



# Boxing Clever

*Exploring the impact of a substance use  
rehabilitation programme*



**Ballymun Youth Action  
Project Limited**

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## FOREWORD

On behalf of the Ballymun Local Drugs and Alcohol Task Force and the Treatment and Rehabilitation Sub-Committee I very much welcome this report on the impact and outcomes of the Ballymun Boxing Clever programme. In the space of just over three years this programme has already provided 80 local people with significant life options. They are fitter, healthier and happier. They are equipped with the knowledge and skills to make positive life choices and to participate fully in community life.

The development of this most valuable and innovative programme has been made easier by two very important extant conditions in the Ballymun area: 1. the positive working relationships between services and staff members in a number of agencies (community and statutory) in the Ballymun area; and 2. the closeness of services' staff to the wide variety of local people struggling with alcohol and other drugs. These relationships facilitated the development and implementation of this programme which has appealed to participants at different stages in their journey of recovery. The very high retention levels on all three of the programmes run to-date is a strong testament to the care and attention provided by the staff, the quality of the programme, and most importantly, the willingness, commitment and dedication of the participants.

We would like to congratulate the authors of this report. As one of the main funders of the programme the report is very important to us. It provides evidence of the effectiveness of the programme as shown by the progression of the individual participants and the processes used to achieve this through an inter-agency approach. In so effectively depicting this, the report confirms our belief that progression to full health, fitness and non-dependent living is entirely possible and is available now in Ballymun for those ready to take the first steps. Our special thanks and congratulations go to the trainers on the programme, the staff members of Ballymun Youth Action Project and the Ballymun Rehabilitation and Integration Service and the agencies who have contributed so much to ensuring that the participants enjoyed such a rewarding programme

We would like to also take this opportunity to wish Michéal Durcan of the HSE Rehabilitation and Integration Service the very best for the future as he moves on from Ballymun. Michéal was a key partner in developing and driving the programme and we thank him for his vision, insight and dedication.

We look forward to continuing our support for this most inspiring programme..

**Hugh Greaves**

Co-ordinator

Ballymun Local Drugs and Alcohol Task Force

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**Sarah Morton**  
**Laura O'Reilly**  
**Karl O'Brien**

## CONTENTS

About the authors .....	2
Foreword .....	3
Acknowledgements .....	4
Table of Figures .....	7
1. Introduction.....	8
Boxing Clever Intervention Programme .....	8
Research aim and rationale .....	10
2. Context and Literature Review .....	11
Policy Context .....	11
Literature review .....	13
3. Research Methods .....	18
Methodology .....	18
Ethical considerations.....	19
Data collection.....	20
Data Analysis.....	21
4. Results and discussion .....	22
Profile of programme participants .....	22
Substance Use of Participants .....	23
Participation and Completion.....	24
Boxing Skills Approach and Impact.....	27
Boxing skills structure and approach .....	27
Impact and change processes.....	28
Fitness Outcomes .....	31
Changes in physical endurance.....	31
Changes in Core conditioning .....	32
Changes in physical Flexibility.....	33
CASC outcomes.....	34
Knowledge and understanding of topics .....	34

Understanding of drug use in relation to individuals, families and communities .....	35
Development of skills .....	36
Confidence in accessing information and utilising learning .....	37
Impact of CASC on participants .....	38
Fitness, Education and Rehabilitation .....	39
Programme Structure and approach .....	39
Mentoring .....	42
Impact of the programme .....	45
Inter-agency approach.....	50
5. Discussion and Conclusions .....	53
6. Recommendations.....	59
Changes and recommendations .....	59
References .....	61
Appendix One: participant focus group and Reflective practice protocols and themes .....	67
Appendix Two: Pre- and Post-CASC Questionnaire .....	69



## TABLE OF FIGURES

Figure 1:	Age range and gender of participants completing the programme.....	22
Figure 2:	Reported primary substance used by participants.....	23
Figure 3:	Non-use of substances at commencement and completion of programme.....	24
Figure 4:	Previous level of education of participants gaining awards on the programme.....	25
Figure 5:	Percentage changes in endurance for participants completing the pre- and post- fitness measures.....	31
Figure 6:	Percentage changes in core conditioning for participants completing the pre- and post- fitness measures.....	32
Figure 7:	Percentage changes in flexibility for participants completing the pre- and post- fitness measures.....	33
Figure 8:	Changes in knowledge and understanding of topics pre- and post- CASC.....	34
Figure 9:	Changes in understanding of drug use and impact on individuals, families and communities pre- and post- CASC.....	35
Figure 10:	Changes in skills pre- and post- CASC.....	36
Figure 11:	Changes in confidence accessing information and utilising learning pre- and post- CASC.....	37
Figure 12:	Impact of CASC on participants.....	38



## 1. INTRODUCTION

Problematic substance use remains a critical social issue in Ireland. Recent developments in policy and strategy in relation to problematic substance use have seen a renewed debate on the approach, type and outcomes of different intervention strategies for individuals and communities (Keane et al., 2014; Munton et al., 2014). Over the past three years, Ballymun Youth Action Project (BYAP), in partnership with key statutory and community agencies, has developed and implemented the Boxing Clever Intervention Programme. In partnership with the UCD School of Applied Social Science Community Partnership Drugs Programme, BYAP and partner agencies made the decision to engage in an evaluative research process of the Boxing Clever Programme over a twelve month period in 2013/2014. This report presents the findings from this research project, with a particular focus on the structure, impact and outcomes of the Boxing Clever programme.

### BOXING CLEVER INTERVENTION PROGRAMME

Boxing Clever is a twenty week integrated educational, substance use recovery and fitness programme that aims to support participants to develop more resilient identities, while encouraging educational achievement, physical wellness and reduction in harmful or risky behaviours. It offers a marginalised and socially excluded group, stable and drug free service users, the opportunity to reintegrate into mainstream society via the medium of a psycho-educational framework underpinned by the philosophy of peer mentoring.

Based in the community, the programme is run in partnership by BYAP and the Health Services Executive (HSE) Rehabilitation Integration Service and has completed its third cycle. Educational study for two QQI (Further Education and Training) minor awards in Health-Related Fitness (Level 4) and Community Addiction Studies (Level 5) is coupled with physical training; boxing skills and tailored fitness training. The boxing skills training is delivered in the Dublin City Council (DCC) gym and the fitness training in the Dublin City University (DCU) High Performance Sport facility.

The boxing skills element of the programme covers kickboxing and boxing drills. The stronger participants, as well as having learned boxing drills, know about different boxing styles and techniques and have a good knowledge of boxing as a sport. Some participants on previous programmes have continued their boxing training and gone on to compete. This fitness training element of the programme was developed with the aims of providing participants with:

- The opportunity to engage in fitness training in a High Performance environment such as that provided by DCU.
- High quality fitness instruction from staff at the High Performance Sport facility.

- An opportunity to engage in a range of fitness training techniques that also assist participants in meeting some of the requirements of the QQI Further Education and Training Level 4 Health Related Fitness Award.

The Boxing Clever programme runs three mornings a week (Monday, Tuesday and Thursday) for 20 weeks, with added learning support and key-working sessions. One morning is assigned to sport (alternating sport sessions in DCU with Boxercise at the DCC gym), the other two to the QQI Level 5 CASC and the QQI Level 4 Health Related Fitness course. Additional learning support sessions offered on a Friday at DCU in the Community. Key-working in the context of this programme is in line with the National Drug Rehabilitation Framework, whereby a range of psychosocial interventions and advocacy are provided (Doyle & Ivanovicz, 2010) on a one to one basis. Assessment, care planning and referrals are key elements of this process.

The programme has capacity for up to twenty five individuals, who undertake seven hours per week of educational, physical and substance use rehabilitation activities. These are provided on a group basis. Participants also have access to one-to-one support as they need it as well as access to sports and training facilities as part of the programme. The programme is currently funded from a number of sources including the Ballymun Local Drugs Task Force.

The design and delivery of the programme is underpinned by community development values that include empowerment, participation, adult education and equality. Boxing Clever emphasises adult education, sports education and addiction education. Boxing Clever offers participants who are typically marginalised and socially excluded, an opportunity to look at how the varied and often complex issues that they have and are currently experiencing impact in their lives and provides them with an opportunity to re-integrate back into mainstream society. The programme is also structured to maximise inter-agency co-ordination and partnership working between BYAP, the HSE Rehabilitation Integration Service, Urrús, a major third level institution (DCU), Dublin City Council, and the Ballymun Local Drug Task Force, with key personnel from each working together in the delivery of/funding aspects of the programme.

The programme is run by the following statutory and community providers:

- HSE Rehabilitation Integration Service
- Ballymun Youth Action Project
- Ballymun Local Drug Task Force
- Urrús
- Dublin City Council
- Dublin City University (DCU)
- DCU in the Community
- Local boxing coaches

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## RESEARCH AIM AND RATIONALE

Each cycle of The Boxing Clever Programme has been previously evaluated utilising process and outcome evaluation tools. In previous years participants were asked to complete the World Health Organisation (WHO) Quality of Life tool (DeVries & Van Heck, 1997), a recommended tool for assessing substance use. The aim of this research study was to broaden and deepen this process and outcome data to consider the impact and outcomes for the Boxing Clever programme for participants and the community.

It was understood that exploring the impact and outcomes of the programme for individuals and the community would have two major areas of value:

1. The programme is innovative in its structure and approach and has reported positive outcomes in process evaluations so it was felt a thorough consideration of the impact and outcomes of the programme would be useful to other community organisations, those in funding and policy roles and internationally in relation to drug and alcohol rehabilitation research.
2. A thorough exploration of the programme would adhere to BYAP & the HSE Rehabilitation Integration Service's desire to ensure the efficacy of the programme and contribute to its sustainability by evidencing outcomes.

The aim of this research was to consider the impact and outcomes of the Boxing Clever Programme for participants and the community. This included consideration of outcomes and impacts in relation to education, physical fitness and wellbeing, and recovery from substance use or other harmful behaviours. Given the unique inter-agency structure of the programme, the research also aimed to investigate and understand the efficacy of inter-agency relationships and communication in delivering the programme.

The objectives of the research were:

- To identify changes in participants with regard to attitudes, behaviour and knowledge as they progress through the programme;
- To identify changes in physical fitness as participants progress through the programme;
- To explore the experiences of the participants of being part of this programme;
- To describe this inter agency initiative and assess how the various parts contribute to the outcomes;
- To consider how this approach differs from more traditional drugs rehabilitation approaches, and begin to identify these elements.

The following section of this report reviews the literature in relation to drug policy, intervention and inter-agency work. This is followed by an overview of the research methods for this particular study. Section four contains the research findings and discussion of these findings, while the final section outlines conclusions and recommendations from the research.

## 2. CONTEXT AND LITERATURE REVIEW

There has been growing concern about the increased prevalence of drug and alcohol use in Ireland (NACD & PHIRB, 2011) and the impact problematic use has on individuals, families and communities (Keane et al., 2014; Munton et al., 2014). Responses and interventions for problematic substance use have developed within a complex policy context (O'Shea, 2007; Randall, 2011; Butler & Mayock, 2005) and have often reflected both the policy context and the funding environment, with less attention paid to the evidence base for particular interventions (Munton et al., 2014). This has been underpinned by significant increases in individuals accessing drug treatment (Bellerose et al., 2011), as well as growing recognition of the scale of poly drug use, particularly in socially disadvantaged areas in Ireland (O'Gorman et al., 2013) and the development community indicators of problematic substance use (Loughran & McCann, 2011). This section of the report considers the current policy context within which the Boxing Clever programme is delivered and the research literature on educational, sport and inter-agency approaches to substance use intervention.

### POLICY CONTEXT

As has been widely discussed, Ireland's drug problem was first addressed in the context of mental health and identified as a mental health problem that should be treated by the psychiatric services (Butler, 2002). At this time the treatment of addiction assumed an abstinence and medical based approach (Butler, 2011) an approach which was later criticised for failure to recognise the importance of socio-economic factors in understanding and responding to addiction (Murphy, 1996). Throughout the 1980's, Irish Government policy on drug use made a shift to include harm reduction approaches delivered within community settings, mainly in response to the health implications of HIV transmission due to intravenous drug use (O'Gorman, 1998; Butler, 2002). This inclusion of harm reduction approaches within Irish drug treatment and intervention was further supported by the publication *The First Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs* (1996) which identified a direct causal link between poverty and serious drug problems. Local Drug Task Forces (LDTF's) were subsequently established in designated areas in Dublin and Cork, based on a partnership approach between the statutory, voluntary, and community sectors. This was followed by the establishment of Regional Drug Task Force's (RDTF's) in regions that were also characterised by high levels of drug use and deprivation, in areas that were not already covered by a LDTF. It is this structure of LDRF's and RDTF's that have underpinned much of the community based intervention strategies in Ireland.

A further key policy development has influenced intervention provision in Ireland. In 2005, following a review of Ireland's National Drug Strategy, rehabilitation became the fifth pillar of the drug strategy, alongside supply reduction, prevention, treatment and research. Arising out of the Report of the Working Group on Drug Rehabilitation, 2007, the National

Drug Rehabilitation Implementation Committee (NDRIC) was established in 2008 with the task of addressing and implementing the recommendations from the Report of the Working Group on Drugs Rehabilitation (2007). The NDRIC produced The National Drug Rehabilitation Framework (NDRF) which proposes an integrated model of rehabilitation where the housing, childcare, educational and health needs and the employment opportunities of recovering drug users. Intervention for problematic substance use is approached within a four tier model of service delivery with each tier referring to the levels of the intervention provided. The NDRF document (Doyle & Ivanovicz, 2010) also prioritises the implementation of inter-agency protocols to ensure that the multiple and diverse needs of drug users can be addressed in a coordinated way.

In 2009 the Government decided to integrate the alcohol strategy in conjunction with the National Drug Strategy 2009-2016 (Department of Community, Rural and Gaeltacht Affairs, 2009). The integrated approach now brings policy responses to alcohol and other substances together under one National Substance Misuse Strategy which will run until the end of 2016. The recommended alcohol related actions have been aligned with the five pillars of the National Drug Strategy namely supply reduction, education, treatment, rehabilitation and research. This integrated policy influences a combined community response to drugs and alcohol which is evident in the newly titled Local Drug and Alcohol Drug Task Forces operating and responding within communities.

Changes in the economic climate witnessed reductions in the allocation of budgets to drug services. Spending on drug services were down from €44 million in 2008 to €29.9 million in 2013 (Citywide, 2013). A report commissioned by Citywide warned of the impact of these cuts and include fewer people using services (e.g. methadone treatment); longer waiting lists; higher prevalence rates in a country already high by European standards; earlier addiction by children; more ill-health attributable to drugs, including premature death, more crime, especially intimidation, anti-social behaviour, break-ins, jump-overs; a failure to stop supply and challenge dealing; a diminished ability of the Gardai to respond and search for drugs; a decline in social capital and quality of life in already disadvantaged communities (Citywide, 2013).

As noted, the NDRF highlights the importance of quality inter-agency work between statutory, voluntary and community-based drug services as well as non-drug specific services in order to support the rehabilitation pathways of substance users (Doyle & Ivanovicz, 2010). This inter-agency approach is largely based on a case management between agencies. An evaluation of the NDRF and its implementation across the ten pilot sites identified that there were 'missing partners' and that inter-agency working was problematic and not always evident (Barry & Ivers, 2014). The authors highlighted how lack of engagement of colleagues and agencies could be seen as a barrier to the successful implementation of the framework (Barry & Ivers, 2014).

Drug treatment services in Ireland include detoxification, methadone reduction and substitution programmes, addiction counselling, group therapy, psychotherapy and/or life skills training with treatment provided in both residential and non-residential settings (Bellerose et al., 2011). During the last reporting period (2005-2010) the National Drug Treatment Reporting System (NDTRS) reported that the majority of individuals (68%) were receiving treatment in an outpatient setting; 58% were receiving counselling; 32% were receiving a brief intervention; 25% received methadone substitution; and 23% attended an education/awareness programme (Bellerose et al., 2011). With the introduction of the NDRF, the expectation is that agencies will work together efficiently and effectively to progress the rehabilitation of those engaged in problematic substance use.

Current policy in Ireland has also resulted in the development of Drug Rehabilitation Projects (DRP's) delivered through the Department of Social Protection (DSP) within a number of community settings, which are understood to be successful in facilitating the achievement of formal qualifications but also provided the foundation for many to continue with further education for participants (Citywide, 2014).

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## LITERATURE REVIEW

The shift in intervention approaches for substance use in Ireland, to including harm reduction interventions, has also, in recent years, opened a debate on what constitutes 'recovery' and how recovery can be successfully achieved. More recent research has proposed that there are many pathways to recovery (Sheedy & Whitter, 2009), with both Keane et al. (2014) and Munton et al. (2014) considering the impact and effectiveness of the recovery capital framework. The concept of recovery capital was firstly introduced by Granfield & Cloud (1999) in an effort to understand how substance users achieved 'natural recovery' without the supports or help from formal drug treatment or self-help groups such as 12-step programmes. The combination of physical, human, social and cultural capital produces recovery capital (Cloud & Granfield, 2004) and it is through these resources that recovery can be initiated and sustained (Cloud and Granfield, 2009). More recent literature has proposed that the attributes and assets of recovery capital can be acquired by engaging with adult education, which may be made feasible through and supported by drug treatment and rehabilitation programmes (Keane, 2011). As noted, the current policy framework has also called upon agencies to deliver interventions on an inter-agency basis.

