From Residential Drug Treatment to Employment

Mapping a Route From Exclusion to Integration

By

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

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Foreword

I believe the publication of this report "Mapping a Route from Exclusion to Integration." is a particularly significant event. It marks the completion of the final action of our E.U. Integra sponsored programme, "From Residential Drug Treatment to Employment". I think everyone involved in the provision of drug treatment services will agree on the pivotal importance of accessing employment and/or training as part of the process of moving beyond problem drug use. To date much emphasis and investment has been placed on the development of drug treatment services with a consequent increase in the number of treatment places available. However worthy and badly needed these developments are, without a corresponding emphasis on and investment in post treatment settlement and reintegration initiatives short term success will inevitably be followed by long term failure.

While using drugs the cycle of drug seeking and drug taking maintains the user in a busy sub culture that, despite the multiple associated problems, meets a basic occupational need. To successfully move beyond this milieu it is vital that former drug users can engage in a new and positive environment. Employment and training form an important component of this transition. In addition to providing a positive outlet for their skills the work environment also affords a structured setting and access to a new social network as well as furnishing the necessary financial resources needed to live.

The project "From Residential Drug Treatment to Employment" provided a valuable action-learning opportunity to explore best practice in assisting the transition from exclusion to integration. By learning from our experiences of success and failure during the two years of this programme we have been able to develop a model of good practice which is outlined in this report. It is our intention that this report will act as a useful resource for treatment providers seeking to establish services oriented towards settlement and reintegration. The report outlines some of the key components necessary for the development of a reintegration programme and may serve as an operational manual for the development of similar services. It provides a rational for the inclusion of key elements in the model as well as useful information on the difficulties and pitfalls to be avoided.

A comprehensive appendix is included on floppy disk containing some of the key procedural documents that can be used as tools for client assessment, for monitoring progress and for programme evaluation. These documents may be of considerable practical assistance to any agencies interested in establishing or developing reintegration programmes targeted at former drug users.

The Merchant's Quay Project "From Residential Drug Treatment to Employment" programme has now been mainstreamed with the support of the South West Area Health Board. The new programme has been modified to take account of the substantial learning gained through the initial two years of the Integra programme. The model presented in this report is based on the actual programme itself with hindsight and reflection providing added value. It will certainly serve as a useful resource for any group or agency developing or delivering programmes aimed at promoting the social and labour inclusion of former drug users.

I am delighted that the Merchant's Quay Project is now in a position to share this learning with others working in the field. The drug problem is one that is best solved

through co-operation and information sharing rather than by working in isolation and exclusion.

Tony Geoghegan

Project Director

Executive Summary

Introduction

This report presents a model of reintegration for former drug users based on two years of learning from the Merchant's Quay Project programme 'From Residential Drug Treatment to Employment' which was funded by the Integra Employment Initiative from January 1998 to March 2000. This programme responded to a gap in drugs services provision highlighting the difficulties former drug users experience accessing employment, education and training opportunities once they have achieved a drug free status. The programme also aimed to 'engage employers and training providers in a process of education, which will assist them in coping with issues surrounding drug use and ease the insertion of former drug users into the labour market' (Lawless and Cox, 1999).

The Structure of the Report

Section One sets the scene defining social exclusion and identifying the links between deprivation and drug use. The services of the Merchant's Quay Project are described as a response to this growing issue. Employment Integra was one of the four EU employment initiatives (the others being YOUTHSTART, NOW and HORIZON) and it focused specifically on exclusion from the labour market. The Merchant's Quay Project was successful in securing funding under this initiative for the programme 'From Residential Drug Treatment to Employment' and a brief programme summary is included. This section concludes with a mention of the changes, which occurred in the socio-economic climate over the course of this programme namely the up turn in the Irish economy and the current housing crisis.

Section Two deals with issues relating to appropriate management structures. The roles of the Management Committee, the Programme Manger are discussed. The roles of the Integra staff team involved in the programme are outlined as is the need for ensuring external involvement in overseeing the good management of any programme or project.

Section Three provides details on participant admissions to the programme outlining the entry criteria, the referral procedure (internal and external), assessment interviews, the selection process and the offer of places.

Section Four details the work with participants beginning with the aims and objectives. The model is then outlined with reference to some of the main components i.e. key working, one-to-one care planning, participant files etc. A sample timetable is included although the timetable can change from week to week to meet the needs of a particular group. Programme modules are described briefly as is the Support and Aftercare group with is an important element.

Section Five focuses on the importance of working with trainers. 'Training for Trainer' Courses were identified as being of great value to participants from voluntary, community and statutory organisations. Such courses need to focus on the nature of drug addiction, the impact of addiction on the individual, the personal, social and environmental contexts in which addiction occurs and the rehabilitation and reintegration process. Training must also be provided for the staff team, sessional staff and employers.

Section Six highlights ways of working with employers. Two approaches can be used to engage employers; high level engagement with employer organisations and large corporations and lower level engagement with small to medium sized businesses. These are summarised with a mention of some recent developments.

Section Seven outlines the impact of the "From Residential Drug Treatment to Employment" programme has had on each of the target groups

- Former Drug Users
- Training Providers
- Employers

Section Eight: In this section a number of client stories are included, these stories illustrate the flexibility of the programme in meeting diverse participant needs.

Section Nine: This section briefly outlines some of the learning from the programme.

Section Ten: This section focuses on a case study of a similar programme operating in a Member State of the European Union. This programme is promoted by the University of Surrey and is also funded by the Integra Employment Initiative. This programme highlights the same gap in drug service provision and has approached the issue from a similar perspective.

A comprehensive appendix, containing valuable information on the various assessment, monitoring and client work tools used in the course of the 'From Residential Drug Treatment to Employment' programme is also included.

Section One Introduction

1.1 Social Exclusion

The term 'Social Exclusion' has been used extensively in recent times by the media, politicians, policy makers, researchers and organisations working for social justice, but what do people actually mean when they use the term 'Social Exclusion'? In the past discussions concentrated on the eternal question of how to define poverty, - relative or absolute?', how can it best be measured and the limitations of the income poverty line as a measure. (See: Rowntree, Townsend, Mack & Lansley, Sen, Callan et al and Piachaud). Peter Townsend in the 1970's introduced the notion of 'relative deprivation' suggesting that living in poverty can have social consequences resulting in low levels of social participation and withdrawal. Mack and Lansley in the 1980's focused on the importance of incorporating the element of *individual choice* into any definition of poverty. However during the 80's and 90's it became clear that there were groups experiencing a pattern of 'cumulative disadvantage' which occurs when socio-demographic features e.g. long term unemployment and poor educational attainment are combined with other factors such as poverty excluding individuals from everyday life (Nolan and Whelan, 1999). Social exclusion is seen as involving the effective loss of, or the incapacity to claim and exercise social and political rights. In this respect, social exclusion is not equivalent to what is understood as poverty, as seen in the National Anti-Poverty Strategy, it encompasses inadequate income and a lack of access to adequate levels of social protection and services e.g. health, housing, education and legal services. There is also a political dimension to social exclusion, particularly in the sense of the effective denial of access to decision-making and power, whether in respect of one's neighbourhood or society (Inclusion in Action, 1999).

Both national and international research highlight the link between social exclusion/deprivation and drug use. According to Lawless and Cox (1999)

'…international research consistently makes the links between environmental conditions – in particular unemployment – and the growth of heroin use among young people'.

Frequently those engaged in problem drug use are concentrated in areas characterised by many forms of marginality e.g. low levels of educational attainment, high rates of unemployment and long term unemployment, literacy and numeracy difficulties and early school leaving. O'Higgins argues that

'although there is no automatic relationship between heroin and deprivation when the social distribution of drug use is examined, in most studies the findings show that opiates, heroin in particular, are found to be the drugs most likely to be associated with deprived areas' (1998, piv)

Illicit drug use in Ireland was only identified as a serious social problem in the late 1970's and early 1980's. However, by 1996 Comiskey had estimated that the number of opiate users in the greater Dublin area was 13,460.

'Comiskey's findings indicate that the number of opiate users in Dublin are comparable to those in other European cities and the reality of the extent of the problem had not previously been acknowledged' (Lawless and Cox, 1999).

