one aspect of promoting integration and strategies that have the capacity to address the 'personal, family, social and community dimensions of social exclusion' are also required (WRC Social and Economic Consultants, 1999).

The Integra Programme has clearly demonstrated the need and potential effectiveness of a comprehensive post-residential support service. Moreover, it has highlighted that such services must be linked from the outset to broader rehabilitation and social (re)integration measures to ensure adequate and sustained support. Problem drug users who having undertaken residential programmes face many difficulties in regard to their (re)integration into mainstream society. Although employment and training can fulfill several functions such as, social contact, activity, status and purposefulness, there is a need to recognise that post residential support must extend beyond facilitating the client to access or secure work or training opportunities. In this regard, it is important to continue with and develop the holistic approach already introduced by the Integra Programme within the services of the Merchant's Quay Project. To this end, the provision of a re-entry element to residential drug treatment programmes is essential to ensure adequate support for clients in their transition from a highly structured environment to the community. However, due to the multi-faceted nature of social exclusion and the varying degrees to which drug users may experience it, early intervention is desirable. This informs the rationale behind the (re)integration service proposed in the previous chapter.

In this chapter, the core features of a re-entry programme are discussed. It will become apparent that all the core elements of the Integra Programme have been retained and developed; individual care plans, support, (re)settlement, employment and education guidance. The re-entry programme outlined in this chapter forms part of a new reintegration service to be offered within the Merchant's Quay Project. The final part of this chapter positions the re-entry programme within the proposed reintegration service and outlines the main aim and objectives of this service.

5.2 POST RESIDENTIAL PROGRAMME

As discussed in Chapter Two, in an attempt to identify areas of development arising from the learning process of the Integra Programme, it was decided to undertake individual focus groups with the following key players; clients, staff and management. These focus groups were largely non-directive and provided the opportunity to explore the experiences, opinions, wishes and concerns of all stakeholders. Moreover, the focus groups proved a useful method of examining the Integra Programme as a dynamic social intervention, as they have the ability to reflect on changes in the nature and direction of the Programme. In addition, weekly meetings were held with the facility leaders of each service within the Merchant's Quay Project over a four-week period. All of the above groups (i.e. Clients, Integra Team Staff, Facility Leaders and Management) both agreed upon and

presented the following as being the core elements of any post residential drug treatment programme;

- **(Re)Settlement**
- **Employment and Education Guidance**
- **Individual Care Plans**
- **Support**

5.2.1 (RE)SETTLEMENT

The lack of appropriate accommodation impacts significantly on the recovery process of a drug user and also on his/her ability to successfully integrate into employment and training opportunities. It is important to recognise that secure accommodation must provide the basis for any re-entry programme. In addition, (former) drug users may have housing needs that only arise once the individual has accessed employment or is attending the support group. In this regard, it is necessary that there is a re-settlement element to the Programme that will assist the client in sustaining independent living, and provide appropriate advice and information when required.

5.2.2 EDUCATION AND EMPLOYMENT GUIDANCE

The differing levels of educational attainment among individuals on the Integra Programme have illustrated the necessity for the Programme to match (former) drug users' aspirations with the appropriate work placement, training or employment opportunities. In this regard, an education and employment guidance service would ensure highly skilled advice and information for clients. A thorough assessment of his/her previous education and training will help to identify the strengths or weaknesses of the individual. From assessment, clients would be guided and monitored through a range of personal options. This would ensure a more progressive and sustainable means of developing career options for former drug users.

5.2.3 INDIVIDUAL CARE PLANS

Drug users are a heterogeneous group, and in the course of their recovery numerous issues emerge which need to be addressed. Completion of a residential drug treatment programme does not necessarily imply completion of the recovery process. Each client will have highly individualistic barriers to successful (re)integration into mainstream society. In this regard, it is necessary to ensure that a Programme can be tailored as much as possible to each individual's needs and circumstances. To this end, it is essential that each client on the programme has an individual care-plan which includes; methods of establishing and maintaining support networks, identifying realistic goals and the means to achieve such goals and relapse prevention strategies. In short, individual care plans enable clients, in consultation with project workers, to direct their activities towards reaching their goals.