Existing research on effective inter-agency work in regard to substance use, however, indicates that inter-agency work is complex and often hindered by practitioner and organisational issues. According to Mastache et al. (2008), the key elements of effective partnership collaborations in regard to substance use work, can be grouped into two broad themes. Firstly, the attributes of individual practitioners within partner agencies and secondly the relationship between partner agencies. With respect to the theme of attributes, good practitioners in partner agencies tend to be good leaders but they are also described as being enthusiastic, positive, easy to get along with and someone with whom

they also had an established professional relationship (Mastache et al., 2008). With respect to the theme of relationships between partners the following factors were identified as important: trust; respect; giving and taking; flexibility and open and clear communication (Mastache et al., 2008).

Mastache et al. (2008) also identified a number of factors as challenging to partnership working within the community, including lack of time, lack of financial and other resources, staffing or organisational instability and differing agendas, politics, clash of personalities, leadership and overcoming key staff changes in organisations. A number of these points have already been identified in relation to evaluating the effectiveness of the NDRF, with service managers citing the negotiating of inter-agency work and entering into new relationships as most challenging throughout the pilot process.

### *Sport and fitness in substance use intervention*

Both education and sport have been considered in relation to their role in encouraging or supporting individuals to engage with, or sustain rehabilitation from problematic substance use (Taylor et al., 1985; Tkachuk & Martin, 1999; Keane, 2011; ). *“Sport’ is a collective noun and usually refers to a range of activities, processes, social relationships and presumed physical, psychological and sociological outcomes”* (Bailey, 2005:71). The benefits of sport and recreational activities have been found to include improved physical and mental health, improved cognitive and academic development, crime reduction and reduction of truancy and disaffection (Bailey, 2005); and the opportunity to develop relationships and trust (Crabbe, 2000).

In the past, behavioural scientists have suggested that physical exercise may be a viable adjunct to substance abuse treatment approach or relapse prevention strategy for alcohol use disorders (Taylor et al. 1985; Tkachuk & Martin, 1999). More recently, this concept has been extended to the relapsing to other substance use disorders (Brown et al., 2010). However, few studies in the treatment outcome literature have examined the role of sport and physical exercise in relapse prevention programmes (Read & Brown, 2003; Donaghy & Ussher, 2005 and Brown et al., 2010).

A number of studies have examined the role of exercise as an adjunct to alcohol and drug treatment. When exploring the impact of exercise on 58 patients receiving in-patient alcohol rehabilitation treatment, Sinyor et al. (1982), found that the control group had better abstinence outcomes post-treatment than their non-exercising counterparts. Collingwood et al. (1991) found that adolescent substance users engaging in an exercise intervention reported improved physical fitness, reduced poly-substance use and increased abstinence rates. Finally, in a study conducted by Brown et al. (2010), which examined the feasibility of aerobic exercise as an adjunct to substance abuse treatment among drug dependents, results showed that participants demonstrated a significant increase in percent days abstinent for both alcohol and drugs at the end of treatment. Participants also showed



a significant increase in their cardio respiratory fitness by the end of treatment and those who attended at least 75% of the exercise sessions had significantly better substance use outcomes than those who did not (Brown et al., 2010).

A number of studies have considered the mechanisms by which physical activity positively impacts on substance use treatment or intervention. A number of previous studies have found sleep disturbance in early recovery to be a predictor of relapse (Drummond et al., 1998; Ersche & Sahakian, 2007; Gruber et al., 2007 and Scott et al., 2007). As exercise has been found to alleviate sleep disturbance (Youngstedt, 2005) and improve cognitive functioning (Kramer & Erickson, 2007). It could be argued that improved sleep as a result of exercise can support the goal of relapse prevention. According to Read & Brown (2003) exercise as a group activity may help to increase social support and to create a sober network for recovery which may increase ongoing participation in that exercise but may also allow for those in recovery to experience a group interaction that does not involve drink or drugs. Such an interaction also helps strengthen non-drinking and drug using social support networks.

Sport and physical activity have been found to provide a positive non-drinking alternative (Smith & Meyers, 1995). Available alternatives to drink and drug using behaviours are important to support recovery and relapse prevention. According to social learning theorists (Monti et al., 1995) individuals who use alcohol do so in part because they lack certain basic coping skills necessary for dealing with daily living stressors. Consistent with this theory, it has been proposed that exercise can reduce stress reactivity and to replace drinking as a primary coping mechanism (Calvo et al., 1996; Hobson & Rejesk, 1993; Keller, 1980).

A number of benefits of locating substance use treatment programmes that incorporate sport and physical activity within the community have been identified (Brown et al., 2010; Coalter et al., 2000). These include cost effectiveness as sport activities tend to be flexible and accessible and can be carried out independently and in a variety of locations including at home (Brown et al., 2010). A further benefit is that exercise carries with it far less risk of adverse events than does the use of psychotropic medication (Brown et al., 2010). Finally, sports programmes seem to be most successful when they have effective, preferably local, leadership (Coalter et al., 2000). Bailey (2005) also supports these findings and proposes that sport can contribute to the process of social inclusion by bringing individuals together; offering a sense of belonging; providing an opportunity for the development of valued capabilities and competencies and increasing community capital.

### *Gender in sport and fitness interventions*

One further issue to consider in relation to sport and its role in rehabilitation, is that of gender. In other jurisdictions it has been found that boys spend more time doing sport and competed at a higher level than their female counterparts, with girls identifying a range of



barriers to participation including self-consciousness, low levels of confidence and negative school experiences (EFDS, 2000). Martos-Garcia et al. (2009) considered the issue of gender in relation to sport-based interventions in prison settings, finding that the wider social meaning regarding sport and physical activity are often re-produced within prison systems, with reinforcement of women as passive and uninterested in sport.

In this study, it was found that a lack of female participation in the sport based programme was shaped by *“deep rooted cultural stereotypes and assumptions regarding gender appropriate sports and activities that influence both access and participation choices”* (Martos-Garcia et al., 2009: 89). The women in this study believed there was a masculinised and ‘macho’ view of sport and physical activity which was perpetuated by the sports educator and other prison monitors. Only two out of fifteen activities were made available to women, who instead were offered particular types of physical activity classes (aerobics and volleyball) that differed to the activities available to men. A similar theme emerged in research undertaken by Crabbe (2000), which considered a football based intervention programme in the UK. The use of football through the Community Sports Programme model was predominantly male dominated which was most likely due to the masculine image that football represents (Crabbe, 2000). Due to the involvement of two women in the programme there were plans to establish a women’s only exercise activity, highlighting the assumptions often made about gender appropriate sports and activities.

### *Education in substance use intervention*

In previous rehabilitation and recovery focused literature, the role of education has been discussed within the context of the concept of human capital. Human capital refers to the possession of knowledge, skills, educational qualifications, experience and physical and mental health conditions. *“Education can play a key role in increasing the stock of human capital through empowering individuals in addiction recovery to function effectively in society”* (Keane, 2011: 31). An Irish qualitative study carried out by Keane (2011) demonstrated how interviewees in recovery from drug use found that education played a role in their ability to function effectively in society. This effective functioning was demonstrated through their ability to materially provide for their children and to function as a parent and as a partner. Keane's study (2011) revealed that most of the people interviewed had left school without acquiring any formal educational qualifications, and in some cases, they left school with underdeveloped numeracy and literacy skills, and learning difficulties such as limited ability to retain information.

Some drug users in recovery from substance use who come from disadvantaged backgrounds may not think or believe that they are capable of studying at third level according to a study undertaken by Keane (2011). Keane (2011) also found that such views may be the result of negative perceptions of self and abilities, negative early schooling experience and having grown up in socially disadvantaged areas where minimal value is placed on education. According to Keane (2011) returning to education to improve career

options is an element of developing human capital which can also improve the social functioning of recovering drug users. He found that the ability to increase human capital through education is influenced not only by stable housing but also by a person's community and the opportunities within this community (Keane, 2011).

The literature indicates a focus on both the role of sport within rehabilitation and the role of education within rehabilitation from problematic substance use, but there has been little research on the integration of these elements. Furthermore, Munton et al. (2014) call for collaborative relationships with academics to support the evaluation of the impact and outcomes of substance use interventions which take account of recovery capital. This is reiterated by Keane et al. (2014) who also call for an integration of research, education and advocacy to further promote and evidence the operation, process and outcomes of recovery.

### 3. RESEARCH METHODS

This study sought to consult and collaborate with a particular community drugs agency, in order to achieve deep learning about an innovative community rehabilitation programme. It sought to build on the existing partnership relationship between the School of Applied Social Science, and BYAP. The aim was to undertake research in partnership with a community agency. The research utilises a community participative research design, which has a commitment to social justice, collective action, and social change.

The study sought to be congruent with three attributes of community participatory research – shared ownership, community based analysis of social problems, and oriented towards community action. The notion of collaboration means that the researchers move beyond consultation and work instead in partnership with the communities at the centre of the research. It follows the belief that research should be considered, designed, implemented and disseminated to include and benefit service users, community members, practitioners and agencies involved. Research themes and questions should be considered and devised in a way that is congruent with BYAP ethos and approach to working with individuals and the community.

As noted, Boxing Clever is a 20 week progressive rehabilitation programme with an emphasis on adult education, sports education, and addiction awareness. The programme is designed to offer a marginalised and socially excluded group, stable and drug free service users, the opportunity to re-integrate back into mainstream society through the medium of a psycho-educational framework underpinned by the philosophy of peer mentoring and community development values. These values include participation, social justice and community action. The research methodology was designed to reflect these values.

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#### METHODOLOGY

The methodology comprised of the following elements:

- Literature review of community based education and intervention programmes for people using substances, including existing models, approaches, impacts and consideration of effectiveness of inter-agency relationships.
- Comparison of pre-and post-programme measures in regard to attitudes, behaviour, knowledge and physical fitness. Changes to addiction related attitudes, knowledge and behaviours are currently being captured on the newly instituted pre- and post-outcome tool on BYAP's eCASS database system. Changes related to physical fitness are captured through a range of physical testing techniques including height, weight, body mass index, flexibility, resting blood pressure, resting heart rate and maximum push-ups in 60 seconds.
- Focus groups with participants on the programme. These had a particular focus on programme participant's routes through change processes in their lives and will

explore the factors that impacted on them increasing wellbeing and minimising harm in their lives.

- Qualitative exploration of worker's perspective on successful support and intervention with programme participants.

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## ETHICAL CONSIDERATIONS

Ethical approval was granted by University College Dublin for this study. The following ethical issues were addressed in the research process:

- **Ensuring informed consent:** Participants were given full information about the purpose and design of the study, what would happen to the data, how it would be stored; issues of anonymity and confidentiality were fully discussed. Participants were given the chance to ask questions, and to opt out of participation if they wanted to.
- **Addressing emotional vulnerability and confidentiality:** While participants may be vulnerable adults, they were already engaged in the programme and had full supports available to them. Therefore it is not envisaged that any additional support would have to be given. During the focus group discussion, issues of disclosure of risk and harm may have occurred. This raised the issue of limited confidentiality. Should this have happened, it was outlined to participants that it would be dealt with in line with Ballymun Youth Action Project's confidentiality policy, in particular clause 9.4, which reads: *In the event of a disclosure of any of the above, the staff member should inform the service user that they will need to report the issue to their Line Manager. If it is necessary to pass on the information the service users consent should be obtained if possible. If this is not possible, the service user should still be informed of the decision to share information.* Researchers will be deemed to be staff members for the purposes of this policy.
- **Opting out of the research:** The participants were given every opportunity to ask questions and to opt out of the research. They were already engaged in the programme, with group supports and assigned key workers. These workers were aware of the research and were willing to support it. Focus group questions were devised in collaboration with programme workers, and informed by data coming from the programme evaluation tools.
- **Recording of focus groups:** The recording of focus groups was explained in the information session, and was specifically listed in the consent form; permission was also requested to use the programme evaluation tools which participants fill in as part of the programme. The responses were anonymised by the two UCD research personnel. Care was taken in transcription to exclude any names or identifying features of participants. Tapes were transcribed by UCD researchers.

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## DATA COLLECTION

Data for the research project was collected between November 2013 and March 2014. A summary of each stage of data collection and any associated challenges is outlined below.

### *Rehabilitation Support Data*

Demographic and patterns of substance use data was gathered from all participants as part of the care planning process inherent in the keyworking system. The data collected included age range of participants, previous level of education prior to participation on the programme and main substance used prior to the programme. Data was also collected on current substance use on entering and exiting the Boxing Clever programme.

### *CASC Education Course Measures*

All Boxing Clever participants were invited to complete pre-and post-CASC course questionnaires asking them to rate their skills, knowledge and abilities in relation to drugs, alcohol and community across eleven measures. The post-course questionnaire also asks participants three questions about the degree to which their needs were met by the course. Twenty four participants completed the pre-course questionnaire and thirteen completed the post-course questionnaire.

### *Fitness Measures*

The tailored fitness training element of the programme is currently delivered by DCU. Pre-and post-course fitness measures are taken for all participants on the programme including cardiovascular endurance, local muscular endurance, strength and flexibility tests.

### *Boxing Skills*

An in-depth interview was held with the coach on the Boxing Skills element of the programme. This interview aimed to consider the following; the approach the coach took with participants on the boxing skills element of the programme; changes the coach perceived in participants as a result of their participation and the coach's perception of the importance of the boxing skills in participants lives and change processes.

### *Boxing Clever Participant Focus Groups*

In total four programme participant focus groups were held, two in January and two in March. The focus groups ran for one hour and a semi-structured approach to questions was utilised (see appendix 1 for questions). Between six and eight programme participants attended each focus group. The focus groups were facilitated by one researcher from UCD and one staff member from BYAP.

### *Practitioner Reflective Practice Inquiry Groups*

Three reflective practice inquiry groups for practitioners involved in the delivery of Boxing Clever were run over the duration of Boxing Clever. The groups ran for one to one and half

hours. Agencies represented at the practitioner reflective practice inquiry groups included; Ballymun Youth Action Project; Urrús; HSE Rehabilitation Service; DCU in the Community and Dublin City Council. In addition two independent facilitators attended the inquiry groups (one who provides Boxing classes and a second that delivers the QQI Level 4 award in Health Related Fitness). The only agency that was not represented was DCU High Performance Sport Unit.

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## DATA ANALYSIS

As a range of qualitative and quantitative data was collected, a number of data analysis techniques were utilised. The demographic data was anonymised and inputted into an excel database and analysed in order to provide an overall descriptive profile of the demographic profile of participants, together with substance use at commencement and end of the programme. In addition, educational outcomes for participants were identified. The participant's sport measures were anonymised and inputted into an excel database, from which overall pattern of change were identified and reported on. The CASC data was inputted to eCASS and a report generated to show the changes participants stated they experienced as a result of undergoing the CASC programme. These changes were considered in relation to the overall themes from the qualitative data and conclusions drawn on the impact, outcomes and change processes experienced by participants.

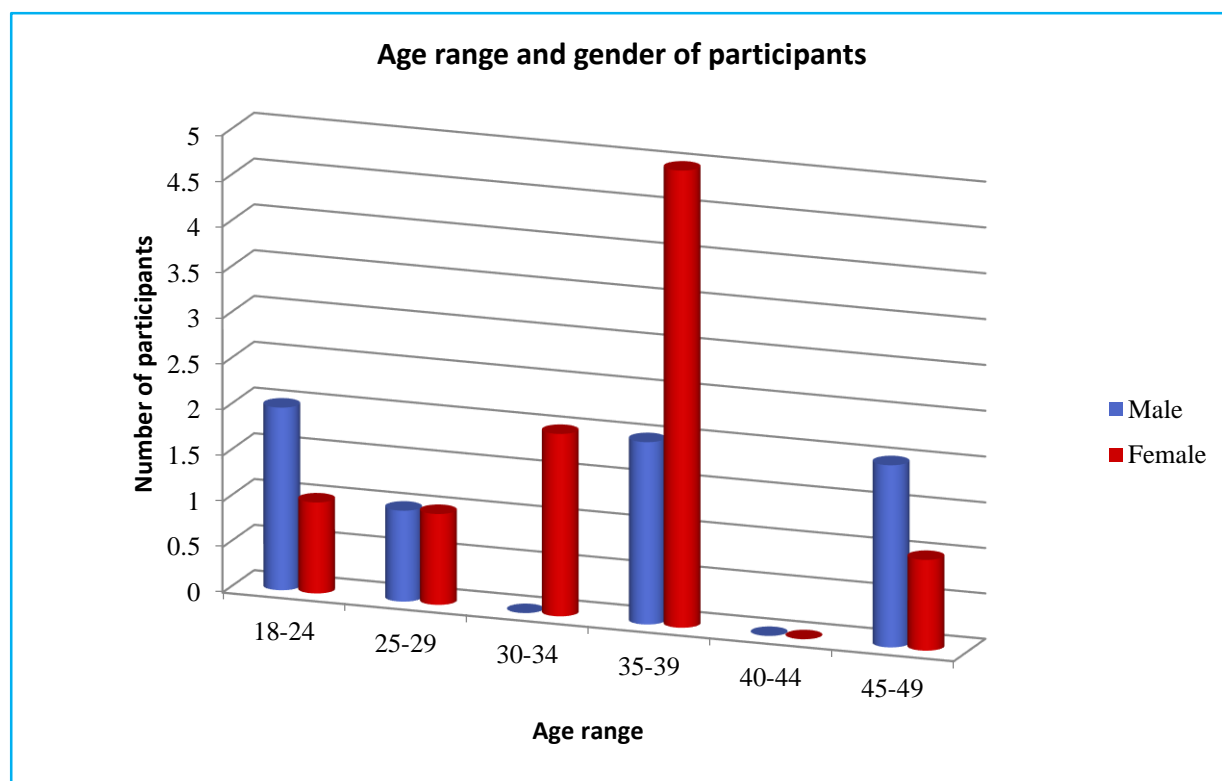
The focus groups, practitioner inquiry groups and the in-depth interview were taped and the tapes transcribed. The transcripts were analysed thematically (Hardwick & Worsley, 2011) first utilising an open coding approach (Strauss & Corbin, 1998), with categories assigned to elements of the text. In a second step, axial coding (Strauss & Corbin, 1998) was utilised to identify relationships between categories. Finally, the themes were considered at an integrative level in order to both construct the relationships between categories, but also overarching themes (Buchbinder & Birnbaum, 2010). This final stage of the analysis involved considering overarching themes in an interpretative way (Allen, 2011), seeking to apply overall meaning to the participants' articulation of their lived experiences as utilised by Hussein (2008).