1.2 Merchants Quay Project

The Merchant's Quay Project was founded in 1989, by the Franciscan Community at Merchant's Quay, as a response to the growing issues of drugs/HIV in Dublin. The project now provides a range of services for individuals, families and local communities affected by problem drug use. Services at the Merchant's Quay Project include the following

1.2.1 Open Access Services

The Merchant's Quay Project's Open Access Services are often the first point of contact between active drug users and the treatment services available to them. The focus of work is on informal support, crisis intervention and health promotion (including needle exchange and advice on safer drug use and safer sex practices). Services aim to reduce the levels of harm related to drug use,

and to provide a mechanism for linking active drug users with a range of services aimed at meeting their needs. Services include informal contact i.e. tea, coffee, social interaction, health promotion including needle exchange, one-to-one crisis intervention work, women's project (focusing on the needs of female drug users engaged in prostitution), general advice and information, holistic therapies, gateway programme (phase one), outreach service, prison liaison service and art group. The Merchant's Quay Project Open Access Services recorded a total of 33,090 participant visits in 1999. An evaluation of the health promotion unit was undertaken in 1999.

1.2.2 Day Support Programmes

The Merchant's Quay Project Day Support Programmes can be seen as the first steps away from crisis drug use towards rehabilitation. Services are aimed at people who are using street drugs, or are in treatment, and want to bring more stability and structure to their lives. The Day Time Support Programmes consist of four multi-linked services; a prescribing service, two day programmes and a one-to-one counselling service. A total of 195 participants accessed day support services in 1999.

1.2.3 Residential Programmes

The Merchant's Quay Project Residential Programmes are aimed at meeting the needs of participants who wish to become drug free, and who are assessed as being likely to benefit from a period of residential treatment. Two programmes are in operation; a short-term residential programme based in Dublin, and a year long programme, which includes an emphasis on training and skills development based on a farm in Co. Carlow.

1. High Park Residential Programme

This residential programme runs for 12 weeks. The aims and objectives of the programme at High Park are to offer participants a period of residential treatment in a drug and alcohol free environment. In this period participants can detoxify, gain insight into their addiction and focus on associated issues relating to their drug use. The High Park programme offers individual care plans, which incorporate individual counselling, group therapy, educational groups and recreational activities. In 1999, a total of 72 participants took part in the residential programme.

2. St. Francis Farm, Tullow

St. Francis Farm is a Therapeutic Community and Training Facility providing a one year residential programme aimed at providing training in a rural setting to former chronic drug users. The model employed at St. Francis Farm is that of a Therapeutic Community. Therapeutic Communities place an emphasis on respect for self and others, group therapy and peer support. Residents are offered training in the following areas: animal care, farming and market gardening, catering and food preparation skills, social studies, personal development and computer applications. In 1999 a total of 19 participants accessed this programme.

1.2.4 Research Department

The key aim of the research department is to evaluate the effectiveness of the Merchant's Quay Project services for service users, to develop a system for the regular evaluation of the services in the future and to conduct other relevant and original research that can inform policy development.

1.2.5 Training Department

The Training Department aims to meet the training needs of all workers, paid and voluntary at the Merchant's Quay Project and to provide high quality training services to individuals from other agencies and community groups working with drug users.

1.2.6 Failtu – Resource Centre for People who are Homeless

A sister project to the Merchant's Quay Project, Failtu was established by the Franciscan Social Justice Initiatives in 1996 with a view to meeting the day care needs of homeless people including information and advice, settlement support and crisis counselling.

1.3 EMPLOYMENT INTEGRA

Employment Integra was one of the European Union's employment initiatives, originally part of the Horizon strand, Integra addressed social exclusion and the labour market.

' *The overall aim of Integra is to improve the employability, and access to employment, of people excluded or at risk of exclusion from the labour market'* (Inclusion in Action. 1999).

The Commission of the European Communities in May 1996 introduced the initiative and in January 1997 the Department of Enterprise, Trade and Employment issued a second call for applications. Thirty-one projects were selected to proceed to the *Project Development Phase* which involved completion of a detailed *Project Action Plan* incorporating planned transnational actions with at least two partner projects and a breakdown of projected project expenditure. In January 1998 the projects were formally approved (Inclusion in Action, 1999).

'From Residential Drug Treatment to Employment'

In 1997 the Merchant's Quay Project submitted an action plan for the programme 'From Residential Drug Treatment to Employment' to the Irish National Support Structure, the WRC Social and Economic Consultants. This plan identified a gap in drugs service provision highlighting

'the lack of a differentiated response to the needs of drug users/former drug users in the spheres of human resource policies which span training and employment policies' it argued further that *'there is also a policy gap with regard to strategically linking treatment policies e.g. stabilisation, harm reduction, rehabilitation with training and employment policies to create a cohesive policy framework which will translate to less fragmented delivery of services and which will ultimately create the conditions for more co-ordinated, integrated service delivery. This Integra Project seeks to address the policy gap by meeting the needs of the participant group in a holistic, coherent model or approach which will explore implications for policy if successfully implemented'* (Project Action Plan, 1997, p10)

Larkin (1994) identified four factors that contribute towards reducing stabilised or former drug users chances of finding and maintaining employment

- The stigma associated with being a (former) drug user which can be further compounded by the fact that many are also ex-offenders, and have criminal records and experience of imprisonment.
- The fear and ignorance of problem drug use and HIV/AIDS among employers and trainers. Many employers assume that problem drug users are unreliable, untrustworthy and incapable of work. However, former drug users and individuals stabilised on methadone have the ability to maintain a 'normal' lifestyle.
- Lack of recent work experience and job skills, a checkered work history, and few qualifications reduce the likelihood of ex-drug users finding employment. This is compounded by the fact that many drug users are long-term unemployed.
- Personal barriers such as reduced self-esteem and lack of confidence also impact on the employability of such individuals. (Lawless and Cox, 1999).

Aim

The overall aim of the Integra Programme '*From Residential Drug Treatment to Employment'* is to develop, evaluate and disseminate a model of good practice in relapse prevention using a locally based holistic programme which facilitates the integration of former drug users into mainstream training/work placement and employment opportunities. (Lawless and Cox, 1999).

Target Groups

There are three target groups

1. Former Drug Users
2. Training Providers
3. Employers

There are a number of aims for each target group

Former Drug Users

- To facilitate the integration/re-integration of former drug users into the community.
- To enable former drug users to acquire training/re-training opportunities and employment opportunities.

Training Providers

- To encourage voluntary/statutory training agencies to attend a specific 'Training for Trainers' programme highlighting the personal, social and environmental context of drug use.
- To improve the access to mainstream education/training for former drug users.

Employers

- To motivate employers to provide work experience opportunities and full time placements for our programme participants.
- To equip employers to deal supportively with the issues of drug use as they arise in the workplace.

1.5 Socio-economic Climate

When the Integra employment initiative was introduced the socio-economic climate in Ireland was characterised by rising unemployment and high levels of long term unemployment. The 1994 'Living in Ireland Survey' published in 1996 indicated that the proportion of households living in poverty had increased from 16.3% in 1987 to 18.5% in 1994 (Inclusion in Action, 1999). However over the course of the late 1990's Ireland experienced what has become known as the *Celtic Tiger*- 'a spectacular economic performance' (Fitzgerald et al, 2000) with high levels of economic growth, rising employment levels and falling unemployment rates. Thus, it was essential that this programme was flexible to reflect not only, social and environmental changes but also the variation of participant needs. For example it became easier, with such economic progress, to place participants on work placements and into full-time employment positions, particularly for those with trades/qualifications and/or previous, consistent work histories.

However, social exclusion must be viewed as being broader then labour market exclusion, it is multi-faceted incorporating many aspects of an individuals life therefore to achieve integration/reintegration it is essential to tackle all of these interacting, mutually reinforcing components. The range of issues presented by our participant group include feelings of exclusion and disempowerment, poor/insecure housing or homelessness, low levels of educational attainment and/or poor vocational skills, low income, unemployment, lack of confidence/low self esteem, health problems, damaged personal and community relationships, psychiatric problems (dual diagnosis) and criminal records.

'Exclusion from the labour market is not the sole cause of social exclusion. Recognising and responding to the interaction between them is crucial. Put simply, the experience of social exclusion can reinforce exclusion from the labour market and, in dealing with exclusion from the labour market, strategies that have the capacity to address the personal, family, social and community dimensions of social exclusion are required' (Inclusion in Action, p5).

1.6 Housing/Accommodation

One of the most salient issues in the present socio-economic climate in Ireland is the current housing crisis. This is of particular relevance to our participant group and has been identified as a major issue by similar programmes operating in the Dublin area, Donoghue (1999) in the evaluation of the Rutland-Soilse Partnership Project argued that the greatest problem reported by programme participants was homelessness.

Housing difficulties impacting on our participant group include the following

- Having no suitable home to return to upon programme completion.
- Difficulties accessing hostels. Hostels are often inappropriate for individuals who are newly drug free.
- The increasing costs of acquiring private rented accommodation, which is often of a low quality.
- There can be difficulties for participants returning to communities where they used drugs in the past.