5.2.4 SUPPORT

A holistic approach to the (re)integration of former drug users must adopt and encourage strategies for the successful participation in all aspects of mainstream society rather than merely concentrating on employment and training opportunities. Key features of this Programme support would include;

- *Key Worker,* who offers ongoing support for the duration of the Programme;
- *Male/Female Support Groups* to enable clients to deal with gender specific issues;
- *Relapse Prevention Groups* to provide the participants with the necessary strategies to maintain their drug free status;
- *One-to-One Counselling* to facilitate the effective closure of issues;

- *After-Care Support Group* to provide an opportunity for clients to meet and support each other both during and following completion of the Programme;
- *Family Support* to provide a means of support and to ensure that family members are equipped with the knowledge and skills to cope effectively with the situation.

In summary, a post residential programme should be client centred and highly structured to incorporate both the support and (re)integration issues of clients. Emphasis should be placed on ensuring clients adequate social adjustment and re-settlement into the community. In this regard, the provision of the necessary 'psychological, social and technical supports' to achieve these objectives are of utmost importance.

5.3 A (RE)INTEGRATION SERVICE

As presented in the previous chapter, the need for early intervention with regard to training and employment opportunities was highlighted. The development of a (Re)Integration Service for active drug users was considered to be a valued resource within all the services of the Merchant's Quay Project. In other words, presenting issues such as, accommodation problems and training and employment needs are not only specific to clients following a residential drug treatment setting but may also arise at other, earlier stages of an individual's drug using career.

To this end, the provision of a (Re)Integration Service within all the facilities of the Merchant's Quay Project as presented in **Figure 5.1** is recommended. The overall aim of the (Re)Integration Service is *to provide a range of resources to support clients to achieve sustainable independent living in the family and community*. **Table 5.1**, illustrates the objectives of this (Re)Integration Service. This service will accept referrals from the various clinical services of the Merchant's Quay Project, while maintaining a specific role within the post residential programme (Re-Entry) outlined above. For example, a client presenting at the Merchant's Quay Project, Contact Centre with housing issues may be referred by the re-settlement team to the appropriate homeless service providers. Likewise, less chaotic clients from the Stabilisation Programme may be interested in undertaking specific training opportunities, in which instances the client is referred to the employment and training guidance team.

FIGURE 5.1 EXAMPLES OF THE ROLE OF THE INTEGRATION SERVICE.