## 4. RESULTS AND DISCUSSION

This research process collected a range of quantitative and qualitative data from across all elements of the Boxing Clever programme, the results of which are presented in this section of the report. Firstly a profile of the Boxing Clever participants is provided, followed by the rationale and approach to the Boxing element of the programme. Findings in relation to the CASC education programme and changes in sporting performance measures are then presented. Finally participants' views on the programme and their own change processes are outlined, followed by findings in relation to the inter-agency relationships that support and ensure the delivery of Boxing Clever.

### PROFILE OF PROGRAMME PARTICIPANTS

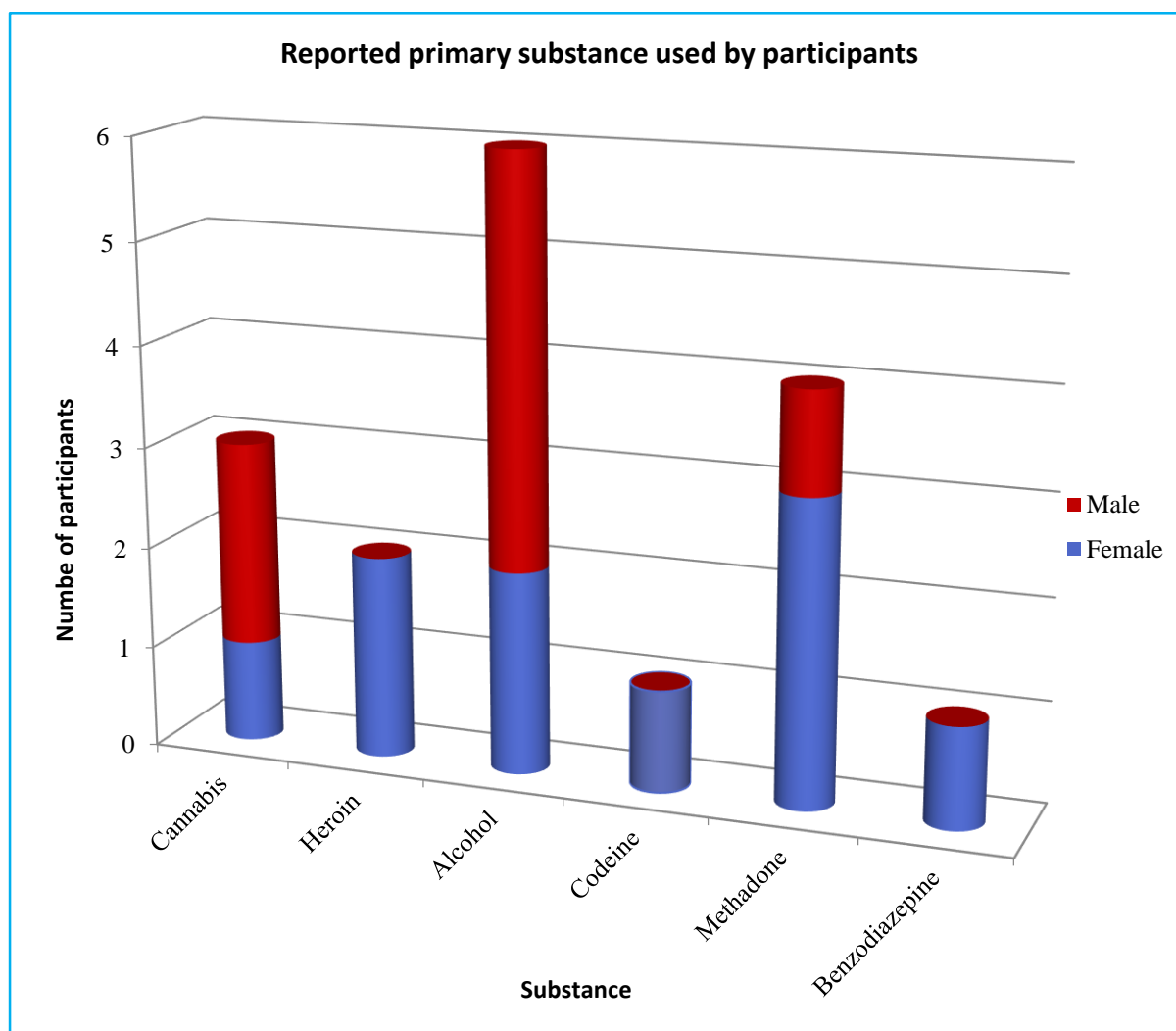
Twenty four participants were invited onto the programme, however in the initial two weeks seven either left the programme or attended only very sporadically and did not complete any element. Of the participants who completed all or some elements of the programme, ten were female and seven were male. Just over 40% (7 participants) were in the 35-39 age range. The remainder fell across a number of age ranges from 18 to 49. The age range and gender of participants who completed the programme is shown in the table below.



*Figure 1: Age range and gender of participants completing the programme*

## SUBSTANCE USE OF PARTICIPANTS

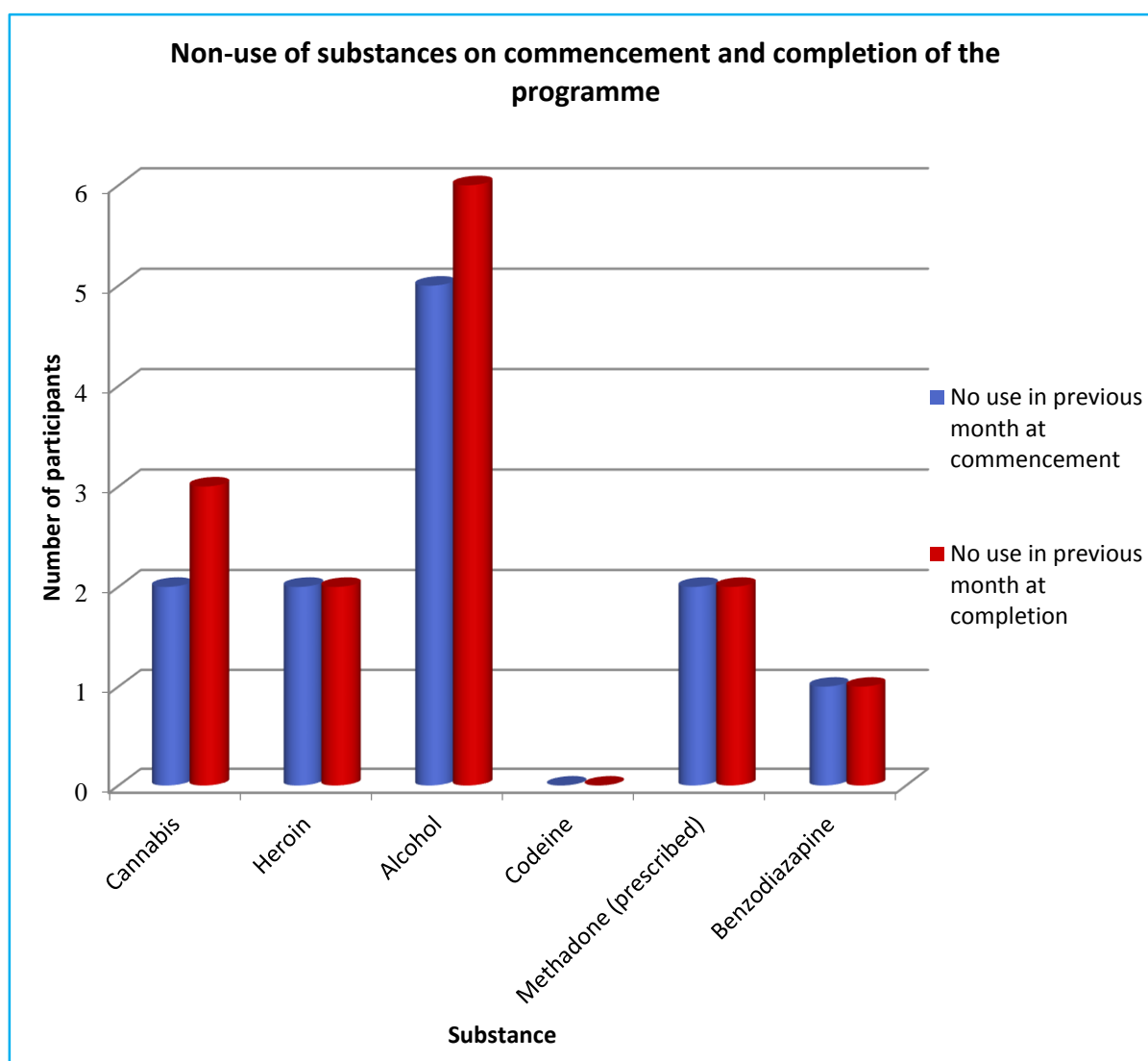
The primary substance used by participants was alcohol, followed by prescribed methadone and then cannabis. Heroin, codeine and benzodiazepine were the other primary substances used by participants. The primary substance used by gender is shown in the graph below.



**Figure 2: Reported primary substance used by participants**

Participants were asked about their substance use at the commencement of the programme. The majority (70%) of the participants completing the programme had not used their primary substance in the the previous month. Two participants (11%) had reported using their primary substance once a week, one (5.5%) several times a week and two participants (11%) reported using prescribed methadone daily. On completion of the programme, two participants (11%) reported a change to no use since the commencement of the programme. This is shown in the graph overleaf.





*Figure 3: Non-use of substances at commencement and completion of programme.*

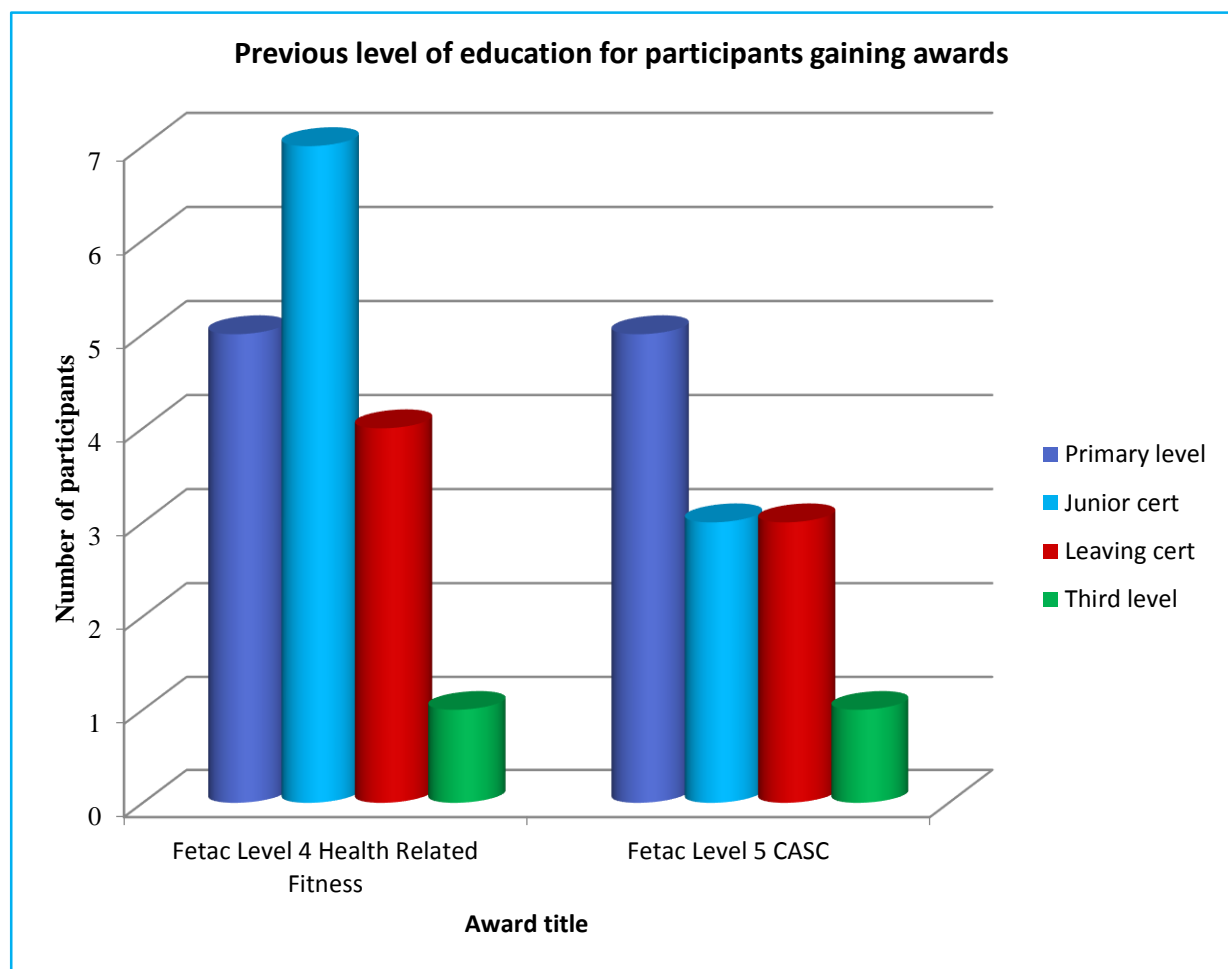
Three other changes were reported in substance use by participants between commencement and completion of the programme, with two participants reducing use and one increasing codeine use from weekly to daily.

#### PARTICIPATION AND COMPLETION

Twenty-four participants commenced the programme, with twelve completing all elements of the programme. When recruiting for the programme, the aim is to provide an allocation of places to service users attending the local drug treatment centre or currently on a methadone maintenance prescription. The remainder of participants are referred onto the programme from the other agencies involved in the delivery of the programme, as well as further community agencies. Seventeen of the participants completed the programme, with all of these achieving a QQI Level 4 minor award in Health Related Fitness. Twelve of

these participants also achieved the QQI Level 5 minor award in Community Addiction Studies. Of the seventeen participants who completed the QQI Level 4 Health Related Fitness award, five had previously ceased education at Primary level, and seven at Junior Certificate level. Of the participants who completed the QQI Level 5 award Community Addiction Studies, five had previously ceased education at Primary level and three at Junior Certificate level. The educational background and achievements of participants during the programme are shown in the graph below.

Non-completion of the programme may have been for a number of reasons including, increase or return to substance use, difficulties in returning to education or dealing with other life events. It was noted that all participants are offered support and follow-up if they withdraw from the programme. Participants also have the option of the returning to a future programme, if they did not complete on the first occasion.



*Figure 4: Previous level of education of participants gaining awards on the programme.*

The programme organisers seek to have a mix of individuals on the course, with participants at different stages of addressing their substance use, accessing education and involvement in sport and fitness. The rationale underlying this approach is to ensure a group mix that encourages those who are less developed in any of the given areas, while also seeking to

reinforce existing behaviour or life changes for other participants. As one practitioner pointed out:

*“Our experience has been that for 10% (of participants) over 3 programmes, it has helped them make changes, there are other factors that impact on them not making changes, there could be more circumstantial things. We take a risk intentionally, if we were tighter we could lose some of the people we thought could never get there.”*

The practitioners pointed out that significant additional time was put into supporting those perceived to be at higher risk of not completing the programme:

*“How do you work to ensure that you are not reinforcing failure, otherwise we end up with a drug free group, how do you help them have a successful experience even if they do not complete, that group we put a lot of time in to that group in helping them sustain the programme as far as they can. If they can sustain the programme for 20 weeks there is a lot to build on then. “*

One of the practitioners pointed out that the Boxing Clever programme may offer opportunities to participants not available elsewhere, *“often people are faced with ‘you can’t do this programme because you are drug free’, ‘you can’t do that one because you are on methadone’, there are always these criteria around what you can and can’t do and our approach is different.”*

The mixed nature of the group could be a challenge in the early stages of the programme, according to the practitioners, despite how clearly this was communicated at the interview stage:

*“People come back and say I didn’t think this was this type of group or I thought this was that type of group, so that is something we need to manage, particularly in the first part of the course.”*

It is important to note that non-completion does not signal failure, for either participants or the programme organisers. Practitioners highlighted the fact that the majority of participants who do not complete the programme access additional supports or re-apply to this or another programme.