- Familial difficulties can create problems/barriers returning to the family home.
- Inflexible Local Authorities.
- Use of the Housing (Miscellaneous Provisions) Act 1997.

'On one hand the 1997 Housing Act has for some local authorities proved an effective tool in estate management (Memory & Kerrins, 2000). Conversely, the act has been criticised for further marginalising those already excluded from society, and ultimately through the eviction of individuals for anti-social behaviour, directly contributing to homelessness in Dublin' (Lawless & Cox, 2000, p9).

It is demoralising and frustrating for participants who have worked so hard to become drug free to find themselves barred from their communities and unable to access appropriate accommodation. Insecure housing can have a huge impact on participant's ability to access/retain employment and educational/training opportunities. The prospect of having little or no shelter is a source of anxiety which can impact negatively on participant's ability to plan and maintain a drug free lifestyle.

Section Two Programme Management and Guidance

In the planning and development phase of a programme it is essential to develop a clear management and guidance structure. This ensures that roles and responsibilities are clearly defined and delegated.

2.1 Management Committee

A Management Committee is beneficial to oversee the general operations of any new programme. The Management Committee for the Merchant's Quay Project is chaired by the Project Manager and meets periodically. Responsibilities include

- Recruitment
- Finances
- Monitoring
- Recording and reviewing

Ideally the programme management committee should be comprised of staff members of the organisation, a member/s of the organisation's Management Committee, the organisation accountant and service users.

2.2 Facility Manager

A Facility Manager with responsibility for the day to day running of the facility is required.
Responsibilities of the Facility Manager for this model include

- Personnel: identification of staffing needs, recruitment in collaboration with the project manager and M.Q.P directorate, staff training, support and supervision.
- Finance: management of all monies allocated to the facility and ensuring that accurate and transparent records are maintained.
- Administration: to meet with requirements in relation to facility paperwork, to devise and implement a maintenance strategy.
- Training: to ensure all workers attend training organised by the project, to assist in the development of educational and training programmes for the project, to liase with the project manager regarding own personal/professional needs.
- Participants: in collaboration with staff and the directorate identification of participant needs, development and implementation of therapeutic programmes.
- Overseeing the general welfare of all participants.

2.3 Staff Team

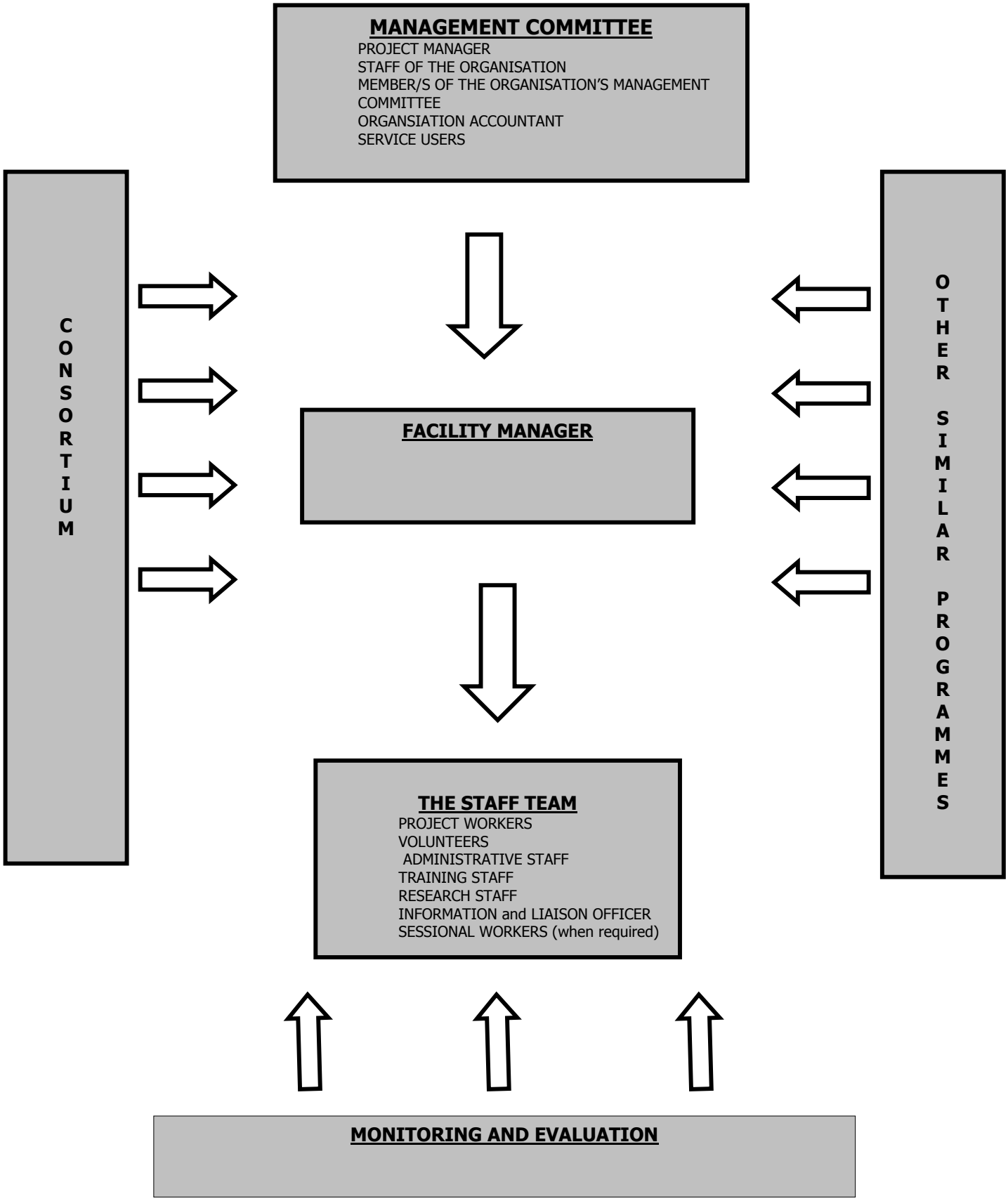
A staff team with a wide rage of skills and experience is necessary to ensure the successful running of a programme. The staff team for the Merchant's Quay Project includes project workers, volunteers, administrative staff, the research staff to meet with evaluation requirements and an Information and Liaison Officer. The Training staff are also instrumental in the provision of training programmes.

2.4 Sessional Workers

As the needs of each particular participant group varies it can be beneficial to organise external facilitators to deliver specialist workshops/sessions when necessary. These facilitators must be carefully selected based on their experience and their sensitivity to participant need. It is beneficial to develop a bank of such professionals who can be called upon to deliver sessions/workshops at any time depending on the requirements of a particular participant group. All external staff members should complete feedback sheets on participation levels and meet regularly with the Facility Manager. Participants should also complete evaluations of these sessions to ensure their needs are being met. This facilitates further learning and informs ongoing programme development.

Figure A

Management & Guidance Structure of the Programme



2.5 Consortium Group

In addition to the Management Committee it can be extremely advantageous to have a Consortium Group to oversee the strategic development of the Programme and to act in an advisory capacity to the management committee. The Consortium could be comprised of representatives from the following sectors who can influence policy whilst contributing experience and expertise.

- Voluntary/Community
- Statutory
- Business/Corporate Sector
- Trade Unions.

2.6 Relationships with Other Agencies

For a programme to successfully achieve its objectives it is necessary to liase with other agencies and service providers for example

- FAS (National Training Agency)
- Community Training Workshop (S.C.T.W)
- Area Based Partnerships
- Irish Business and Employers Confederation (I.B.E.C)
- Irish Congress of Trade Unions (I.C.T.U)
- Various Treatment Services
- Probation and Welfare Services.
- Department of Social, Community and Family Affairs.
- Resident Associations.
- Community Activists.
- Corporations and County Councils.
- Estate Managers.
- Housing Providers.
- The Courts and their agents.

2.7 Learning from Other Programmes

In the planning stage it can be beneficial to look at other (similar) programmes in operation locally, nationally and internationally. This allows incorporation of models of best practice and informs service development. For the purpose of this programme the Merchant's Quay Project engaged in a transnational partnership with a number of programmes across the European Union.

2.8 Monitoring and Evaluation

It is essential from the start of any programme that appropriate tools for monitoring and evaluation are introduced to ensure that the programme is meeting the needs of all stakeholders. It is also important to reflect upon the results of such activity and to adapt and develop the programme accordingly.