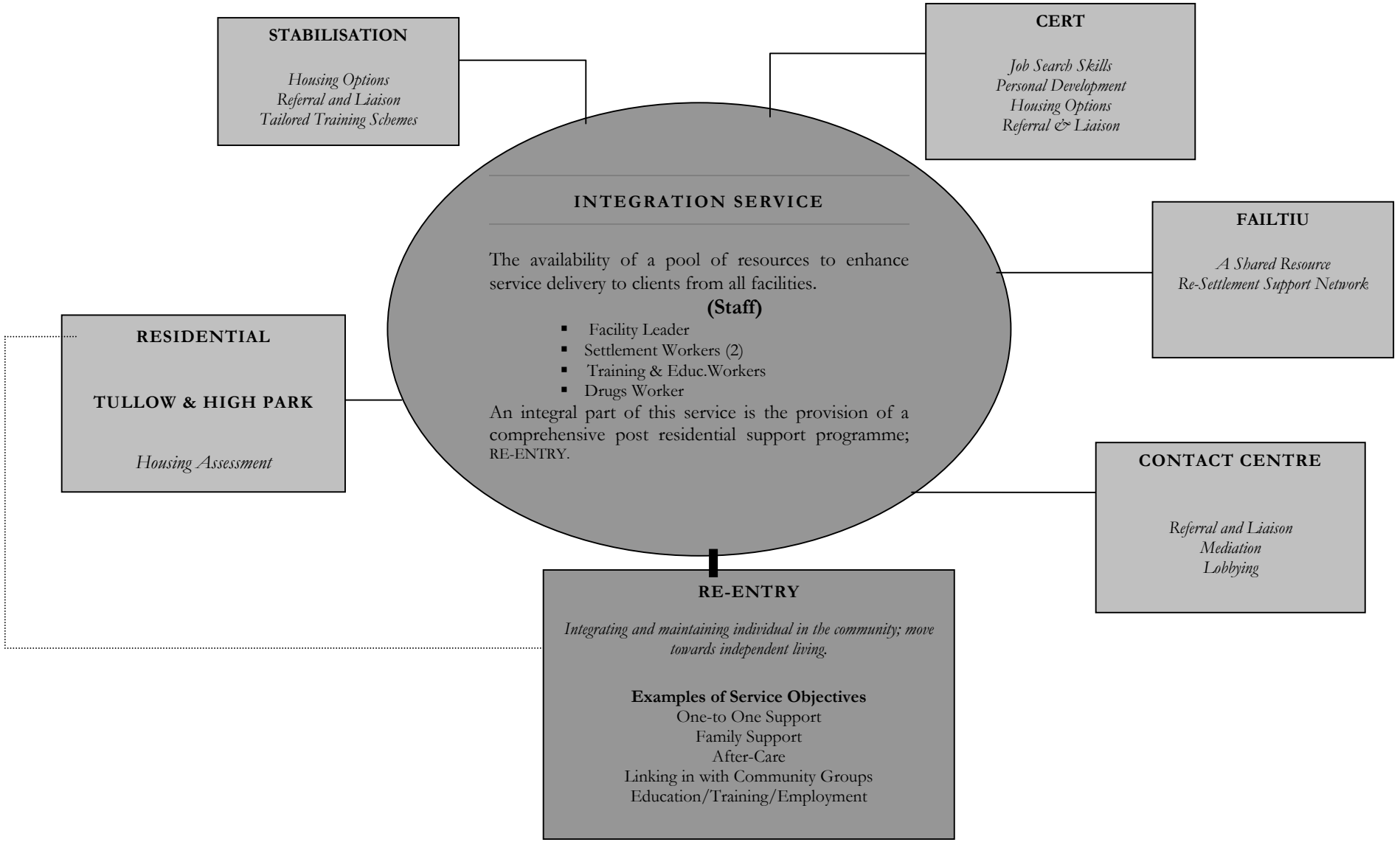


Table 5.1 Objectives of an Integration Service

To Identify and Address Settlement Needs of Clients	• Housing Assessment • Internal/External Referral • Monitoring accommodation availability in Dublin • Campaigning to change legislation Housing (Miscellaneous) Act 1997 Securing 'vulnerability status' for drug users • Post Settlement Support
To Facilitate Clients Transition Towards Independent Living (Re-Entry Programme)	• One-to-One Support • House Management Budgetary Skills Tenancy Skills Nutrition/Dietary Issues • Personal Development Parenting/Relationship Skills Communication Skills Stress Workshops Conflict Resolution Assertiveness • Relapse Prevention Anxiety and relaxation High-risk situations/triggers Coping strategies Decision making and problem solving • After-Care Support group Settlement Support
To Establish and Maintain Community/Family Links	• Family Support (linking in with available services) • Estate-Management Committees • Establishing Partnerships Probation and Welfare Local Employment Service • Lobbying • Provision of Training Community Groups Statutory and Voluntary Agencies Employers • Mediation of behalf of clients with; Community groups Estate-managers • Liasion with Employers
To Access Employment Education/Training & Career Guidance for Clients	• Assessment • Advice and Information • Internal/External Referrals • Tailoring training/employment opportunities • Assisted jobs/skills search • Guided Support

5.4 CONCLUSION

The Integra Programme has demonstrated the need and potential effectiveness of a comprehensive post-residential support service. It has highlighted that former drug users, following residential drug treatment, require additional support to facilitate their integration into the community. This chapter has presented the main features of a re-entry programme based on some of the core elements from the two year pilot Integra Programme. These include; (re)settlement, employment and education guidance, individual care plans and support. Moreover, this chapter locates the re-entry programme within the development of a newly proposed reintegration service within the Merchant's Quay Project. Recognising that social exclusion can occur at varying stages of an individuals drug using career, the (re)integration service aims at early intervention by means of providing clients with a range of resources to facilitate their integration into mainstream society.

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