## BOXING SKILLS APPROACH AND IMPACT

As the Boxing training element of the programme is a core innovation, particular consideration was given during the research process to understanding the structure and approach of the boxing element, as well as the impact it had on participant's lives. The section outlines the findings in relation to these aspects of the research, as well as considering further themes that emerged during the research; the role of gender in relation to the boxing skills element of the programme and particular impacts boxing had compared to any other sport.

The question of why boxing as opposed to any other sport emerged during the research process. On reflection, one practitioner noted that the language used to describe elements of boxing; 'bob and weave', 'go the distance'; 'on your guard'; 'take body blows'; 'call the shots'; 'on the ropes'; 'faint' and 'knocked out' could be metaphors that are meaningful to participants in how they manage their lives. The practitioner noted that for team sports, such as soccer, participants are dependent on each other for performance, whereas with boxing it is completely down the participant as an individual.

It was also pointed out that there can be a high degree of intimacy between the coach and boxer. One of the boxing coaches stated that he sometimes wondered if the boxing was important at all, what seemed even more important was the whole dynamic that went with it - the relationship building and being part of the community. The boxing skills, he felt, were so much more than simply boxing:

*"I have them doing great stuff – it is not even about that, they want praise, communication, someone to say something positive to them, I can't make it up, I genuinely mean it when I see something good."*

## BOXING SKILLS STRUCTURE AND APPROACH

The boxing skills element occurs every other week over the twenty week duration of the twenty week programme. The lead coach for this element of the programme identified key aspects of how the boxing skills are structured and approached in order to take account of the varying fitness levels and historical or current substance use. These included:

- A low key and one-to-one conversation with each participant to discuss fitness levels, previous experiences of sport and boxing and current substance use.
- Activities and exercises being suggested rather than imposed on participants. This emanated from a belief suggesting participation and encouraging positive behaviours was more motivating for participants.
- Not pushing participants to take part and allowing them to sit out if they wished. This approach was underpinned by a belief in the importance of participants

developing and knowing their own physical limits and taking responsibility for their own self-care.

- A strong focus on praise and encouragement with clear explanations as to the reasons why each drill or exercise worked or was useful.
- Focus on completion of the exercise rather than perfection, with a view to improving technique and performance on an ongoing basis.
- Encouraging stronger participants to help, support and peer coach those who are less experienced, with a focus on affirming peer coaching skills.

The lead coach noted that the boxing skills element of the programme had a significant social aspect and he deliberately encouraged this, feeling it helped build a culture of care and respect:

*“Through the whole course there is a social thing as well, women would come in and have a chat, the guys weren’t doing that at the start, but as time went on the guys became more sociable before and after each session. Even after the classes I get great respect, with the lads offering to tidy up and carry stuff out to the car.”*

In regard to the boxing coaches, the gentle and supportive manner of the lead coach was highlighted, as well as his skill in encouraging participants to set their own goals and levels of participation, noting how *“he lets you find your limit.”* Participants noted how encouraging the lead boxing coach was and how important this was to them, *“he will challenge you but tells you not to push yourself too hard, to get overall healthy, he was encouraging and had an understanding of where we were all coming from.”*

It was noted of all the boxing coaches that:

*“They came to us at our level, they met us where we were at, he would have a laugh and a joke, it was enjoyable. He (lead coach) would bring us into the gym and we used to enjoy that – using the bike and the circuit and he taught about toning with weights. Then we were getting some chance to do a little bit of boxing. It was nice to let us go into the gym, some women were sparring. Whoever wanted to do gym work could.”*

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#### IMPACT AND CHANGE PROCESSES

Changes for participants were noted by the practitioners delivering the boxing element of the programme. One of the most significant was the physical improvement in the participants. As one practitioner stated:

*“With some of them you see a huge improvement, some of them keep going to classes and it is like they have been training all their lives. They have started to take care of themselves and their bodies, they have pushed past their feelings of fear – fear of using the machines, of being judged, of meeting people they don’t want to meet.”*

It was felt by the practitioner that this led to participants feeling part of the community:

*“They have somewhere to go, by going to the gym, they feel part of the community. The (boxing) training is the tool for building relationships with community in a positive way, it empowers them as well, after the 20 weeks and they go to use the gym and other classes. You can see them thinking, ‘I have the right to do this’, they can be part of a fitness gym, you can go anywhere in the world. They can go and join other clubs and be accepted.”*

The practitioners also spoke of the impact of the boxing on the participants. One coach said he felt the boxing training transformed some of the participants because they were not as fearful in their daily lives. It was also felt by the practitioners that the boxing provided an element of discipline in the lives of some participants, highlighting that some participants come onto the programme with a feeling that they are invincible:

*“There is learning for them when they realise that somebody can beat them and they learn not to be putting themselves in danger”.*

It was noted that the impact of the boxing training was often different for women on the programme and the boxing training often facilitated women in learning to react, rather than freeze if they were attacked. It was also felt that the boxing training helped women deal with the impact of structural inequality:

*“With women it is about them realising it is ok to get in touch with anger, some will be placid like they are afraid to show aggression, for me, saying them it is ok, this is an opportunity to release anger.”*

The lead coach also spoke about how boxing may relate to traditional norms in regard to masculinity. He spoke about his own experience of being at risk of being bullied or being targeted for physical violence, as well as how some men may respond to life challenges and social exclusion with aggression or violence:

*“Well, I came from that space myself, where if I wasn’t trained I would’ve been bullied; even today, I would feel I could be bullied as a man ..... but when they know you’re a boxer you wouldn’t be bullied. It’s kind of primitive in a way, but a man’s world is different that way”*

The participants agreed they were aware of how men and women may feel differently about the boxing, with one male participant saying, *“I was conscious of it (gender), I thought the girls would not be up to it (boxing).”* A number of the women responded that they did feel very self conscious at the start of the programme about the boxing sessions. The practitioners said they were aware of how both the boxing and DCU sport sessions had the potential to challenge gender norms in relationship to physicality and sport. They were also aware of how women on the programme may feel particularly self conscious at the start of the programme.

Gender differences are both acknowledged and the opportunity provided to work through feelings of discomfort. The lead coach described how he will split the group according to

their fitness level and previous experience of sport rather than based on gender. Another practitioner agreed with this:

*"You never hear them (the participants) saying that the men do this, and the women do that ....the women are offered the same program ...it is not the men can do the boxing and the women can do the water aerobics, we are not already setting them up, this is a programme and it's an option for everybody."*

The lead coach noted that all the participants had to push past a lot of feelings, particularly of discomfort but beyond gender differences, *"they are all together in the same boat, actually enjoying it, the women were talking about, they were all being challenged in the same way."* The practitioner's agreed that one of the key elements of the approach in Boxing Clever is to demand only participation, and at the individual's own defined level, and this was core in building confidence and self-determination. As the lead coach stated, *"When I give direction I only give direction I don't say they have to do it. I am not shouting. I have them balance that out, they have control."*

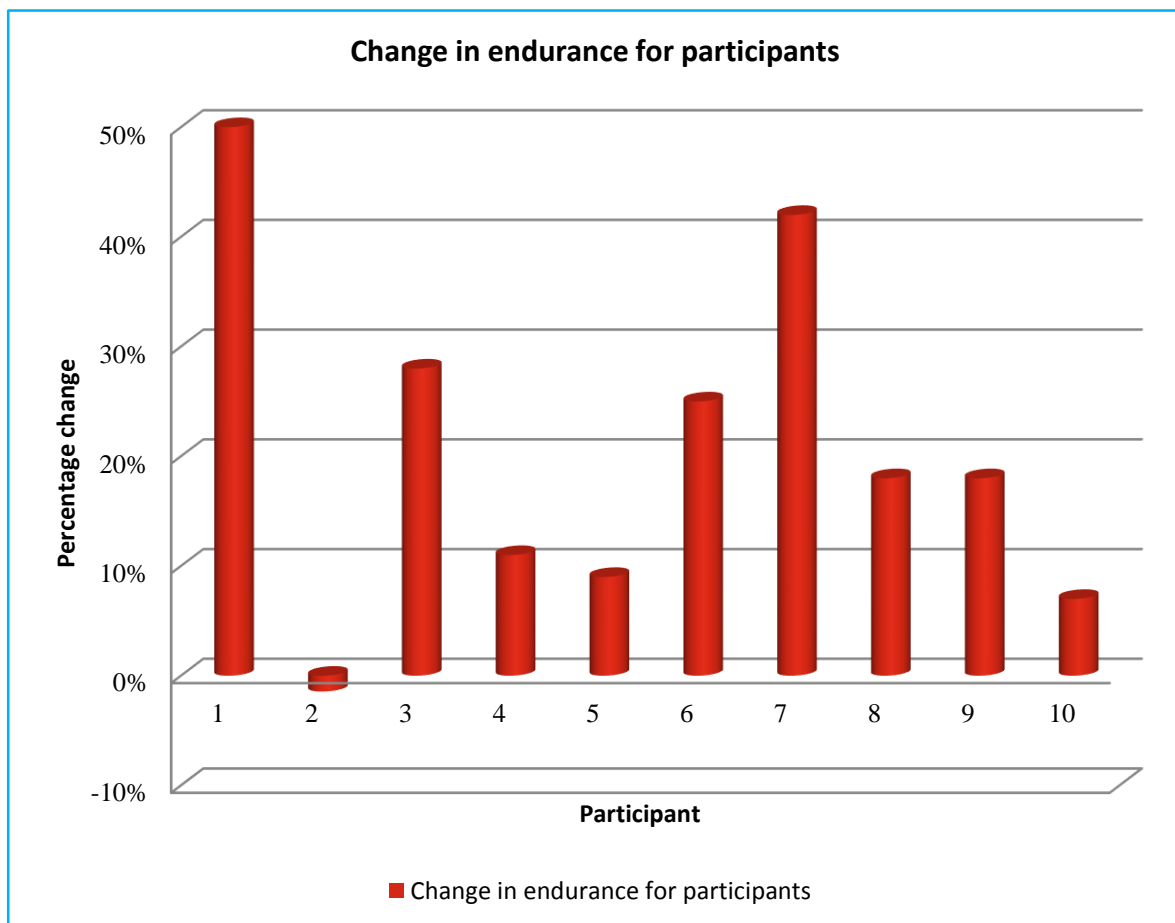
As one practitioner pointed out, this may differ from other rehabilitative day programmes where *"you have to still perform – we don't have that expectation of anyone."*

## FITNESS OUTCOMES

As part of the fitness element of the programme, all participants were invited to complete fitness testing measures at the commencement and completion of this element of the programme. Ten participants completed both the pre- and post- fitness testing measures. These included; a spider test to assess stamina, endurance and anaerobic capacity; push-up/plank test to assess core conditioning and upper body strength; hamstring test to assess flexibility. The percentage changes in endurance, core conditioning and flexibility are shown in the graphs below for the ten participants who completed the pre- and post-fitness measures.

### CHANGES IN PHYSICAL ENDURANCE

Nine of the ten participants recorded an increase in physical endurance by completion of the programme, with one participant recording a slight reduction (-1.44%). The positive changes ranged from 7% increase to 50%, with six participants recording increases of physical endurance of between 18% and 50%. These results are shown in the graph below.

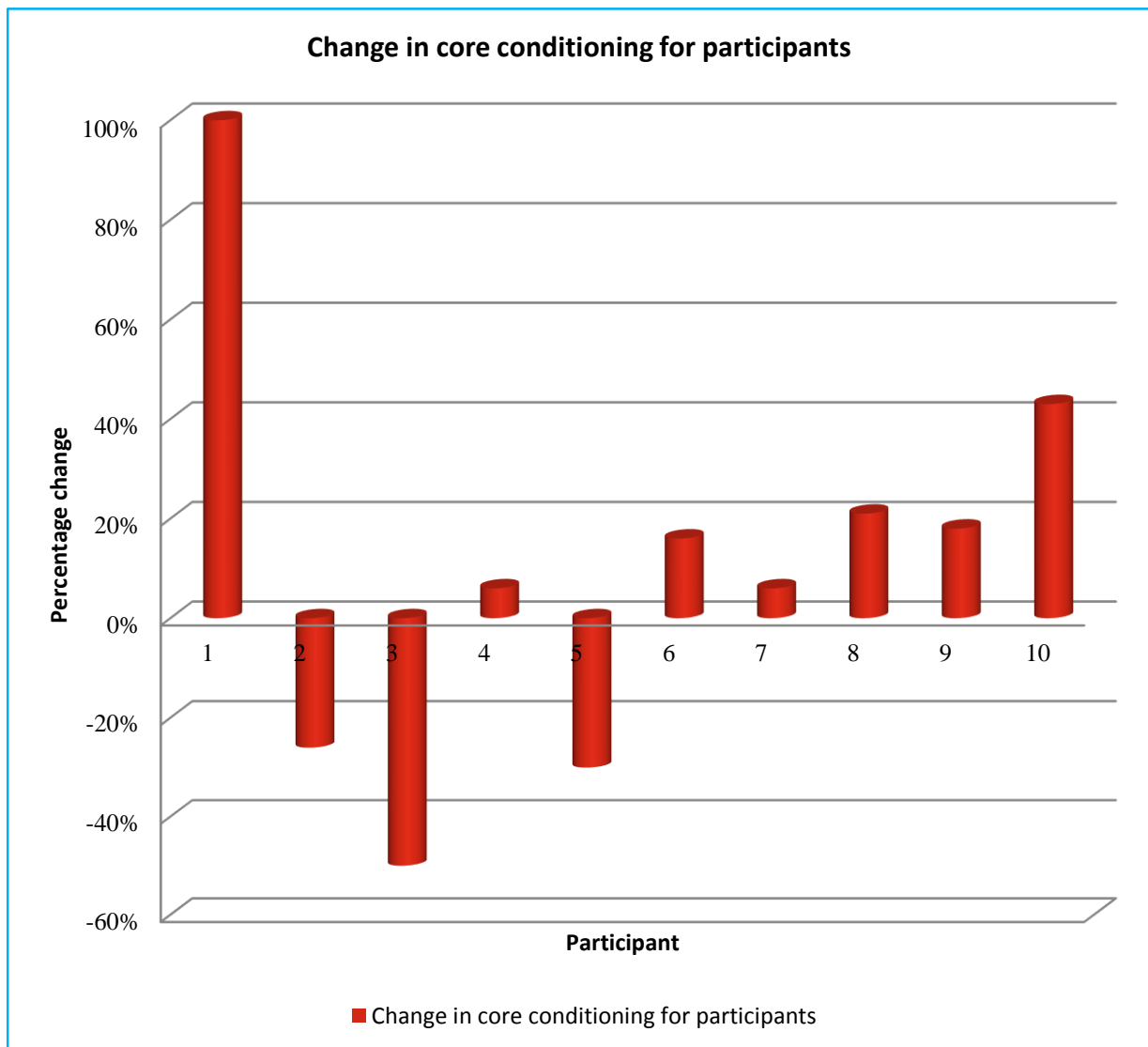


*Figure 5: Percentage changes in endurance for participants completing the pre- and post-fitness measures.*