Section Three Programme Participant Admissions

For any individual wishing to access a programme there should be a clear set of procedures to follow. This ensures efficiency and consistency in assessment procedures and accountability for effective response times. It also ensures that the programme is accessible to the particular target group. However, these procedures should incorporate a level of flexibility taking into account the nature of drug use and the diversity of participant need.

3.1 Entry Criteria

In our model the entry criteria that participants must fulfil for admission onto the programme include the following;

- Two months drug free
- Over 18 years of age
- Prior experience of residential drug treatment or group work (ideally).

This programme is not restricted to those currently participating in residential drug treatment programmes but is open to other former drug users or those who recently completed residential drug treatment who fulfil the above criteria but require further assistance to re-integrate and to access employment, training or educational opportunities.

3.2 Referral Procedure

For projects that operate in-house residential treatment programmes it is necessary to consider procedures for both internal and external referrals onto the programme. For projects that do not operate residential programmes only external referral procedures are necessary.

Internal Referrals:

How do potential participants find out about a Programme?

1. The programme team can give a number of presentations to those participating in the residential programme/s
2. The staff team in the residential facility can inform participants of the option to move onto the programme and a holistic care plan should include a section on move-on options for post graduation.
3. Information materials e.g. leaflets, reports and posters can be made available in the residential facility.

External Referral

How do external participants find out about the programme?

1. Presentations at other agencies and residential drug services.
2. Participation at conferences and report launches promoting the programme.
3. Exhibition of information materials at conferences, seminars and report launches.
4. Individual enquiries.
5. Availability of information materials in voluntary, community and statutory drug services.

3.3 Programme Promotion

It is essential to promote and publicise the programme in a variety of fora. This can involve participation in a range of seminars and conferences (locally, nationally and internationally). For example conferences that focus on young people at risk, employment/unemployment, housing and drug use.

3.4 Assessment Interviews

Assessment interviews allow staff to assess the suitability and appropriateness of the service for individual applicants while also affording prospective participants the opportunity to assess whether they feel the programme will meet their needs.

- Assessment interviews should be relaxed and designed to create a respectful, warm and welcoming atmosphere.
- Assessments should be carried out by an assigned staff member this allows consistency and ensures fast response times. A senior programme participant could also sit in on the

interview. A central aim of a programme of this nature is the empowerment of participant, involving participants in decision-making is part of this process.

- The participant can be informed about the programme and shown around the facility.
- This should be a two way process; the project worker assessing the participants suitability for the programme and the participant also assessing the programme to ensure that it will meet his/her particular needs.

3.5 Selection Process

The main criteria upon which an individual is assessed for this programme are:

- A commitment to remain drug free and an interest in developing further coping strategies.
- Desire for structure and stability.
- An interest in developing/updating personal, social and employment skills and/or educational/training skills.
- Motivation to access and actively participate in the supports offered.
- The case is then discussed at a team meeting where a decision is taken on participant suitability and an appropriate start date agreed.

3.6 Participant Suitability

In our model participants may be considered unsuitable at the assessment stage for a number of reasons for example if they had no ambition to remain drug free or the assessment interview may highlight, to the participant or the worker, the fact that the participant requires further primary treatment. In such cases

- The key worker arranges a one-to-one meeting to inform the participant of the decision and discuss other options.
- Referral to another suitable service could be explored during this meeting.

3.7 Offer of Place

- All applicants are contacted and informed if they have been accepted onto the programme.

- Once they have been accepted they receive an appropriate date to start the programme.

Section Four Work with Programme Participants

4.1 Aims and Objectives

The following aims and objectives of this programme were identified in the interim report (1999)

Aims

- *'To provide a safe and supportive environment.*
- *To improve social functioning.*
- *To reduce the incidence of relapse.*
- *To develop general life skills.*
- *To assist individuals to locate suitable accommodation.*
- *To promote healthy living.*
- *To assist participants in gaining appropriate employment.*
- *To provide individuals with the support structures to deal with arising 'issues'.*
- *To develop social support structures.*
- *To facilitate participants to access appropriate education/training opportunities'.*

The objectives are broken down into three categories and include the following

Integration

- *'To develop relapse prevention strategies.*
- *To increase participants ability to interact with non-drug users and to form and maintain relationships.*
- *To provide information on housing issues.*
- *To increase participants confidence at group work.*
- *To establish social support structures'.*

Social Stability

- *'To secure stable housing.*
- *To obtain and maintain welfare entitlements.*
- *To strengthen family relationships.*
- *To develop and maintain friendships.*
- *To reduce offending behaviour.*
- *To improve participants self esteem.*
- *To increase self-awareness.*
- *To develop positive leisure activities'.*

Training and Employment

- *'To increase job skills.*
- *To provide assertiveness training.*
- *To provide self-development training.*
- *To develop interview skills.*
- *To provide pre-employment training.*
- *To enhance access to mainstream training.*
- *To assist participants to undertake job placements.*
- *To facilitate participants to undertake further education and training'.*

(Lawless and Cox, Interim Report, 1999)

4.2 Programme Overview

This model is

- **Participant centred:** All participants are individuals and have different experiences, achievements, expectations, different needs and goals. Participant feedback is always taken on board and the programme is adapted where necessary.
- **Flexible:** The programme adapts to varied needs but has a clear framework, a 'fluid social intervention' (Lawless and Cox, 1999).
- **Inclusive:** Includes those with varied needs and experiences.

- **Reflective:** Ongoing reflection on the learning and experiences of participants (former drug users, employers and trainers). Evaluation needs to be integral part the programme. All participants should complete entry and departure forms to be forwarded to the research team for analysis. This ensures that the programme is achieving the most effective outcomes in the most efficient way possible and indicates successes while highlighting areas for improvement.

During the first six weeks of the programme the primary focus is on the following

- The transition between residential drug treatment and the re-integration programme.
- Letting go of intensive supports which participants would have been offered while in residential treatment.
- Empowering participants to take an increasing amount of responsibility (particularly in relation to planning and structuring their time).
- Encouraging participants to develop positive external support networks.

A day programme should operate during this phase offering sessions such as personal development, relapse prevention, care planning, weekly self-assessment and computer applications.

During the second six weeks the focus moves to the following

- Employment and job skills.
- Interview techniques.
- Work placements.
- Accommodation search/options.
- Education and training needs.
- Budgeting.

During this phase participants begin to attend the Support and Aftercare Group. The majority of participants attend a work placement two/three days per week (Tuesday, Wednesday, Thursday). They participate in workshops on the other two days. Participants should also be encouraged to follow up personal issues e.g. accommodation, changing G.P's and increasing family support. Some participants may secure full time employment after the first six weeks, those who do may continue to live in the Re-entry house. They should attend the Support and Aftercare group and staff operate a flexible rota to accommodate sessions on a one-to-one basis (by appointment) in the evenings offering support and personal development. The move back into employment can be less problematic for some participants especially if they have a trade or qualification in their area of work or a consistent employment history. For some participants employment may not be appropriate at this point dependent on where they are in relation to their recovery and decisions about their future, some participants may want a career change or to progress to further education and training.

4.3 Key Workers

It is important to assign a Key Worker to each participant upon entry to the programme to ensure continuity and consistency of care. In this model participant's begin a care plan at the start of their second week in collaboration with their Key Worker. Care plans are reviewed and updated individually with assigned key workers in one-to-one sessions.

4.4 One-to-One Care Planning

Care planning is a core element of any participant centred programme. This process focuses on empowering participants to take responsibility for identifying and addressing their own needs and areas for progress. In this programme participants prepare Care Plans on a fortnightly basis with their allocated key worker. This care plan is reviewed each fortnight which involves a review of the previous targets, an exploration of achievements and difficulties experienced and the setting of new goals and/or targets.

The care plan focuses on the following key areas

- Health issues.
- Emotional well being.
- Relationships.
- Life skills.

- Education/training.
- Leisure.
- Relapse Prevention.
- Motivation.
- Support networks.
- Exploring options for 'moving on' from the programme.
- Particular/personal difficulties.
- Goals for the coming fortnight.

4.5 Participant Files

Participant files should be opened during the participant's first week and are a useful monitoring tool for participant care and progress. They contain;

- The internal assessment.
- Notes on the assessment.
- Participant transfer (hand-over) documents from the Residential Facility.
- Participant progress notes.
- Participant care plans.
- Any legal documentation e.g. probation, community service orders, bail documents, solicitors reports and court reports.
- Information in relation to accommodation needs/requirements and any previous tenancies/agreements.