## CHANGES IN CORE CONDITIONING

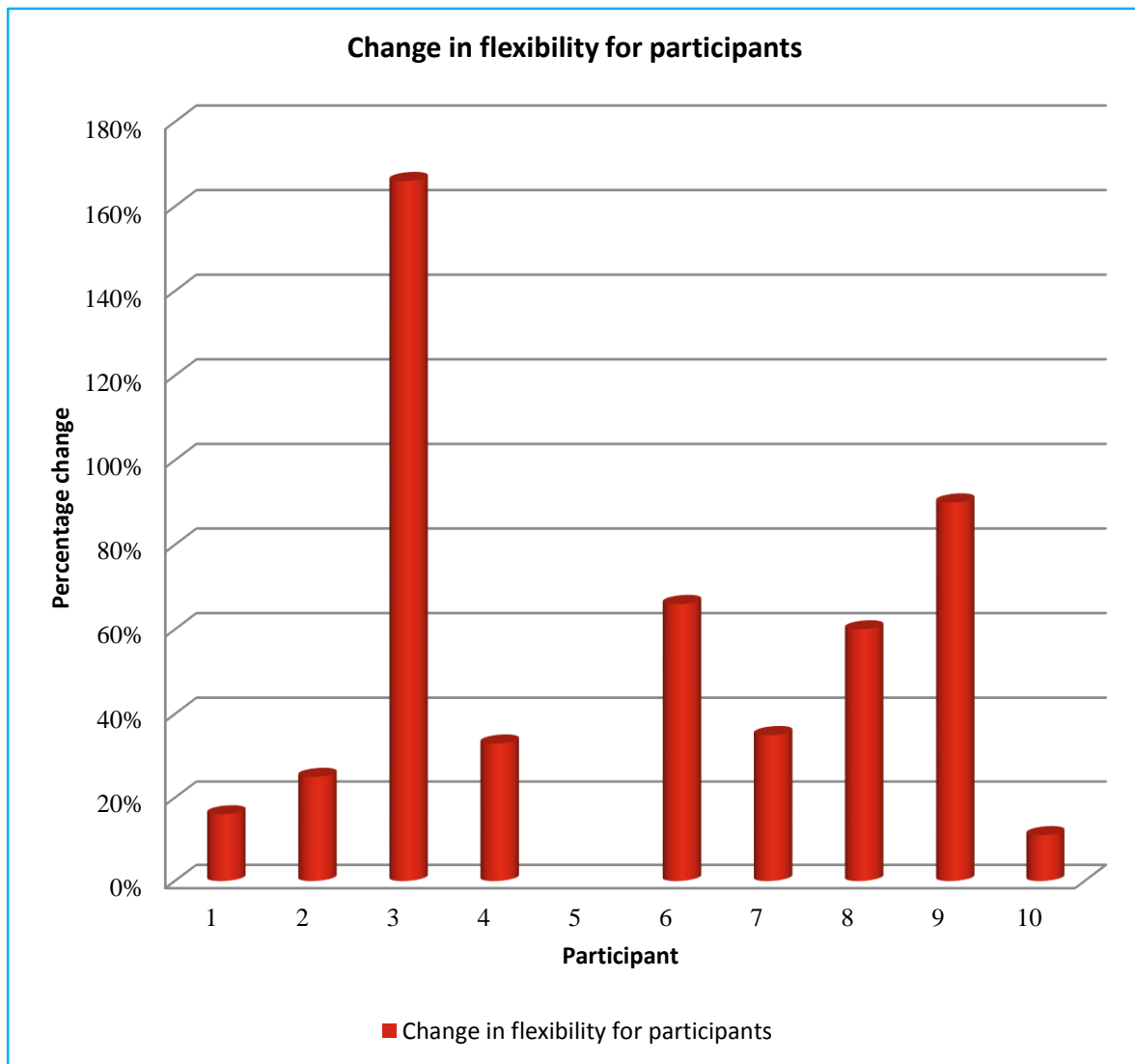
Core conditioning and upper body strength was assessed with the push-up/plank test. Seven of the ten participants completing the pre- and post- fitness measures recorded positive improvements, with three recording negative changes at the end of the programme. Six participants recorded positive change of between 16% and 100%, while two recorded positive change of 6% and a further three participants recording negative changes of between 26% and 50%. These results are shown in the graph below.



*Figure 6: Percentage changes in core conditioning for participants completing the pre- and post-fitness measures.*

## CHANGES IN PHYSICAL FLEXIBILITY

Changes in physical flexibility was assessed through the use of the 'sit and reach' hamstring stretch test. Of the ten participants completing pre- and post- fitness measures, nine recorded changes, all of them positive. One participant recorded no change. Positive change ranged from 11% to 166%, with four participants recording positive improvements of between 60% and 166%. This is shown in the graph overleaf.



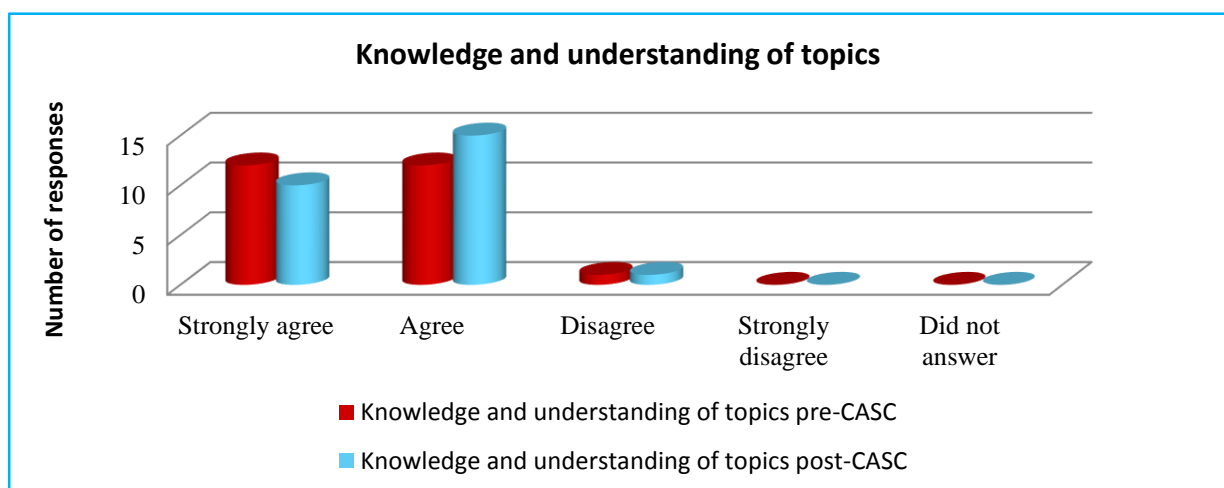
*Figure 7: Percentage changes in flexibility for participants completing the pre- and post-fitness measures.*

## CASC OUTCOMES

As noted participants were invited to complete pre- and post- questionnaires for the CASC element of the programme. A total of thirteen participants completed both the pre- and post- questionnaires (see Appendix Two for questionnaires). The questionnaires ask participants about their skills, knowledge and attitudes in relation to course prior to and after the course. Participants are asked to rate a skill, knowledge or attitude statement in regard to 'Strongly agree', 'Agree', 'Disagree' and 'Strongly Disagree'. These ten statements were then grouped as relating to; knowledge and understanding of the course topics; understanding of drug use and the impact on individuals, families and communities; development of skills; confidence in accessing information and utilising learning from the course. In addition, participants were asked in the post- CASC questionnaire, whether the course met their needs, expanded their personal/professional network and changed their attitudes to the topic. These questions utilised the same scale. The results of the pre- and post-CASC questionnaires are shown below.

### KNOWLEDGE AND UNDERSTANDING OF TOPICS

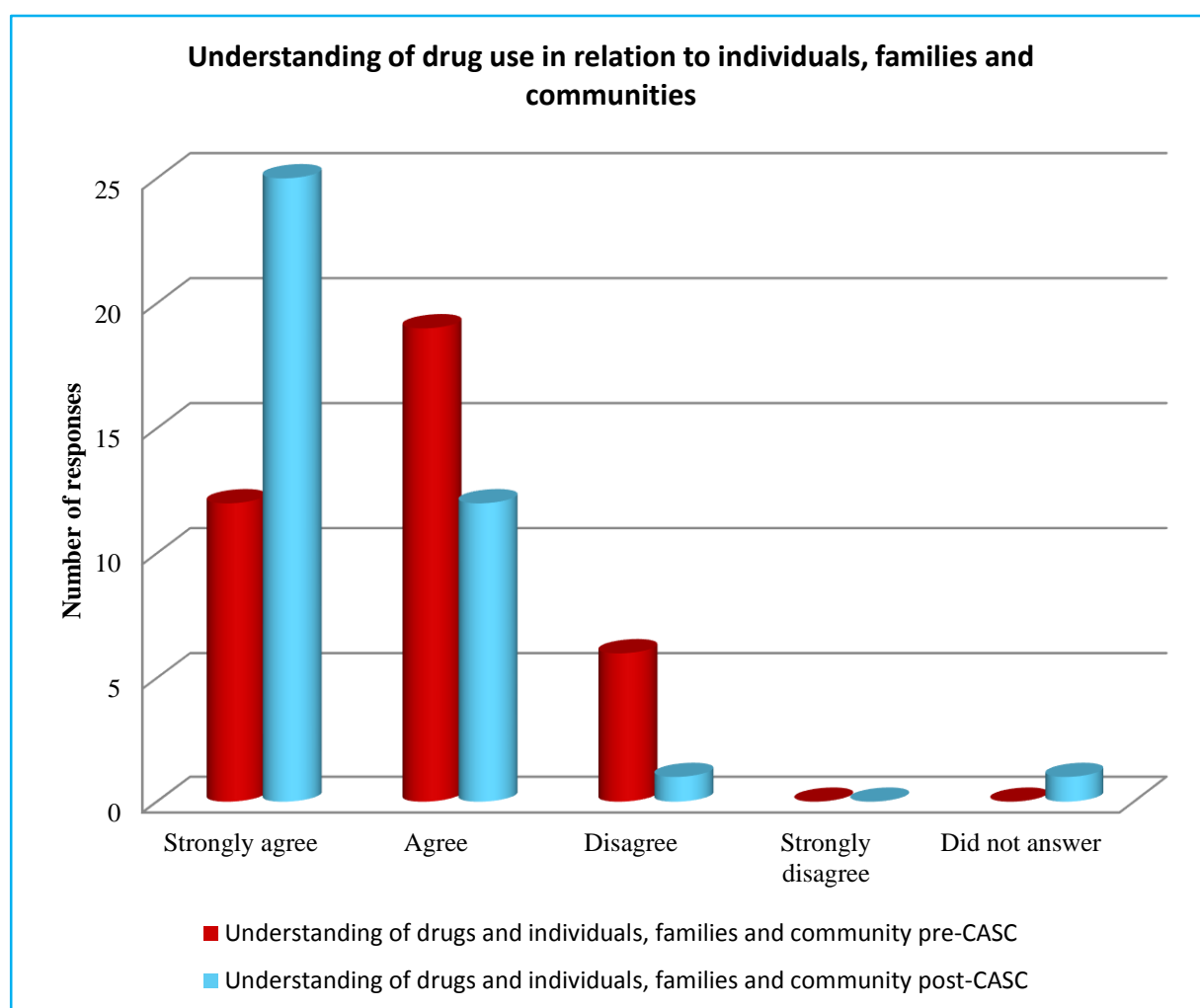
Participants were asked to respond to two statements about their understanding of topics on the CASC course and their knowledge of the theories, trends and research on these topics. In total, twelve participants across the two measures, 'strongly agreed' that they had an understanding of the topics and were up to date with theories and research prior to the course, with a total of ten participants 'strongly agreeing' with these two statements after the course. Twelve participants 'agreed' with the two statements prior to the course and fifteen 'agreed' afterwards. One participants 'disagreed' prior to and after the course to the two statements. No participants 'strongly disagreed' or did not respond. These results are show in the graph below.



*Figure 8: Changes in knowledge and understanding of topics pre- and post-CASC*

## UNDERSTANDING OF DRUG USE IN RELATION TO INDIVIDUALS, FAMILIES AND COMMUNITIES

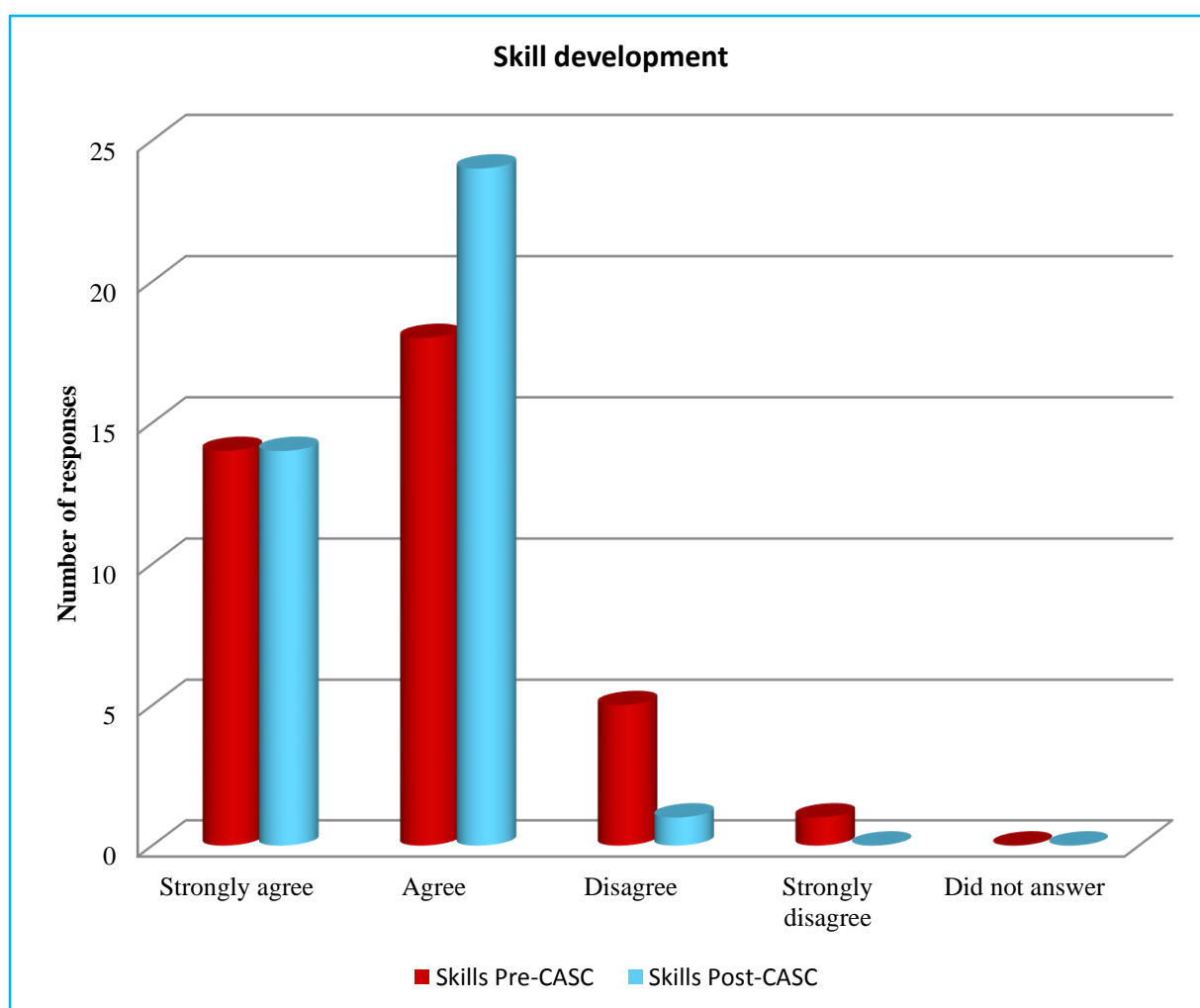
Participants were asked to respond to three statements about their understanding of the CASC (Drug use) and how these topics relate to individuals, families and communities. As can be seen from the table and graph below, twelve participants 'strongly agreed' with the three statements prior to the CASC course, while twenty five 'strongly agreed' after the course, an increase of thirteen participants across the three statements. Nineteen participants 'agreed' prior to the CASC course, while twelve 'agreed' after. Six participants 'disagreed' with the statements prior to the course, with one participant ticking 'disagreed' for one statement after the course. One statement was not answered.



*Figure 9: Changes in understanding of drug use and impact on individuals, families and communities pre- and post-CASC*

## DEVELOPMENT OF SKILLS

Participants were asked to respond to three statements about their skill development prior to and after the CASC course. A total of fourteen participants 'strongly agreed' with statements in relation to their skills working with drug and alcohol issues prior to and after the CASC course. There was an increase of eight participants that 'agreed' with the three statements after the CASC course than before. Five participants 'disagreed' across the three questions prior to the course and one participant 'strongly disagreed'. One participant 'disagreed' with one statement in relation to skills after the course, while none 'strongly disagreed'. These results are shown in the graph below.



*Figure 10: Changes in skills pre- and post-CASC*

## CONFIDENCE IN ACCESSING INFORMATION AND UTILISING LEARNING

Participants were asked to respond to two questions about their confidence in sourcing information in relation to drug issues and their confidence in utilising their learning in their personal and professional lives. As can be seen from the graph below, a total of ten participants 'strongly agreed' with the two statements prior to the course, with seventeen 'strongly agreeing' after completion. Fifteen 'agreed' with the two statements prior to the course and five after the course. One participant 'disagreed' with one statement prior to the course and none did after the course. One participant 'strongly disagreed' with one statement prior to the course and none did after the course. One participant 'did not answer' prior to the course and five after the course.

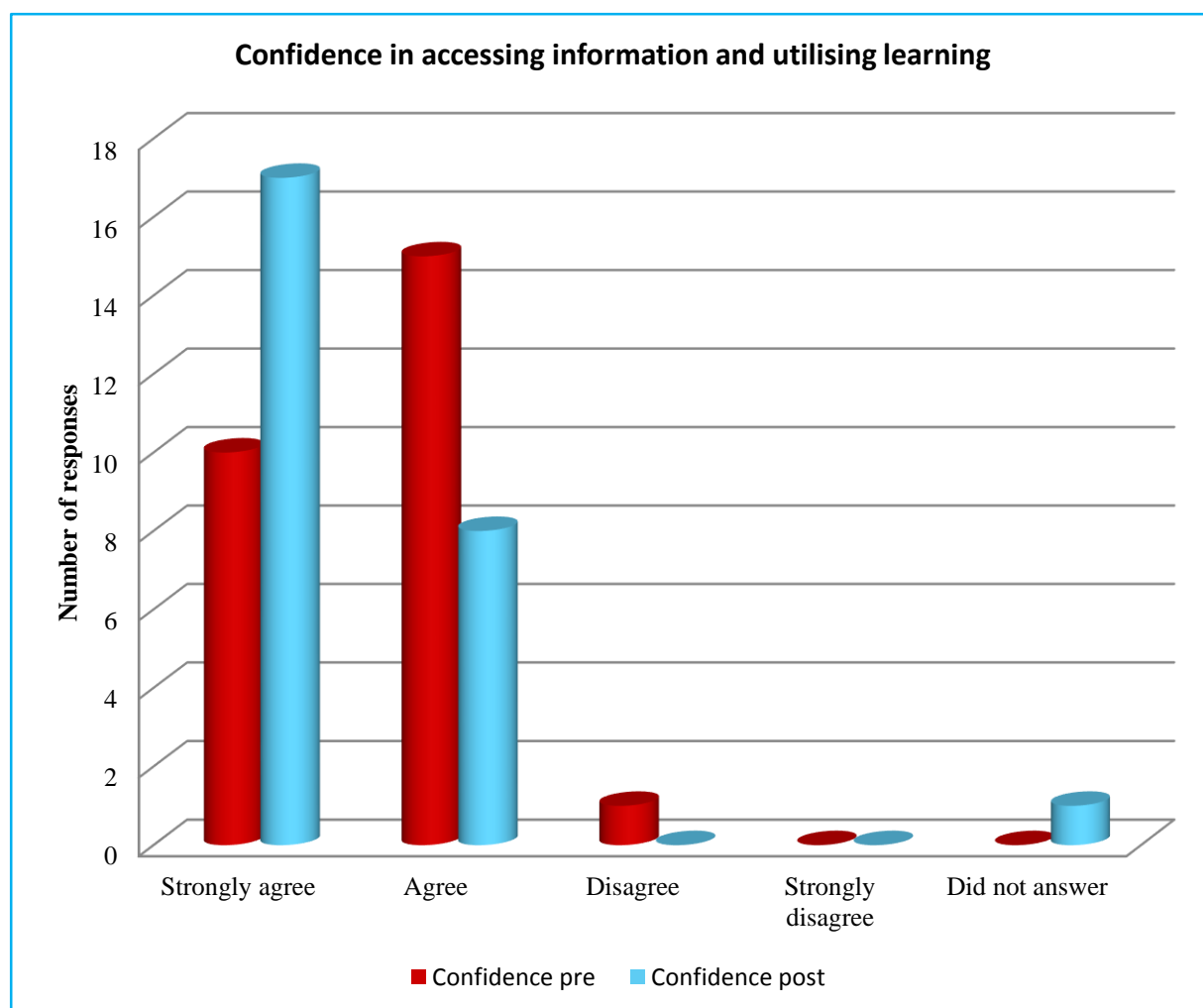
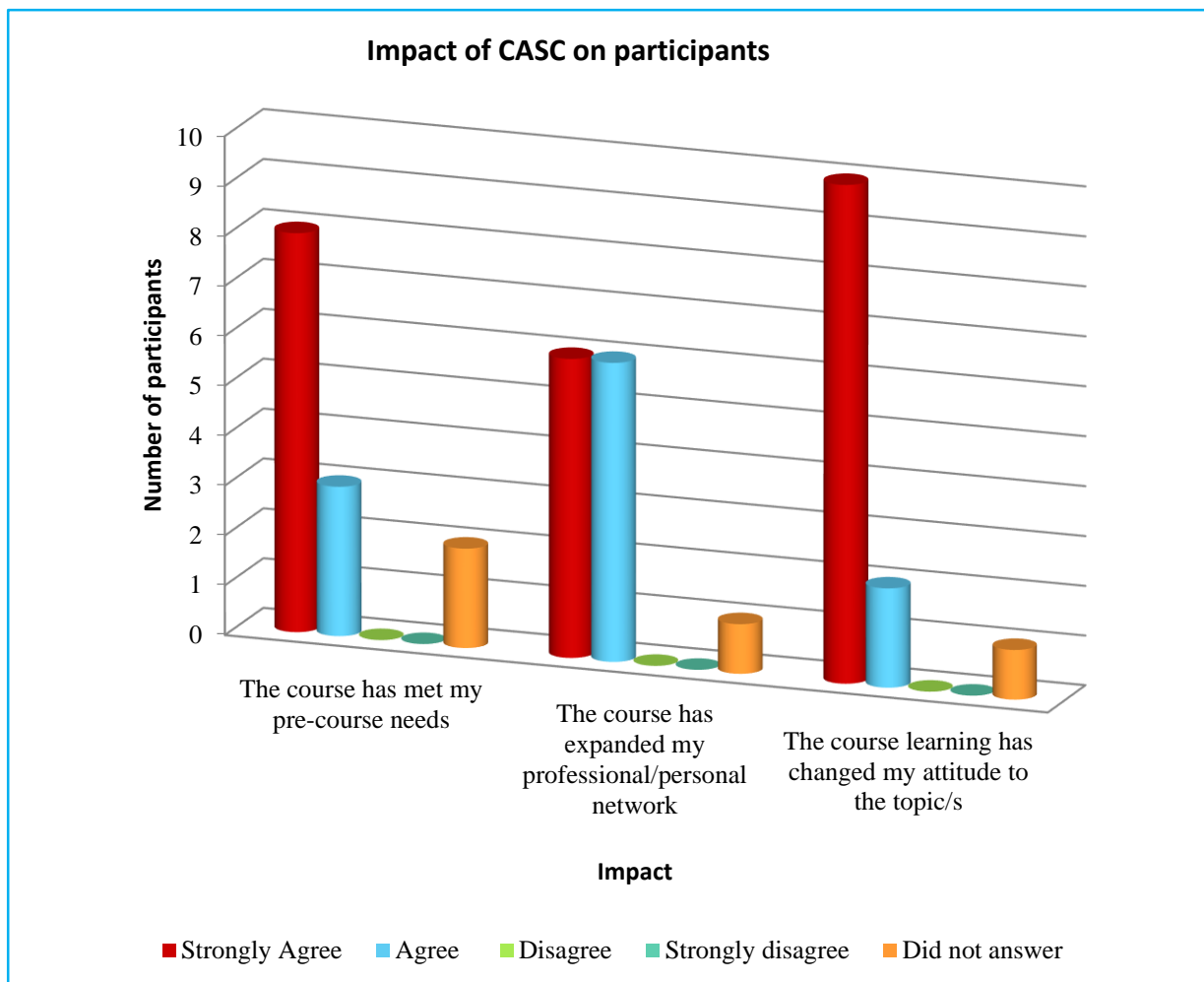


Figure 11: Changes in confidence accessing information and utilising learning pre- and post-CASC

## IMPACT OF CASC ON PARTICIPANTS

As noted, participants were asked in the post- CASC questionnaire whether the course met their needs, expanded their personal/professional network and changed their attitudes to the topic. As can be seen in the graph below, eight students 'strongly agreed' the course met their needs, while three students 'agreed' the course met their needs. Two did not answer this question. Six students 'strongly agreed' the course expanded their professional/personal network, while six 'agreed' this was the case. One participant did not answer this question. Ten of the participants 'strongly agreed' that the course learning had changed their attitude to the course topics, while two 'agreed' this was the case. One participant did not answer this question.



*Figure 12: Impact of CASC on participants*

This section considers the structure, impact and change processes for participants on the Boxing Clever programme, based on the data from the focus groups with participants and the practitioner reflective practice group meetings. Both the Boxing Clever participants and the practitioners considered both individual elements of the programme and these themes across the entirety of the programme. This section of the report presents the research findings in relation to; the structure and approach of the programme; the impact of the programme on participants' lives; change processes for participants and inter-agency relationships.

### PROGRAMME STRUCTURE AND APPROACH

#### *Timetable and structure*

Participants identified a number of aspects of the timetable and structure of the programme that they felt were useful in both helping them complete the programme and in supporting them to establish and maintain more positive patterns in their lives. A number of participants in the focus groups said they found the programme was important in creating new positive daily life patterns such as being up early, attending classes and meeting deadlines. They appreciated the level and range of communication with practitioners on the programme, from the weekly text reminders of the time and location of classes, to the ease with which they could contact their key worker.

Participants stated they found the alternating of the DCU Fitness and Boxercise classes disruptive, both in terms of remembering which session was on which week and that the alteration made consistency from the coaches more challenging. It was also pointed out that the occurrence of Bank Holidays meant there was no fitness element in the programme for those weeks. Finally, participants stated they felt there was not enough fitness in the programme. A number of participants pointed out that one session per week not enough to support the development of new patterns in relation to activity, health and fitness.

As one participant put it:

*“Once a week is not enough, not enough of an introduction, it does not set a new pattern.”*

The nature of the fitness related sessions also came up for discussion, with a number of participants critiquing the DCU based sessions in terms of duration and focus. The participants did welcome the opportunity to train and participate in classes at the DCU facility and a number of participants did appreciate the opportunity to try different types of fitness classes, such as spinning and kettlebells. However, the majority of participants found the tight timeframe (one hour) did not allow enough time and that they did not benefit as much from these sessions as from the Boxing Skills sessions. It was highlighted that the coach of the DCU sessions was often trying to cover elements required for the QQI Health



Related Fitness Award, including taking photographs for participant portfolios, which was an additional pressure on this session. Whereas it was felt the structure and approach of the Boxing sessions were more productive:

*“The boxing was the same each session and that worked, we knew we could push ourselves.”*

There was agreement across all the participants that the break over Christmas (three weeks) was too long, and that it was challenging for some people to maintain changes in their behaviours over this period. Especially, as one participant put it, this can be a *“particularly challenging time in regard to substance use, family dynamics and financial pressures.”*

Participants did feel the programme was integrated, despite the number of different elements in different locations. As one participant described it *“each session leads into the next, they are all linked”*.

### **Educational approaches to deadlines and assignments**

Participants across both focus groups identified that there were two different approaches to deadlines taken to the QQI awards and completion of assignments. Some participants felt it would be useful if the approach was consistent. Different participants valued the different approaches, some preferred the more deadline focused approach taken in the CASC course, others preferred the more relaxed approach taken in the Health Related Fitness module.

*“I think the down fall, when we were handed assignments on a Tuesday in DCU in the community, there was no deadline on them, whereas here in CASC you are given an assignment you have it done by the next week. Whereas in DCU in the community you are given an assignment there was no deadline because of where people where at, people where at different stages, that’s why they brought it in, that’s why you can go in on Friday for people who can’t do assignments, but not everybody can make that.”*

Another participant had a similar view:

*“If you don’t give me a deadline, I won’t get it done. Something will get in the middle of it.”*

As was noted by a number of participants, the tutor on the Health Related Fitness had designed a more fluid response to deadlines to take account of the different educational backgrounds in the group:

*“For some people who had not done education in years, they were trying to cater for anyone. If it doesn’t have to be in until weeks later, I tend to put it off”.*

The Health Related Fitness tutor also raised the issue of the different approaches across the education components, wondering which was more effective, as she had found a more relaxed approach was useful in developing discussion and rapport in the group in the early stages, as well as not putting too much pressure on those who needed more educational support. However, she had found the dynamic challenging near the end of the module,

when assignments were due in for both modules and the participants became more stressed in trying to complete both sets of requirements.

A number of the participants identified the challenges inherent in going back to education, especially if they had not studied at this level previously:

*“The assignments are a challenge, but the support was good; the study support was great; people discussed the difference between the different days – one was very clear on deadlines, which people liked; the other was more laid back about them; people said they were different, but not that one was better than the other necessarily.”*

It is important to note that the professionalism and support provided by all the practitioners was valued. The value of the additional learning support provided by DCU in the Community was identified by a number of participants, although one participant noted:

*“We did not really make the most use of it...I only realised how good it was when we were getting near the end of the course.”*

The practitioner providing this support noted the challenges in providing learning and assignment support to the programme, noting that the mixed educational ability and background of the participants was one of the biggest:

*“The group is very mixed ability, you need to make it very individual so I can only imagine how hard it is for facilitators of larger group. If I have a group of 6, I really need to spend time with each individual, it goes with literacy levels, if someone struggles with literacy, achieving a FETAC level 5 award might be very challenging.”*

### **Challenging content and emotional support**

One major theme emerging from the focus groups was how emotionally challenging participants found the CASC content on the impact on families of an individual's substance use. As one participant said:

*“The addiction studies course is a challenge; it brings things up which have been buried for a long time, and people didn't want to think about them; they didn't expect this to happen; the family sessions in particular are very challenging.”*

It was suggested by the participants that more detail of the content of the CASC programme could be given at the interview stage for the Boxing Clever Programme. The participants highlighted the positive relationships they had with their keyworkers, noting the accessibility of the key workers and the high level of proactive communication from their key worker. They did however suggest that a keyworker should be available for one-to-one support to check-in with participants after certain sessions on the CASC programme, especially those considering the impact on family of substance use. They agreed with one participant who stated:

*“The group is not always the best place to work through stuff. I would prefer to do that one-to-one if I could.”*

Another participant agreed:

*“It would be nice to know there is someone on the day to help you deal with emotional stuff. For some people it is needed. You might not get to see your counsellor until next week. It can come out in your moods.”*

The challenges inherent in delivering the CASC course were well recognised by the practitioners. The practitioners pointed out that it was particularly challenging to deliver a course where the content was directly relevant to all of the participants. This requires the facilitators to hold both the educational requirements of the course, as well as the emotional content, which often requires a therapeutic stance to manage individual responses and impact, as well as group dynamics. They also pointed out the difficulty in maintaining the QQI educational requirement of 80% attendance, when some participants are attending sporadically.

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## MENTORING

The role of mentors on the Boxing Clever has evolved over the past number of years and emanated from the informal mentoring role some individuals took in the community in relation to substance use and sport. One practitioner described this history:

*“Going back to the origins and the spirit of the programme, it all really began in a local community sports hall; where some lads who were drug free, and some who were trying to be drug free, and they hung around with each other; there was two or three lads who were seen within the community I suppose as the ‘go to’ lads, you know, when change was happening, they’d bring them to meetings, they were involved in football teams, sport, they were also involved in some local services as volunteers. So, from there we identified, this is working, they’re seen as different from a professional person, a community person, so that’s the origin of it.”*

From these origins, it became part of the programme to identify through all the inter-agency links and existing client groups, individuals who fitted the ‘profile’, who had sport in their lives, were well into their recovery and that as individuals could bridge these issues for other people on the programme. The mentors may or may not have already completed the Boxing Clever programme themselves. Anyone taking the mentoring role on the programme is offered a one year gym pass to the DCC gym.

Within the cohort involved in this research process, two mentors originally commenced the programme, with one leaving the programme with support from the facilitators. The role of the mentor was welcomed by the participants, the remaining mentor and the facilitators across all elements of the programme. The role of mentors has evolved as the programme

has developed and taking the role of mentor requires the individual to hold dual positions; both as a participant and as a support and role model to the other participants. The remaining mentor noted that taking the role of mentor was challenging, but ultimately very rewarding:

*"I felt, did not know what to expect, I had never done anything like that before, I had to push past a lot of uncomfortable feelings, but it was something I wanted to do and even when (the other mentor) left, I just kept doing what I thought was right.....being accepted back into the community was a big thing for me. Being asked to be mentor was a big thing for me."*

The remaining participants appreciated the mentor, noting the importance of how he was both a member of the group and supporting the other participants:

*"I found it good it was nice to have someone there, because (mentor's name) is very calm, he would always say it is all ok, we will get it sorted. (Mentor) had to get the work done too get the pictures done, he was always part of the group, it was a great thing as a mentor. "*

How well the mentor maintained this dual role, and how valuable it was, was highlighted by a number of practitioners. One noted how well he supported both the other participants and her as the tutor, by ensuring the session goals (such as taking photographs) were achieved. The practitioners noted that it took a lot of skill on the part of the mentor to flip between the roles, or hold dual roles. They felt the mentor had to have certain qualities in order to do this well, such as maturity, awareness, communication skills and integrity, as well as be secure in his or her own change processes and recovery.

The practitioners acknowledged that allocating a mentoring role to someone had as aspect of risk. It was agreed that assigning this role carried an inherent possibility of the individual being either idolised or denigrated by the other participants or that the mentor may not have the capacity to manage the competing demands across the programme. One practitioner talked about his approach to allowing a mentor to take a leadership role and negotiate the complexity of the role itself:

*"I let them take the roles and step back and let them take the leadership role and watch the space around stuff; let it happen; it's healthy; because I have the relationship with the two guys I can trust them, they'll let me know what's going on."*

The practitioners identified mentors as 'modelling community leadership' but also acknowledged that it was difficult if the mentor role did not work out for someone, and if, as on this cycle of the programme, someone had to be supported to withdraw as mentor. When a mentor was struggling, it was important to consider the timing of asking that person to step back from the role. In this case, it was done when the practitioners felt the mentor or the participant group was being negatively impacted by the dynamic. In this instance, the mentor asked to step back was provided with alternative support and intervention.