4.6 Chairperson

It is crucial that at all times participants have a voice and that they feel they can contribute to programme development. This can be done by regularly selecting a chairperson to facilitate this process. A chairperson can be selected from amongst the participant group for both the re-entry house and the day facility. These are two separate roles filled by two different participants. This can provide the opportunity for participants to develop their assertiveness and communication skills and encourages respect for their environment. It also fosters accountability among participants.

Re-entry House: The chairperson has the following duties

- Ensure participants follow house guidelines and pass on concerns, issues and needs to the workers as they arise.
- Liase between participants and staff to discuss any house management issues.
- Delegate equally housekeeping duties e.g. daily and weekly shopping, recording expenditure and keeping receipts, ensuring house is maintained etc.

Day Programme Facility: The Chairperson has the following duties

- Liase on behalf of peers to discuss any issues/needs arising regarding the running of the programme.
- Delegate equally housekeeping duties e.g. daily shopping and to ensure a level of respect is maintained for the facility.

Those persons selected to act as Chairpersons are generally individuals who may need to develop their assertiveness and confidence skills, this is a safe environment in which to do so with the support of the staff team. It is not the chairperson's role to challenge issues/individuals but to represent concerns and ideas in the appropriate forum such as house groups. These roles generally last for four weeks at the end of which a new chairperson is chosen.

4.7 Staff Meetings

Staff communication is essential to successful operation of any programme therefore in this model staff meetings occur once weekly and are attended by all programme staff. These meetings offer an opportunity for reflection and direction. Meetings generally involve the following

- Division of the agenda into business issues and clinical issues.
- Key Workers place issues that the Chairperson/s and other participants may have raised onto the agenda and they are discussed with a view to making any necessary changes.

- All decisions are collective and taken following review of all feedback and in consultation with participants, staff and programme management.
- Staff meet every morning for a brief 'check-in' and at the end of each day for a 'wind-down' session.

4.8 Supervision Sessions

Supervision of staff should be an integral component of any programme to support staff in their clinical work and to ensure best practice at all times. This is crucial in ensuring the safety of the participants, staff and the organisation as a whole. Supervision offers the opportunity to provide support and attention to individual workers around the work they are engaged in. It is also a time to explore work related issues in depth on a one-to-one basis. Confidentiality as it relates to line management applies in supervision. Supervision involves reflection and exploration of the supervisee's work with participants to

- Enable a better understanding of the participants and their needs.
- Develop an awareness of reactions and responses to participants.
- Analyse interventions with participants and the subsequent consequences of interactions.
- Explore ways of working with participant situations.
- Respond to the ways in which workers are affected by participant's circumstances and distress.
- Ensure that the service provided by workers is in keeping with the standards set by the organisation.
- Enable supervisee's to identify areas for professional improvement through training, information and further support.
- Develop more coherent ways of working with clients.

4.9 Induction Process

Setting the scene for involvement in a programme must be done with care, sensitivity and an understanding of transition from the participant's perspective. In our model we have a very clear process.

- Internally referred participants should have spent some time, possibly a day or two, in the Re-entry house prior to beginning the programme. This will allow them to become familiar with their peers and the surroundings.
- On their first day participants should be encouraged to make their own way out to the re-entry house for 10 a.m. promptly.
- The participant is welcomed and invited to join the post weekend review group.
- After the group they are introduced to the Chairpersons and what these roles entail.
- They are given a tour by one of their peers and given space to settle into their new room.
- They will be given a timetable and an outline of the framework within which the re-entry house and the day facility operate, guidelines and conditions of residence.
- They are allowed to settle in for the rest of the day and one of their peers will remain with them, in a supportive role.
- This period of transition can be a daunting process, participants often express feelings of anxiety resulting from letting go of the previous structure and being in an orientation phase again. This can be compounded by being one step closer to taking responsibility for themselves and their future.

4.10 Programme Guidelines

Guidelines are necessary for the effective operation of any programme. The emphasis must always be on facilitating participants to take personal responsibility.

- In this programme the house guidelines and day programme facility guidelines are very similar.
- They generally focus on empowering participants to take personal responsibility and to be accountable for their actions (consequential thinking). They also encourage participants to remain engaged in a process of reflection to assist the development of positive coping mechanisms for the future.
- Guidelines and regulations should be kept to a minimum and any structures, procedures and policies should be clear and transparent.

4.11 Lapse/Re-lapse

Lapse and relapse is accepted as part of the process of recovery and will undoubtedly present issues for any programme. According to Donoghue (1999)

're-lapse should never be viewed as an event –it is part of a process of becoming drug free, therefore it is important to have an option for participants to return to the service'. (P9)

While engaged in this programme should a participant return to taking drugs the following will apply

Lapse

A lapse is a once off return to a previous level of behaviour.

- The participant might only be allowed out to designated and agreed appointments. This however depends on the individual and the specific circumstances.
- Intensive one-to-one support is offered to identify the circumstances leading up to the lapse (e.g. personal difficulty, moving to fast, boredom), the learning from the experience and goals/targets are re-evaluated.
- Participants are a support network for one and other and in the case of a lapse a participant who is particularly strong in their recovery may accompany the participant who lapsed to their one-to-one sessions to offer support.

Re-lapse

A relapse can be viewed as a return to previous levels of activity following an attempt to stop or reduce that activity.

- A participant continuously engaged in drug use will be asked to leave the programme.
- Participants are given the option to meet with a key worker off site, as it is not appropriate to have a participant who may be using drugs interacting with newly drug free participants.
- Participants can re-present for the Support and Aftercare Group once they are two weeks drug free.
- Participants who have relapsed will be offered links to others services e.g. crisis support and day support.

The lapse/re-lapse of a peer can have a huge impact on the other participants on the programme thus staff must ensure that it is addressed comprehensively in sessions while increasing the focus on relapse prevention.

4.12 Recreational Activities

Incorporating recreational activities into a re-entry programme is beneficial as it presents participants with alternative ways to spend their free time. This is integral to a relapse prevention strategy and if it is a physical activity it can build up the health and fitness level of participants. In this programme

- One evening per week participants attend the gym in the day programme facility.
- The gym is also optional one other evening during the week.
- Professional physical trainers run these sessions.
- If a participant does not wish to attend they must agree to another leisure activity suiting their particular needs e.g. swimming.
- There are occasional outings during project time e.g. day trips, swimming, horse riding and picnics.
- There is also ongoing encouragement for participants to undertake other recreational activities.

4.13 Support and Aftercare Group

Support and Aftercare is essential to support participants in their transition back into mainstream society.

- As part of this programme the Support and Aftercare Group runs one evening per week and provides a forum for participants to address their ongoing needs in relation to resettlement/reintegration.

- It allow participants the space to address a variety of issues e.g. returning to employment/education/training, personal relationships, criminality and health needs in an environment where they can obtain and give support.
- Membership is not restricted to former participants of the re-entry programme but is open to individuals with a history of drug use who have (preferably) undertaken some form of drug treatment and are now at least two weeks drug free.
- There is a need for a number of guidelines e.g. in relation to time keeping, attendance and allowing people to speak. These must be drawn up in consultation with members. Guidelines may include policy on drugs and alcohol, attendance, time keeping, lapse/relapse and criteria for membership.

4.14 Timetable for the Day Programme

The timetable varies from group to group depending on the needs of the particular participant group.

- Participants are expected to attend all sessions, where possible.
- There are breaks for lunch and tea/coffee in the morning and the afternoon.
- Social events are encouraged on Thursday evenings these include bowling, cinema and walking.

Figure B Sample Timetable

	MON	TUES	WED	THURS	FRI
MORNING	Post Weekend Review Group and Weekly Planning Meeting	Self Development Group	Menu Planning and House Management Group	Cookery, Menu Planning and Budgeting Group	Computer Applications
AFTERNOON	Welfare Taxation and Setting up in Business Group	Relapse Prevention Group	One-to-one Care Planning and Facility Clean-Up	Personal Development	Weekend Planning Group and Weekly Self Assessment
EVENING	Support and Aftercare Group	Optional Home Visit	Gym and Fitness Class	Social Events	Week-end Home visit

Outline of some of the course content for each module in the programme.

4.15 Post Weekend Review Group

This group, facilitated by staff, encourages participants to reflect on their weekend activities and share ideas and coping mechanisms. This session involves participants questioning

- How did the weekend go?
- Did any difficult situations arise?
- What anxieties/fears were experienced over the course of the weekend?
- Experience of any triggers for relapse.
- How situation/s were managed?
- What was managed successfully?
- What was the learning from the situation?

4.16 Weekly Planning Meeting

This session facilitates participants to engage in effective planning. Participants outline

- Appointments for the week.
- Inform staff of any external appointments.
- Any practical appointments they may need to arrange e.g. health appointments.