For the one mentor that stayed in the role, it was identified by the practitioners that maybe the fact the mentor was completing the CASC element of the programme was an important factor in this success. It was felt that also being in an element of the programme where they were definitively not 'an expert' then it helped build relationship with the other participants.

*"That can take away from the group idolising them as well, not making them vulnerable, putting them on a pedestal; I do think it took people a while to get used to that initially; he was almost among them before they realised he was a mentor. I think that's an important aspect."*

Another practitioner identified this as role modelling imperfection:

*"It's role modelling really .... Being able to say I'm not perfect ....and having that sort of humility to be able to say that to the group as well ... look for help if you need it..that is what makes it work."*

## IMPACT OF THE PROGRAMME

The impacts of the programme emerged in a number areas of participants lives. An important underlying foundation to the changes participants experienced was the structure the programme provided in their lives. This was a strong theme with many participants stating this was key for them in supporting changes in their lives. As one participant stated:

*“It gives you structure and a goal, there is a lot of learning, you have to get up and do it. I was in addiction for years, and I am out of it for a few years, but even though I was in all that, there is stuff that I have learned, about family roles and that, I am looking at other people’s point of views, and how it affected them rather than just about me because it not just about me. It gives you a big insight into everything rather than just what you have been through or what you are going through.”*

Another participant responded to this:

*“It gives you a reason to get up, to be doing something, to be interacting with people, to be up, washed, dressed. And ready to go. It gets you back into that work mode, it helps you build that back up rather than being isolated.”*

The importance of daily structure in participant’s lives was reiterated by the practitioners. They agreed that when participants experienced the positive impacts of daily structure, they want to continue in this way. As one practitioner put it, *“This is what the programme does, helps them see those other possibilities, other than sitting at home or just dropping the kids in and out to school.”* The practitioners also noted the importance of the programme in breaking the isolation often experienced by participants prior to the programme.

Participants felt that the knowledge, skills and development of new attitudes from attending the course led to further personal changes including; changes in behaviours in relation to their personal health and fitness; their knowledge and use of substances; family and children; and understanding and connection to their communities. These are outlined in detail in this section.

### ***Knowledge, confidence and education***

A number of participants talked about improvement in their moods and management of emotions, talking about being *“no longer constantly cranky”* or *“angry and throwing things around”*. They felt this improvement was attributable to the physical exercise and discipline of the fitness classes, especially the Boxing Skills sessions. Other participants spoke about improvements in their communication skills and the way they handled difficult emotions:

*“I am more patient and tolerant. I would have a short fuse, but I am finding I am more calm. I am not in such a rush anymore. With the kids I am listening a lot more, with my oldest I am a lot more patient.”*

Another participant spoke in similar terms:

*"I find I listen an awful lot better, I hold back a lot more and just listen. I can interact with my kids a lot more, you know when they are talking about stuff, rather than jump in, like they say learn to listen and listen to learn."*

The practitioners pointed out that a number of male participants on the programme had talked about and discussed during the programme, how they had changed the way they communicated with their children. The practitioners posited this was evidence not only of personal change, but of challenging gender norms in regard to roles and communication in families.

One participant stated the programme had *"helped me face things I would normally have run away from, dealing with my life really"*, while another added, *"the whole course makes you step up and deal with it. Speaking out and giving your opinion, push through that"*. Another participant said, the programme *"pushes you out of your comfort zone. You get comfortable with being uncomfortable."*

One participant spoke about how their perception of their lives had changed, that they now have *"completely different values, I learned my perception is not the only way, to come out of that and see someone else's point of view is a big change."* Another participant said that all of the new knowledge they had from the course had changed so much in their life:

*"Knowledge is power, everything you learn, your behaviours change, your relationships are better, something I have picked up is a humility. It is not only me, the more you realise you are not alone, very similar re drink and drugs and shaking off prejudices about other substances people are using."*

For a number of the participants *"being part of something"* had also changed how they were thinking of their futures, especially in relation to education. It was highlighted that the programme was particularly good for people who haven't done any education at all, that it could provide a stepping stone for people going to college or further courses. As one participant said:

*"The course makes you more focused. For me I want to go on and continue study. The way the programme is set up it with the exercise and learning about your mind and your body, and learning about addiction, it is the combination of the three of them is sparking something in me that I want to go on further."*

Another said:

*"Yeah I want to do something with myself, gym, fitness and education, great if there was four days, it would not be the same without any of them, the three make it, a lot of learning about addiction."*

### *Personal health, fitness and wellbeing*

The participants spoke about functional changes in their health and fitness including eating more healthily, exercising more, and exercising correctly because they now knew significantly more about how their bodies worked and the importance of training in certain ways or stretching before and after work outs.

As one participant said:

*“Even though I did a bit of fitness, I do a bit of boxing and I go to the gym, there was still a lot of stuff I did not know, about the body or what you put into your body, there is an awful lot of learning.”*

A number of participants also spoke about an increase in confidence in using a gym, as one participant put it:

*“The classes I think that it is good because if people want to go to their local gym, they won’t be so much up in their head, I am not going because I don’t know what I am doing, because everybody would be looking at me. I had that last year, I remember I went to gym and I never went back, in regards to the gym to push them past those uncomfortable feelings of walking into a gym or doing a class, because they know what it entails in that class, it’s a big benefit as well. “*

A number of participants spoke about changes in their eating habits; eating less fast food; cooking more and considering what they ate as more significant than they had previously thought. The tutor of the Health Related Fitness course highlighted how she worked in partnership with the fitness coaches to ensure whatever theory she was covering in her session was reiterated in the fitness session that week. One fitness coach stated that he encourages the participants to change their eating habits by working on it incrementally, picking a few days eat better and make better choices. He worked this way, *“as then they are empowered to make the choices, they are thinking is this good or bad for me, and I think that is a better way.”*

### *Changes in substance use*

In relation to how the programme had impacted on their substance use, participants made a number of different points. A number of those in recovery, who were no longer using substances, said the programme helped maintain this change in their lives. They pointed out that having so much more knowledge about the impact of substances on the body and how their bodies worked, changes how they thought about substance use. As one participant said:

*“The knowledge I have now, it is going to be very hard to go back to where I came from, you are too aware, if you are too aware you know the signs the danger signs, you know what to do and what not to do.”*



Another participant highlighted the fact that before the programme they thought they 'knew it all', so did not understand the effects drugs had on the body. This new knowledge changed the way they thought about ever using substances. This was reiterated further by another participant:

*"You don't get the same enjoyment because you know the effects on the body."*

For one participant, the programme helped them acknowledge and work to address their codeine use.

*"The programme had an impact on me in a big way, I was in denial I had an addiction to codeine, I had to detox myself, but through coming here and what I was learning in the addiction studies class and what I was starting to do. I never went to my family, I always let things fall apart and they would come to me. This time I went to them."*

#### **Understanding and impact on families**

A universal theme across the focus groups was the changes participants experienced in relation to thinking about and interacting with their families, as a result of the content on this issue on the CASC course. Two aspects of this emerged for participants; they viewed their own behaviour and its impact on their family differently; they viewed their own parents or wider family member's substance use with more compassion and support. In discussing these aspects, many of the participants spoke about how tough and challenging it was to cover this material on families in the CASC course, but were unanimous about the ultimate positive impact of covering this content. As one participant said:

*"It was tough. Stuff about families was tough, how kids take on different roles when parents are using. And I only ever saw my role, I never ever saw anyone else's role, I never looked at my siblings as a product of the same environment – it was very painful, it was very difficult, I see them very differently."*

Another participant spoke about going to her family for help and support as a result of the programme, something she would never have done before. Further participants spoke about their changed awareness of family members substance use issues and how this new awareness had changed the way they interacted with these family members.

#### **Consideration and impact on the community**

A strong theme emerged in relation to participants understanding of the negative impact of their substance use on the community, and subsequent desire, for some participants to now contribute to or be accepted within their community. As one participant said:

*"This course gave me a better understanding of the community, drugs wreck every community, getting an understanding, in my addiction it was just about self, it was just about me, you wouldn't think about the impact and then getting accepted into my own*

*community – all I have ever put in was negative, with drug dealing and that, but to be accepted by my community and be putting something in that was positive that was a big thing.”*

Another talked about the understanding they gained about their negative impact on the community, igniting a desire to both study further and give something back to the community.

*“I am looking to do a degree, linking in with the Star project, this course has pushed me in this direction, this has helped propel me, it fits. The understanding I gained about the community, throughout addiction it was all negative to the community, not that I am pushing people, but if everyone did something.”*

Other participants spoke more generally about how their understanding and valuing of the community had increased due to the programme:

*“It is a community based programme, most people are from the community, it is helping you understand fitness and addiction. It is in the community and for the community.”*

## INTER-AGENCY APPROACH

A key aspect of the Boxing Clever programme is the fact it is delivered by a number of agencies in partnership. In considering the inter-agency aspect of the Boxing Clever programme two themes emerged; the importance and understanding of inter-agency skills and practices and sustainability of the programme within an inter-agency structure.

### *Nature of inter-agency practice*

In relation to how the participants felt the different agencies involved in Boxing Clever worked together to deliver the programme, the participants were very positive. As one participant stated:

*“I think everything works together really well, links the whole way along, there is a connection, I never felt dropped, it was linked in each step.”*

The practitioners agreed that every part of the programme was essential and relevant. They suggested that each practitioner, and agency, brought a ‘quality of attention’ to the programme and to each participant. It was felt this was because there were no ‘ego’s or individuals or agencies seeking to take ownership of the programme:

*“Collectively there is trust and autonomy, nobody is trying to dominate the programme, that is your job and you do it, nobody is watching over anybody else because everybody respects what the other people are doing. It helps that the people are skilled.”*

It was agreed that a number of additional factors supported this trust, autonomy and respect, the main one being a common goal in regard to the participants and their potential as well as a desire to constantly improve the programme:

*“Everybody sees the potential of everybody in the programme, what might this part or another part do for people, nobody says, we will just do that, this year more so we are joining up what everybody is doing.”*

Another practitioner added:

*“Along with the skill it is about making this programme better, as we sit around the table we are saying what can we do next, we have tried many different things, let’s try it. The communication is very regular, we are constantly in touch with each other. “*

It was felt that this approach modelled open communication to the participants, encouraging them to seek support when they needed it. It was pointed out by the practitioners that not all inter-agency work is like this, that with inter-agency work there could often be, *“always somebody muscling in or marking their territory.”* It was felt the difference in this case both the shared values and ethos in how each practitioner and agency worked with students/clients and the fact that, *“no bit of work that you do for the*

*course is too small and it is valued by the rest of the co-ordinators, so even if it is study support...no matter how small it is it is valued."*

It was also felt that the way decisions were made in relation to the programme structure, direction and delivery was important, as well as decisions in relation to particular clients on the programme. Although the HSE Rehab-Integration Manager (Ballymun & North Dublin Inner city) and BYAP Community Addiction Counsellor were perceived by the remaining practitioners as the programme 'leads' due to their rehabilitation remit but *"not in a way that is dominant, if we need to talk about something or make a decision it is always put back to us, there will be discussion and the answer will emerge."*

This approach to dealing with programme queries and client issues is underpinned, according to the practitioners, by community development principles, and also a belief in people's potential to change. A further factor that underpins the inter-agency working relationships is the shared belief in the benefits of sport and the positive impact of sport to individuals and communities combined with the view that the participants deserve the best opportunities:

*"We do have a standard of excellence, we are not patronising the service user, something is quality, everyone here is into sport, that is not a coincidence, that is a glue that works. We will be asking, how do we find the balance between finding the standard of excellence, getting them to go higher and not so we leave participants behind? We are always hungry for that."*

It was also noted that longstanding working relationships were helpful and important in developing the programme, in terms of *"knowing the right people, who has passion for the work or the skill set."*

### ***Sustaining the programme***

In relation to sustaining and developing the programme, the practitioners had a significant discussion on to what degree the programme is embedded within the organisations involved in the delivery. They questioned whether the programme would be maintained if some of the individual practitioners left their posts, especially given the importance attributed to the shared values underpinning work with clients and the robust inter-personal working relationships. However, it was acknowledged through the discussion that the programme is embedded within the partner agencies and has already been sustained through some staffing changes. Although one practitioner noted:

*"There are so many skills involved, plus all the conversations you have, that would have to be built up again if someone went."*

The commitment and resources supplied by each agency was noted as critical, including the time commitment from each practitioner, as well as the further resources, such as rooms

and venues. It was also noted that the Boxing Clever programme was a *“side part to all our jobs.”* It was concluded that the organisational buy-in and support was important, individual practitioners with the relevant skills were crucial to the programme success:

*“When you see something from inception, you start to develop and bend and adapt the programme to develop the programme – that is the piece that is important, honest frank discussions, we all want to develop the programme. We can sit down together, we can talk together, trying to better it all the time, have to improve it all the time, it is an ongoing thing.”*

## 5. DISCUSSION AND CONCLUSIONS

This research is concerned with the impact and the outcomes of the Boxing Clever Programme for participants and the community, as well as the efficacy of the inter-agency relationships and communication in delivering the programme. This research describes the experiences of the participants and the practitioners involved, offering valuable insight into the important components of an effective and innovative rehabilitation approach offered within a community setting. This research has not only demonstrated the important role education and sport can play in substance use rehabilitation strategies, but also demonstrates the importance of inter-agency work in an effort to achieve the goal of rehabilitation and re-integration.

As noted by Brown et al. (2010), researchers have called for studies examining the role of physical activity in recovery from substance use disorders for the previous two decades, yet very little research has been conducted to specifically examine the application of exercise interventions for adults with substance use issues. This research addresses this existing gap in the literature by exploring the impact and outcomes of fitness as a component of a rehabilitation programme paying particular attention to the participants' rehabilitation and change processes. Sport and physical activity are associated with a wide range of physical and psychological benefits (Sicilia & DeHaro, 1995; Crabbe, 2000; Bailey, 2005). Similarly to the literature, this research demonstrates that positive physical changes occurred for the majority of participants in terms of physical endurance, core conditioning and upper body strength, physical flexibility and an overall improvement in their physicality (particularly attributed to the boxing skills). Participants also reported a range of further changes including positive changes in their diet.

Alongside the physical benefits noted, sport has been associated with psychological benefits including a positive impact on depressive symptoms (Byrne & Byrne, 1993; Doyne et al., 1983, 1987; McCann & Holmes, 1984) and an association with improvements in mood (Berger & Owen, 1992; Bock et al., 1999). The participants in this research reported that the sport and physical exercise they engaged with helped with their mood. This is important as connections have been made between depressive symptoms and poor mood, and substance use relapse (Brown et al., 1997; Nunes & Levin, 2004; Ouimette et al., 1999; Poling et al., 2007).

The role of exercise as an adjunct to alcohol and drug treatment has found sport and physical activity as advantageous with respect to relapse prevention strategies through the promotion of positive mood states without the use of alcohol and drugs (Carlson, 1991; Cronan & Howley, 1974; Murphy et al., 1986; Thoren et al., 1990) and providing the opportunity for group activity (Heinzelmann & Bagley, 1970; Murphy et al., 1986) and social support (Humphreys et al., 1995; Longabaugh et al., 1998). This research found that the

majority of participants completing the programme maintained their drug free status or reduced their drug use which they attributed to their participation on the programme.

The literature on educational attainment and substance use has revealed a close connection between early school leaving and drug use with substance users having underdeveloped numeracy and literacy skills, and learning difficulties such as limited ability to retain information (Keane, 2011; Jones et al., 2004). The development of educational abilities and the attainment of formal qualifications are recognised as crucial in the rehabilitation of drug users (Keane, 2011; Department of Community, Rural and Gaeltacht Affairs, 2009). This research revealed how the Boxing Clever Programme supported and facilitated the majority of participants to achieve a QQI minor award at levels 4 and 5. The achievement of these awards are seen to be a vehicle for further education as the practitioners universally agreed on the importance of the programme in providing progression pathways to participants in terms of education and sport or both.

This concurs with emerging debates and thinking in relation to rehabilitation and recovery which suggests that alongside housing, childcare and health needs, the educational needs and the employment opportunities of recovering drug users should be addressed through specific initiatives (Department of Community, Rural and Gaeltacht Affairs, 2009). The research found that the CASC element of the programme was pivotal in supporting participants to understand substance use within their family of origin and the wider community. Participants also reported some unexpected positive changes as a result of participating in the programme, such as improved communication with their children and family. The participants also recognised the impact of their substance use on the community and a number identified this recognition as a motivator for sustaining positive change in their lives and a driver to becoming positively involved in the community.

The use of mentors on the Boxing Clever programme warrants particular focus and may be a point of consideration for other rehabilitation programmes. The participants not only valued the support of the mentors, but felt they were vital in providing a concrete example of the possible progression onto further education, sport or community involvement. Further to this, the practitioners involved in the programme, while they had worked to develop the effectiveness of the mentor role, also found it pivotal in supporting participants, informing participant support and illustrating the possibilities for progression. The importance of the mentor role on the Boxing Clever programme mirrors recent research findings, such as Keane et al. (2014), who also highlight the value and importance of peer support in rehabilitation.