- All plans must be agreed in conjunction with the staff team.

4.17 Social Welfare, Tax and Setting up in Business

Many of participants have experience of the Social Welfare system yet they are unclear about how it operates and are confused about the role of the Department of Social, Community and Family Affairs (DSCFA) and the Eastern Regional Health Authority (ERHA). Participants have found many services intimidating and inaccessible in the past. This module aims to dispel some of the confusion and also informs participants of other possible options e.g. self-employment options.

This course examines

- Where funding comes from and how it is allocated.
- Differences between the DSCFA and the ERHA and the separation of their functions.
- Benefits and entitlements.
- Schemes operated by the DSCFA which participants might avail of.
- Terms and conditions of the schemes and qualifying criteria.
- Revenue and income tax, allowances and credits participants might be entitled to claim.
- Tax incentives in existence for the pursuit of self-employment options.
- Requirements in relation to tax compliance and tax returns.
- VAT and how it works.
- Social welfare, tax and how to get started in business.

4.18 Self Development and Personal Development Groups

One of the key aims of the programme is to empower participants to make choices and take responsibility for their lives and their futures. This module facilitates this by focusing on the development of the following skills.

- C.V. and interview skills.
- Effective communication skills.
- Stress management.
- Conflict resolution.
- Assertiveness.
- Parenting/relationship skills.

4.19 Relapse Prevention Group

The objective of this session is to equip participants with the skills to maintain their drug free status and to develop coping strategies to deal with difficult/problematic situations and issues as they arise. The group involves examination of the following

- Anxiety and relaxation.
- The process of change.
- High-risk situations/triggers.
- First aid.
- Thinking errors – raising awareness of the thinking process.
- Hepatitis and HIV – what is Hepatitis/HIV, routes of transmission.
- Psychological traps.
- Healthy living and diet.
- Assertiveness – its importance when refusing drugs.
- Decision making and problem solving.
- Drug use and offending.
- Lifestyle balance – causes of and coping with stress.
- Cravings – coping strategies.
- Depression – what is depression and coping strategies.
- Safer sex – information and advice.
- Alcohol – effects/affects of alcohol, safe levels of use and contraindications when taken with other substances.
- Support networks – building and maintaining support networks.

4.20 Cookery, Menu Planning and Budgeting Group

This course promotes healthy living on a limited budget and includes the following

- Food preparation.
- Cookery lessons.
- Kitchen, food hygiene and general cleaning.
- Budgeting session.
- Serving prepared lunch/s.
- Daily/weekly cleaning and shopping rota's.
- Supervision of house cleaning and maintenance.
- Chairpersons are selected during this session.

4.21 House Management Group

This group occurs once a week to deal with issues that have arisen within the house in that week including

- House maintenance
- Shopping
- Dynamics within the group
- Conflicts.

4.22 Computer Applications

Computer training sessions are adapted to meet individual and group need. Each session involves exercises and progress exams, which each individual carries out to their own capabilities. Modules include

- File Management
- Microsoft Word
- PowerPoint
- Typist Tutor Programme.

4.23 Weekend Planning Group/Home Visits

Weekends

During participation in a residential programme participants have very little contact with the outside world thus they need to re-engage gradually. Support is necessary as they renegotiate their lives and relationships with their new drug free status. Personal relationships may have deteriorated with increasing drug use and engagement in the often-chaotic lifestyle that accompanies it. It is very important to encourage and assist participants in rebuilding these relationships and also to develop support structures to draw upon once they have completed the programme. This is an integral part of the re-socialisation/re-integration process. For the first four weeks participants are encouraged to undertake only one overnight visit per weekend, this can then be extended to two weekend nights as the participant progresses through the programme but depends on how strong the participant feels in their recovery. It is not feasible for all participants to make home visits as some have very difficult familial situations and some have no homes to visit therefore participants can remain in the re-entry house for the weekend or the home visit if they wish. All participants complete a weekend plan outlining

- Addresses and contact numbers of where they will be residing for their overnight stays.
- An outline of their plans including times, places and people they plan to spend time with.
- Fears, anxieties or concerns they may have in relation to their plans.
- This plan can then be discussed and challenged (if necessary) within the weekend planning group with a staff member facilitating.

Participants can also complete a 'Homeleave Assignment' within this group. This involves answering a number of pertinent questions in relation to the home visit.

Participants often make weekend plans with one and other which is beneficial in building an informal support network. This can be an important resource upon programme completion.

Home Visits

- One evening during the week participants have the option of a home visit.
- Participants prepare for these during one-to-one support sessions with staff.

- For the first week there are no weekday visits as the participant is only settling into the programme.
- If participants have a difficult experience during home visits they can access staff the following day for a one-to-one session.

An emergency on-call rota is agreed among the staff team each weekend and participants also have 24-hour access to the Residential Facility. It is important while planning that participants are encouraged to be realistic about all home visits and don't try to do too much too soon. The needs for participants with children are facilitated.

4.24 Weekly Self Assessment

This is an assessment which participants undertake once a week to ascertain where participants are in their recovery. Participants respond to a number of questions and discuss them within their weekly self-assessment meeting.

4.25 Process Group

Once a week there is a 'Process Group'. This is an open group to deal with issues and anxieties that have arisen for participants within the programme over the course of the week.

- This is the only group that is not 'task centred' but is an open group dictated by whatever participants bring up e.g. issues in relation to peers, staff etc.
- It allows participants the space to process, explore and understand issues surrounding their engagement in the programme and residency.
- This group is held at an appropriate time during the week and varies from week to week.

Section Five Work with Training Providers

5.1 Aims and Objectives

The aims and objectives of engaging trainers in the programme were

- *'To facilitate trainers to deal more effectively with drug users and their issues.*
- *To improve access for former drug users to mainstream education/training courses.*
- *To increase participants knowledge and skills.*
- *To change participants attitudes.*
- *To increase the knowledge of existing services and resources'* (Lawless and Cox, 1999).

5.2 'Training for Trainers'

With over 13,000 opiate users in Dublin it is important that trainers are aware of the issues surrounding drug use and drug users. This can be achieved through providing 'Training for Trainers' courses for individuals from voluntary, community and statutory organisations such as

- Trainers from post prison programmes
- Local Employment Exchange Managers
- Community Training Workshop Supervisors
- Technical Trainers from Vocational Skills Training Programmes
- Government Employment Mediators
- Educators involved in Local Community Centres
- FAS staff.

5.3 Objectives of Drug Awareness Training

The objectives of the drug awareness training courses delivered as part of this model were threefold focusing on developing the knowledge, attitudes and skills of participants

'Knowledge

- *To increase understanding of the issues surrounding drug use*
- *To increase understanding of problem drug use and it's causes.*
- *To increase understanding of dealing with those with drug problems.*
- *To increase understanding of dealing with those effected by others drug use.*
- *To increase understanding of various substances used.*
- *To increase understanding of terminology and street names.*
- *To increase knowledge of existing services and resources.*
- *To increase understanding of the effects (individual and social) of drug use.*
- *To increase understanding of the links between poverty and drug use.*

Attitude

- *To become more accepting of others.*
- *To develop greater sensitivity.*
- *To increase awareness of self and confidence around drug issues.*
- *To become comfortable dealing with those affected by drug use.*
- *To feel more comfortable to confront and challenge behaviour.*
- *To become better able to cope with own feelings.*

Skills

- *To be able to identify various drugs.*
- *To be able to identify drug paraphernalia.*
- *To be able to identify problem drug use.*
- *To develop a better understanding of those effected by problem drug use.*
- *To be able to listen effectively and understand.*
- *To deal with difficult behaviour.*
- *To deal with conflict related to drugs within the community.*
- *To build up trust.*
- *To challenge and confront.*
- *To make appropriate referrals'* (Cox & Lawless, 1998).

5.4 Course Content

Some of the areas that were covered in courses delivered as part of this programme included the following;

The nature of drug addiction

- Examining the individual socio-environmental factors that impact on drug use.
- How these factors relate to the pattern of addiction.

The impact of drug addiction on the individual

- The short and long term impact on the individual e.g. socio-economic, health and the impact on personal relationships.

The personal, social and environmental contexts in which problem drug use occurs

- How patterns of addiction occur
- The groups in which addiction occurs.

The rehabilitation and re/integration process

- The different models of treatment.
- Continuity of care – from harm reduction to total abstinence.
- The importance of engaging the participant in the re/integration process.
- The role of training providers in the re/integration of former drug users.

5.5 Benefits

According to Gossop and Birkin (1994) delivering training of this nature has its benefits for staff of training agencies, training agencies and (former) drug users

Staff of Training Agencies benefit as a result of being better informed, more confident and better able to use their skills to respond to issues when they arise.

Training Agencies benefit through increased efficiency of staff and reduced chances of inappropriate work interventions.

(Former) Drug Users benefit from improved interaction with training agencies.

5.6 Sessional Staff

It is important that training is open to sessional staff that are involved in the programme. This can increase their awareness of the issues facing former drug users.

5.7 Employers

Employers involved in the programme should also be given the opportunity to participate in training courses. It is important to build flexibility into training design and delivery to ensure that employers and their staff can benefit.

5.8 Evaluation

It is essential to incorporate an element of evaluation into any 'Training for Trainers' course to ensure that it is meeting the needs and the expectations of the training group.

Section Six Work with Employers

6.1 Employing Former Heroin Users

Traditionally former heroin users experience high levels of unemployment. Undoubtedly employment is a stabilising factor in people's lives in general but it also contributes to feelings of self worth and the value placed on individuals in our society. Former heroin users can and do become reliable employees and taxpayers but they have to be given the opportunities and the support to do so.

6.2 Economic Reasons

In the present economic climate many employers are experiencing labour and skill shortages. Former heroin users are a reserve of potential employees with wide ranging skills, experiences and abilities.

To maintain active heroin use requires a variety of skills according to Nick Walters of Surrey University including

- Sophisticated managerial skills.
- Efficient and effective entrepreneurial expertise.
- Financial management.
- Negotiation skills.

'Heroin users have experienced many kinds of social interaction, the breadth of which is not shared with their non-heroin using peers and from this they have a substantial knowledge base from which to draw' (Occasional Papers, 1999).

Former heroin users following a period of recovery/rehabilitation often experience a renewed vigour and zest for life thus form an enthusiastic and motivated reserve which up to now has rarely been taped into.

According to Flemen referring to statistics from the British Crime Survey (1996) 24% of the sample reported using illegal drugs in the last year (Room for Drugs, 2000). Many of these could be problem drug users in employment but not in contact with any services. Those who have gone through a treatment programme are potentially less problematic then current drug users as they have undertaken extensive work on their addiction etc. They may also be more stable than other members of the workforce as a result of receiving support in their recovery.

6.3 Social Reasons

To employ a former heroin user is one way to tackle the issue of social exclusion. National and international research has highlighted the link between deprivation and heroin use. Frequently those engaged in problem heroin use are concentrated in areas characterised by many forms of marginality e.g. low levels of educational attainment, high rates of unemployment and long term unemployment, literacy and numeracy difficulties and early school leaving.

Employment is a stabilising factor thus can reduce the risk of relapse for the individual.

'*The stability which ensues from holding a job is frequently an important factor in facilitating recovery from alcohol and heroin related problems. Therefore, the social partners should acknowledge the special role the workplace can play in assisting individuals with such problems'* (International Labour Organisation, 1996).

Employing a former heroin user can assist in improving the social mix within an organisation and breaking down prejudice and stereotyping of heroin users/former heroin users amongst staff. This can also have an impact on society in general by creating awareness of a proactive approach to equal employment opportunities for former heroin users.

6.4 Aims and Objectives

The aims and objectives of specifically targeting employers are as follows

- *'To encourage employers to take 'positive risks' in regards to employing former drug users.*
- *To encourage job placements for former drug users and offer support mechanisms to participating employers.*

- *To encourage job placements for former drug users.*
- *To create a panel of employers.*
- *To engage employers in the process of education to covey more accurate, favourable images of former drug users.*
- *To provide drug awareness training programmes to increase levels of awareness on drug use and related issues'* (Lawless and Cox, 1999).

6.5 Approaches to Employers

Approaches to employers can be on two levels

1. High level engagement with large corporations, trade unions, chamber's of commerce and employer organisations.

- Articles outlining the programme can be submitted to business magazines.
- Local and national radio stations can be approached to advertise the programme or to interview programme participants.
- These approaches can be beneficial in obtaining job placements/employment for our programme participants and in breaking down some of the barriers and dispelling some of the myths that surround drug use and former drug users.

2. Lower level engagement with small and medium sized businesses on an individual basis.

- Contacts with small and medium sized firms can be productive.
- Contacts can be initiated over the phone from sources such as the local Chamber of Commerce Business Directory, personal contacts and local directories.
- Once telephone contact is made a meeting can be arranged with the company contact on a one-to-one basis in their place of work.
- This meeting facilitates the company in finding out more about the programme and ensures that the company is suitable for a participant placement.
- Information materials about the programme can be made available at this meeting.
- The option of training for employers can be presented at this point.
- Employers need to outline what they require of potential employees e.g. skills, personality traits etc.
- Once it is determined that a company is suitable for placement and that the company is willing to take a participant placement, the company can be added to the list of potential employers.
- When a participant is going on placement it can be advantageous to hold a three way meeting with a project worker, the participant and the employer to discuss
  - What is expected of the participant
  - What the participant expects from the workplace
  - The issue of confidentiality re: disclosure of the participants former drug status.
- The project worker can also visit the company regularly to have a meeting with both the participant and the employer to discuss any issues that may have arisen.
- Employers should also be free to ring the staff team at any stage with any queries/problems.
- It is important to have a lapse/re-lapse procedure in place in case a participant lapses/relapses while on placement.
- While participants are on placement they should still be involved in the programme attending one-to-ones and the support and aftercare group.

6.6 Retaining Employers

- Placements with some companies can be irregular and it is important to keep such companies involved and interested in the programme.
- This can be achieved by maintaining regular contact with all companies and keeping them well informed of any programme developments.
- Employers can also be invited to programme and project events e.g. report launches.

6.7 Dealing Effectively with Drug Use in the Workplace

Annually millions of pounds are lost in productivity to business and industry because of substance use. In the workplace the problem drug using employee:

- Is 2.2 times more likely to request time off.
- Has 2.5 times as many absences of 8 days or more.
- Is 3 times as likely to be late for work.
- Is 6 times as likely to use medical benefits.

Twenty percent or more of the workforce suffers from chemical dependency; they in turn affect the lives of countless others including employers and co-workers (SIPTU Guidelines). According to ISDD 25% of those seeking help for drug use are employed (Addiction Today).

The following statistics are based on a 1992 study among Fortune 500 companies which have Employee Assistance Programmes in operation

- 33-60% decrease in use of medical benefits.
- 50-65% decrease in on-the-job accidents.
- Thirty-nine percent decrease in worker's compensation claims.
- Forty-nine percent decrease in lost productivity time.

(Employee Assistance Programme of Tucson)

There are two complementary steps to take to deal with drug and alcohol problems in the workplace effectively

- The Development of an Alcohol and Drug Policy for the Workplace
- The Development of an Employee Assistance Programme

1. The Development of an Alcohol and Drug Policy for the Workplace.

Employers should, in co-operation with employees and their representatives, develop in writing the organisation's policy on alcohol and drugs in the work place. Where possible, the development of such a policy should also be conducted in co-operation with medical personnel and other experts who have specialised knowledge regarding alcohol and drug related problems.

Contents of an Alcohol and Drug Policy

A policy for the management of alcohol and drugs in the workplace should include information and procedures on:

- Measures to reduce alcohol/drug-related problems in the workplace through proper personnel management, good employment practices, improved working conditions, proper arrangement of work, and consultation between management, workers and their representatives.
- Measures to prohibit or restrict the availability of alcohol/drugs in the workplace.
- Prevention of alcohol/drug related problems in the workplace through information, education, training and any other relevant programmes.
- Identification, assessment and referral of those who have alcohol/drug related problems.
- Measures relating to intervention, treatment and rehabilitation of individuals with alcohol/drug related problems.
- Rules governing conduct in the workplace relating to alcohol/drugs, the violation of which could result in the invoking of disciplinary procedures, including dismissal.
- Equal opportunities for persons who have, or have previously had, alcohol/drug related problems, in accordance with national laws and regulations.
- Employers should establish a system to ensure the confidentiality of all information communicated to them concerning alcohol/drug-related problems. Workers should be informed of exceptions to confidentiality, which arise from legal, professional or ethical principles.
- It should be recognised that the employer has authority to discipline workers for employment-related misconduct associated with alcohol/drug use. However, counselling, treatment and rehabilitation should be preferred to disciplinary action.

Alcohol and drug policies/programmes should apply to all staff, managers and employees and should not discriminate on the grounds of race, colour, sex, religion, political opinion, national extraction or social origin.