Central to this programme is the Boxing Skills element which both participants and practitioners identified as having a significant impact on participants lives. Beyond the overt impacts of developing boxing fitness and skills for participants, the boxing element also had further significant impacts and meaning for participants. An important feature of the rehabilitation strategy is the enabling of the successful social and economic re-integration of

current and former drug users into community living (Department of Community, Rural and Gaeltacht Affairs, 2009). It is apparent from this research that the boxing skills element of the programme facilitated and enabled the participants to socially re-integrate into the community, a community that they were typically isolated or excluded from as a result of their drug use. One particular way this re-integration was achieved was through their access to the local leisure centre as part of the programme. Participants continued to access the leisure centre outside the programme and noted that this was an opportunity to become a part of their community, feeling a sense of belonging.

Another important element of the Boxing Skills approach as noted by the lead boxing coach was the release of anger and other emotions. Many of the participants live in situations where personal and community violence are everyday risks, the discipline and skills involved in the boxing element provide both a way for participants to defend themselves from violence and a contained way to express anger and other emotions. The valuing and respect of each participant was clearly articulated by the lead boxing coach, as well as demonstrated in how mentors and other participants were encouraged to develop leadership and peer support.

It was further noted by one practitioner that boxing is a very individual sport. The participants therefore are not relying on or utilising the skills of team members, their performance is completely down to them. This, while perhaps more challenging, also provides greater potential for personal growth, self-awareness and self-knowledge for participants, all important aspects of sustained recovery (Best et al., 2012). It was also noted by one practitioner that the relationship between a boxing coach and athlete is by its nature intimate. If the intimacy of this coaching relationship is built on trust and respect, then it is argued, this also adds potential for positive change, self-awareness and personal growth.

Assumptions made about gender appropriate sports and activities suggest that men and women are capable of doing different types of sports and in different spaces (Martos Garcia et al., 2009). Existing research indicates that by adopting a masculinised view of sport, coach's and educators reinforce gender stereotypes. One way this has occurred is by allowing or encouraging men and women to access different sport activities depending on their gender (Crabbe, 2000; Martos Garcia et al., 2009). It is noteworthy that the Boxing Clever programme challenges the approaches previously taken and discussed in the literature. This research has demonstrated how the Boxing Clever programme attracts and retains a balanced gender mix, with as many women as men accessing the programme. The structure and approach of the boxing skills and fitness elements seek to both explicitly and implicitly challenge gender norms by encouraging participation by women in typically male dominated sports/fitness approaches. Both the male and female participants were encouraged and facilitated to access the same sport and physical activities. If group division was required for training purposes, participants were not divided up according to gender,



instead according to fitness levels and experience, an approach recognised and valued by the participants themselves.

This approach is notably different to approaches that have been explored and discussed in the literature (Martos-Garcia et al., 2009) which described how the explicit 'macho' display from the coach encouraged and promoted a 'hardness' about physical activity which ultimately caused women to disengage from sport altogether. In contrast to this 'hard' and 'macho' approach, this research identified the boxing coach's approach as gentle, encouraging and supportive which allowed for the participants to engage and set their own levels of participation. By paying attention to the concept of gender norms and the challenging of these norms through the structural set up of the programme and the approach of the coach's and the practitioners that women firstly engaged in the programme and secondly they sustained their participation.

Although the boxing skills element is a major component of the Boxing Clever programme, the gym work allowed for a varied exercise regime. This research demonstrated how participants were encouraged to participate in all sport and fitness activities at a level that suited their physical abilities and previous sporting experience. This addresses the issue of fallout from fitness based rehabilitation programmes identified by Brown et al. (2010), where, despite good intentions some participants were unable to meet the times and/or the physical demands of the exercise programme or they may have preferred other types of activities.

Fitness programmes seem to be most successful when they have effective, preferably local, leadership (Coalter et al., 2000). The Boxing Clever programme involves seven organisations, with five organisations and eleven practitioners directly involved in the programme delivery. As part of the Rehabilitation Strategy (Department of Community, Rural and Gaeltacht Affairs, 2009) a National Drug Rehabilitation Framework (Doyle & Ivanovic, 2010) has been established, with the aim of enhancing the provision of rehabilitation services in the country. It is envisaged that this aim can be achieved through the development of a four step Integrated Care Pathway (ICP). Vital for the success of ICP's is the working together of different agencies, as due to the recognised diverse and complex needs of service users no one agency can cater for all potential needs.

The level of the inter-agency work that occurs in the co-ordination and facilitation of the different elements of the boxing clever programme is noteworthy. This is timely, as the evaluation of the National Drug Rehabilitation Framework pilot highlights that a particular challenge to the process of agencies working together is in ensuring full participation of all the key agencies to support clients through a rehabilitation pathway (Barry & Ivers, 2014). Consistent with the recommendations of the Rehabilitation Report (Working Group on Drugs Rehabilitation, 2007) and the NDRIC Framework Document (Doyle & Ivanovic, 2010), the Boxing Clever programme places a particular effort and focus on agencies working together to support individuals in their recovery. This, in part was achieved as there was no

one agency or practitioner seeking to 'dominate' or 'lead' the programme. Instead, the 'leads' were identified as the two practitioners responsible for substance use rehabilitation, the HSE Rehab-Integration Manager (Ballymun & North Dublin Inner city) and the BYAP Community Addiction Counsellor. This allocation of 'lead' roles, however, was implicit rather than explicit, with a focus on problem solving, programme improvement, consensus and participant wellbeing when decisions had to be made, rather than an authoritative stance. The respect and ethos that underpins the engagement with programme participants, was mirrored in how the practitioners regarded each other and communicated with each other.

Research has identified factors such as trust, respect, giving and taking, flexibility and open and clear communication as key to inter-agency and partnership working when responding to substance use issues at a community level (Mastache et al., 2008). This research found the inter-agency working was effective due to the presence of these factors. It was also recognised that rather than a competitive view of each agency's work, that practitioners valued the work of each agency and their involvement in the Boxing Clever programme. The practitioners also recognised and valued the skills and qualities of the practitioners involved. Practitioners were found to be flexible and adaptable, features Mastache et al. (2008) identified as effective practice when working with drug users. All of the elements of the programme were essential to ensuring the outcomes and change processes for participants. The practitioners agreed that in working to constantly improve and evolve the programme, they were now seeing unintended, but valuable, positive outcomes for participants, such as improvements in family communication and increases in participant self-awareness and self-belief, as articulated by the programme participants within the research process.

Alongside the content and structure of the Boxing Clever programme the interagency work was identified as pivotal in supporting programme participants through their change processes. Participants reported feeling valued, empowered and encouraged, while the practitioners identified the valuing of each individual on the programme as a central element to their approach. The practitioners also evidenced a number of ways in which they seek to develop leadership, confidence and a sense of community belonging within the participants, which was again reported by the participants themselves. This valuing of participants was also demonstrated in the resources and facilities allocated to the programme by all of the stakeholders.

This research, responding to recent calls to consider the outcomes of both inter-agency responses to substance use and those interventions that focus on social and human capital, considers the impact and outcomes of a programme that seeks to build social and human capital to support rehabilitation for individuals who have used substances problematically. However, this study has two major limitations. Firstly the sample size was small, with seventeen programme participants engaging in the research process. Secondly, the research considered the immediate impacts and outcomes for participants, as reported by

the participants and practitioners involved in delivering the programme. Future research should also consider the long term impact and outcome of programmes that seek to build social and human capital, particularly those that utilise both fitness and education in the programme delivery. The recommendations emerging from the research are outlined in the following sections.

## 6. RECOMMENDATIONS

Boxing Clever, as an innovative, integrated, fitness, education and rehabilitation programme has demonstrated a range of positive fitness, education, substance use and personal development outcomes for participants who complete the programme. In addition, the skills, ethos and practitioner approaches that underpin these positive outcomes have been explored and identified, together with the aspects of the inter-agency relationships that support the successful delivery of the programme.

The evidence presented in this report demonstrates not only the effectiveness of the programme in supporting participants to achieve educational, fitness and rehabilitation outcomes, but also explores the factors that are inherent to these change processes in participants lives. Furthermore, the research explores the skills, relationships and agency commitment required to deliver the programme successfully. The remainder of this section outlines changes already made to the programme as a result of the research process, together with recommendations for future developments and considerations.

### CHANGES AND RECOMMENDATIONS

A feature of the methodology underpinning this research was the partnership approach between the researchers and the stakeholders involved in the programme. As practitioner inquiry and reflection was a core element of the research methodology, this led to a number of immediate changes being made to the next Boxing Clever Programme, in line with participant feedback and practitioner understanding of these structural and process issues. The practitioners noted how swiftly they moved to develop the programme as the research process came to an end. They noted that these changes may have been made over time anyway, but that the reflective space created by the research process, and the engagement and feedback from participants enabled these changes to occur more quickly. The changes to the next cycle of the Boxing Clever programme included:

- A restructuring of the course into a four days a week programme, with an additional fitness session on a Friday morning.
- Moving the tailored fitness sessions to DCC on this additional day. This session is now delivered by DCC gym instructor, with the lead boxing coach and boxing mentor also attending the additional sessions to provide continuity and additional support to participants.
- Given the participant feedback in relation to the emotional impact of some of the content on the QQI Level 5 CASC award a decision was made to incorporate a facilitator with a therapeutic background to co-facilitate the programme. It was felt that the two facilitators could then work together to ensure the content was delivered, but in a way that took account of the emotional content. It was felt this was more effective than providing external support after the programme.

- Urrús have inputted into the interview process to ensure prospective participants are aware of both the requirements for a QQI Level 5 award and the possible impact of the CASC course on individuals.
- DCU in the Community now provide a learning toolkit at the start of the programme rather than mid-way through. This toolkit is delivered on a one to one basis, and offers participants specific educational supports based on both their needs and the QQI course requirements.
- The Job Centre have been invited on to the working group with the aim of developing stronger progression route onto Boxing Clever and subsequent to Boxing Clever.

Based on the findings of this research the following recommendations are made in relation to future Boxing Clever programmes:

- Consideration is given to providing a consistent approach to deadlines and assignments across the two QQI minor award modules.
- Development and implementation of evaluation structure that reflects both the explicit fitness, education and substance use outcomes for participants, as well as the additional changes identified in this research.
- Ongoing consideration of participation and completion rates to both ensure the ethos of the programme is maintained in relation to having both stable and substance using participants, as well as ensuring best possible supports for those who discontinue the programme.
- Ongoing implementation of practitioner working group with meetings taking place prior to and for the duration of each programme in order to maintain and develop inter-agency communication and cohesion between programme elements.
- Formal review by all stakeholders at the completion of each programme, including consideration of participant outcomes and impacts.

This research also strongly suggests a consideration for fitness and education as components in both substance use treatment and rehabilitation approaches and relapse prevention strategies.

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## APPENDIX ONE: PARTICIPANT FOCUS GROUP AND REFLECTIVE PRACTICE PROTOCOLS AND THEMES

### Focus Group Protocols

- Focus group discussions will be run with groups of 8 research participants twice during the duration of the research project; once midway through the Boxing Clever programme; once after completion of the Boxing Clever programme.
- Each focus group discussion will be for one hour.
- The focus group discussions will be facilitated jointly by a UCD staff member and a worker from the programme. This structure has been chosen because it has the greatest possibility of building trust and creating a safe, supportive environment for the research participants.
- Research participants will be informed of the emotional supports available if required.

### Focus Group Themes

The first round of focus group discussions will explore:

- How are you finding the structure and different elements of the Boxing Clever programme? Are some elements more difficult to engage in than others?
- What have you found useful in helping you engage in the programme? What have been the challenges?
- What new knowledge or skills do have since you started the programme? Have any of your behaviours changed?
- Is there anything else you have noticed in regard to the impact of the programme on your life?

The second round of the focus group discussions will explore:

- The Boxing Clever programme has a number of elements – what was it like to engage in all these elements at once? How did engaging in all the elements relate to any changes you were making in your life?
- Tell us about any changes in your well being or behaviours that you feel were related to participation on the programme.
- Is there anything that happened on the programme that was particularly useful for you? Anything that was not useful or very challenging to deal with?
- Is there anything you would change about the programme?

### **Reflective Practice Group Protocols**

- Workers and tutors will be invited to participate in three reflective practice groups during and after the programme has been completed.
- Discussion topics will be outlined to the workers and tutors prior to the reflective practice groups, which will run for one and a half hours.
- Discussion questions will consider themes emerging from participant's change processes, but will not be discussions on individual participants.

### **Reflective Practice Group Themes**

- What has been useful in the structure of the programme in supporting change processes in the lives of participants.
- What challenges have you experienced in providing effective support and rehabilitation to participants.
- Is there anything you would highlight in terms of your practice that you feel has been effective in delivering the programme?
- What has been productive and what has been challenging in terms of inter-agency working and relationships, both in delivering the programme and in supporting participants change processes?

## APPENDIX TWO: PRE- AND POST-CASC QUESTIONNAIRE

### FETAC Level 5 - CASC Community Addiction Studies Course®

#### Pre Course Questionnaire – Part 1

Name: \_\_\_\_\_

Date: \_\_\_\_\_

<b>The following are a series of statements. Please answer by circling the number you feel reflects your opinion most closely.</b> <b><i>NB(If a question does not apply, please leave blank)</i></b>				
	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
1. I have a thorough understanding of the topic/s outlined in this course	4	3	2	1
2. I am comfortable relating information on these topic/s to others (service users/clients/general)	4	3	2	1
3. I am confident that I can source relevant information on these topic/s	4	3	2	1
4. I feel competent in analysing issues related to topic/s covered	4	3	2	1
5. I am up to date with current information, theories, trends and research on these topic/s	4	3	2	1
6. I have a good understanding of the topic/s as they relate to the individual	4	3	2	1
7. I have a good understanding of the topic/s as they relate to the families	4	3	2	1
8. I have a good understanding of the topic/s as they relate to communities	4	3	2	1
9. I have the specific skills required to work with this topic/s	4	3	2	1
10. I feel confident in using the course learning in my professional/personal life	4	3	2	1

**FETAC Level 5 - CASC Community Addiction Studies Course®**

**Pre Course Questionnaire – Part 2**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**11) Why have you decided to do the Community Addiction Studies Course (CASC)?**

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**12) Describe your education to date:**

(Please circle number below where appropriate)

- |  |   |
|--|---|
| 1) None                                    | 6) Completed Apprenticeship/Higher Cert/Level - 6 |
| 2) Primary School                          | 7) Certificate/Diploma - Level 7                  |
| 3) Inter/Junior Cert                       | 8) Honours Degree - Level 8                       |
| 4) Leaving Cert                            | 9) Masters  |
| 5) Technical/Vocational Training - Level 5 | 10) Other: _____                                  |

**13) What do I want from this course?**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**14) Which element of the course do you think will be most helpful?**

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**15) Which element of the course do you think will be least helpful?**

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**16) How do you think this course will help you in terms of:**

a) Your own health? \_\_\_\_\_

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b) The health of those you live or work with? \_\_\_\_\_

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**17) Comments:** \_\_\_\_\_

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**FETAC Level 5 - CASC Community Addiction Studies Course®**

**Post Course Questionnaire**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

<b>The following are a series of statements. Please answer by circling the number you feel reflects your opinion most closely.</b> <b><i>NB(If a question does not apply, please leave blank)</i></b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
1. I have a thorough understanding of the topic/s outlined in this course	4	3	2	1
2. I am comfortable relating information on these topic/s to others (service users/clients/general)	4	3	2	1
3. I am confident that I can source relevant information on these topic/s	4	3	2	1
4. I feel competent in analysing issues related to topic/s covered	4	3	2	1
5. I am up to date with current information, theories, trends and research on these topic/s	4	3	2	1
6. I have a good understanding of the topic/s as they relate to the individual	4	3	2	1
7. I have a good understanding of the topic/s as they relate to families	4	3	2	1
8. I have a good understanding of the topic/s as it relates to the community	4	3	2	1
9. I have the specific skills required to work with this topic/s	4	3	2	1
10. I feel confident in using the course learning in my professional/personal life	4	3	2	1
11. The course has met my pre-course needs (see pre-course form)	4	3	2	1
12. The course has expanded my professional/personal network	4	3	2	1
13. The course learning has changed my attitude to the topics/s	4	3	2	1

**14) Has your employment status changed since you started the course?**

Yes ☐ No ☐ If yes, how?

\_\_\_\_\_

**15) Having completed CASC have you become involved in the drug area?**

a) No involvement.

- b) Involved indirectly in youth or community work.
- c) Involved indirectly in education/schools related work.
- d) Involved in local community responses to the drugs issue in your area.
- e) Involved as a volunteer worker in a drugs related organisation or group.
- f) Involved in paid employment in a drugs related organisation or group.

**16) What can you identify as the 3 most important things you learnt on the course?**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**17) Looking back at your pre-course questionnaire, how has the CASC met the 3 things you identified under the question "*What do I want from this course?*"**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**18) What element of the course do you feel was most helpful?**

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**19) What element of the course was least helpful?**

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**20) How do you think CASC could be improved?**

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**21) How has this course helped you in terms of:**

a) Your own health? \_\_\_\_\_

\_\_\_\_\_

b) The health of those you live or work with? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**22) Comments:** \_\_\_\_\_

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**Contact:**

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