2. The development of an Employee Assistance Programme (E.A.P)

Employee Assistance Programmes are aimed at helping individual staff members with problems which affect their work performance/attendance including alcohol and drug use, stress, gambling, depression, grief, sexual harassment, violence in the workplace or in the home. They aim to motivate and direct employees to receive assistance. Facilitating employees to help themselves is far less costly than firing, rehiring and retraining.

The Programme

- The objective of the programme is to promote the general well being of all employees.
- The company will seek to prevent the emergence of drug, alcohol or stress related problems among its employees through training provision to ensure that all employees are aware of the possible harmful consequences of excessive drinking/drug use and stress.
- Where an employee is recognised as having a problem the Organisation will offer assistance and guidance to the person concerned on the appropriate remedial action. Where such guidance is accepted it may involve loss of time from work and should be regarded as sick leave.
- Where such guidance is not accepted and work performance remains poor, the matter may be dealt with under the provisions of the disciplinary procedures.

Implementation of an Employee Assistance Programme

- Those becoming aware of a problem affecting an employee's work performance, conduct or relationships should inform the E.A.P co-ordinator.
- Individual employees can present themselves to the co-ordinator for assistance.
- The co-ordinator should arrange urgent confidential discussion/s with the employee.
- A union representative or a work colleague may accompany the employee to these discussions if s/he wishes.
- Referrals should not impinge on the individual's career within the organisation/company or interfere in any way with promotional/training opportunities etc.

Training

- Every employee upon commencement of employment should be given a copy of the agreed E.A.P and the induction process should include explanation of the programme.
- More specific training should be given to those with responsibility for the programme implementation.

Confidentiality

- All discussions with an employee thought to have a problem will be strictly confidential.
- This should also be the case with any counselling or other treatment undertaken.
- Appropriate personnel records that need to be kept with any record of treatment will be the property of the person administering the treatment.
- No discussion about the employee should take place with another party without the permission of that employee.

Review

- The progress of the Employee Assistance Programme should reviewed every twelve months by the organisation/company and the trade union (if any).

Section Seven Impact

The programme 'From Residential Drug Treatment to Employment' on which this model is based was successful with each of the target groups involved

- Former Drug Users
- Trainers
- Employers

7.1 Former Drug Users

Over the course of the programme

- Sixty-five percent of participants completed the programme.
- Eighty-three percent of participants accessed a full-time job upon completion of the programme with 4% accessing a part-time job.
- Thirteen percent of participants progressed to further education.
- This programme also attracted a high proportion of female participants by international standards (31%).

During the final operational year

- Ninety-four percent of participants reported that they had learnt new skills while 65% reported that they had expanded existing skills.
- Fifty percent of participants reported improved relations with family while 39% reported such an improvement with friends.
- Ninety percent of participants indicated that the programme had helped with relapse prevention.
- Ninety-four percent of participants who accessed work experience opportunities completed a work placement.

(Lawless and Cox, 2000)

7.2 Training Providers

A survey of participant satisfaction was administered to those who participated in the Training for Trainers' course in April 1999 to examine self-reported changes in knowledge, skills and attitudes at the end of the course.

Participants were asked to rate the training on a five-point scale from *'very good'* to *'very poor'*.

- All participants reported that the course was *'very good'* or *'good'* (93% *'very good'*), furthermore all participants would recommend the course to others.
- Participants reported high levels of satisfaction with the teaching techniques employed by the Training Team.
- Many participants referred to the benefits of the subject matter covered especially the sessions on the theories of addiction, motivational interviewing and methadone.
- Improvements suggested more detailed examination and in-depth discussion of various topics and possibly longer duration of the Drugs Education Course, also possible visits to drug treatment/rehabilitation services.
- Upon course completion 62% reported having achieved their goals with 38% reporting that they had started achieving them.
  (Lawless and Cox, 2000).

7.3 Employers

All employers completed questionnaires at the end of participant placements and the outcomes were generally very positive. They reported

- Participants were energetic, highly motivated and intelligent.
- Involvement in the programme had changed their perceptions of former drug users.
- One employer argued that he liked taking on participants from this programme because he was aware of their past and knew that they were accessing support whereas when an individual applies with a C.V you only have limited information and therefore 'you take a risk'.

- One employer felt that due to his involvement in the programme he was able to recognise addiction in another staff member and support him in dealing with the problem. In the past he would not have known how to deal with this issue and would have let the employee go.
- Employers felt they were adequately supported and appreciated being kept well informed.

Section Eight Participant Stories

8.1 John's Story

John is a 35-year-old male from North Inner City Dublin. He has a seventeen year IV drug using history beginning IV opiate drug use at the age of seventeen. When he accessed the re-entry programme he was estranged from his long-term partner and their six-year-old child due to his increasing drug use. John's family of origin had been very supportive over the years but they had become alienated in recent years as John's drug use became more and more chaotic and he was living in a hostel for the homeless. John had left school at the age of sixteen having achieved his Inter Certificate and received no further formal education/training. He worked in a variety of short-term, low skilled, poorly paid positions, the longest position he held was three years as a factory operative which he found boring, the rates of pay low and the working environment poor. His primary reason for leaving this position was his drug use. Following upon this he engaged in casual labour for a number of years however his drug use took it's toll and he was unemployed for one year before accessing the programme. Prior to entry onto the residential programme John was on-bail for two serious crimes and he had also spent time on remand in the past for other minor offences. John had made a number of attempts to stabilise his drug use in the past but none of these were successful. He spent five weeks in a detoxification unit before entering the Merchant's Quay residential programme. Upon completion of the residential programme John, graduated to the re-entry/reintegration programme. He felt that when he came onto the programme he was 'at rock bottom'.

When John accessed the programme he had a number of aims; to participate in a slow recovery, to find direction for his life, to build relationships with his child and ex-partner, to access further education/training, and to stay drug free and live a clean life.

Initially while involved in the residential programme John was very 'closed down' but cautiously he began to engage in the programme and gained insight into factors underpinning his addiction and as a result he engaged fully in the programme and was open, friendly, willing and very honest around himself. Years of guilt and self-blame had eroded his confidence and self esteem and an essential part of the programme was building up his confidence levels and feelings of self worth. Over the course of the programme John learnt a lot about lapse/relapse prevention which he found beneficial. The programme staff also facilitated access visits with his child and his previous partner. John was involved in a community based work placement while participating in the programme which involved a high level of responsibility. He responded to this challenging position in a mature and consistent fashion and his employers were impressed with his dependability and diligence. Whilst on the programme John was supported with his court cases and he received a series of remands. The outcome of one case was 100 hours of community service and a suspended sentence with two years probation based on good reports. The Facility manager and John negotiated with the Probation and Welfare Service to allow him to carry out his Community Service at the re-entry/reintegration facility as a maintenance assistant.

Upon completion of the programme John succeeded in securing appropriate accommodation. This he found extremely stressful with the current housing crisis. He also accessed full-time employment as a manual labourer. He began to repair some of the damage to his personal relationships and was seeing his child frequently. His self-esteem and confidence had grown significantly and he was feeling very positive about a drug free future. John from the beginning engaged enthusiastically and honestly in the Support and Aftercare group, which he continued to attend.

John is now 13 months in recovery and is still maintaining a drug free lifestyle. He continues to work full-time and has managed to bring trust back into his personal relationships. He sees his child on a regular basis and proudly attended her communion ceremony recently. He still attends the Support and Aftercare group on a weekly basis. John now engages in weekly leisure activities and has developed a passion for golf. He has applied for a position in a prominent Irish company that he has always aspired to join. John plans to holiday outside

Ireland for the first time this year. In the past he would not have had the confidence or the stability to undertake many of these tasks.

8.2 Adela's

Adela is a 28 year old foreign national. She first began using drugs at the age of 16 and her first IV drug use was at the age of 19. Adela completed second level schooling and had attained a third level dental assistant qualification. She was employed for a year as a dental assistant. Her primary reasons for leaving were her increasing drug use, the persistence of drug paraphernalia in the work place and a desire for further education/training. Adela had made seven attempts at detoxification and had two prior treatment episodes, she was successful in remaining drug free at one point for two years but unfortunately relapsed. Adela when she came to Ireland immediately accessed the Merchant's Quay residential programme and upon completion graduated onto the re-entry/reintegration programme. Adela had a significant amount of family support and in fact they were financially supporting her throughout her recovery.

Adela had a number of aims when she began the re-entry/reintegration programme including remaining drug free, gaining support for the transitional period from treatment to a drug free life, accessing independent accommodation, developing confidence in a new environment, learning to relax, building a network of support/friends, accessing an enjoyable job/career and attaining interpreter training.

Adela had a lot of skills when she accessed the programme but she had a lack of awareness and concern for herself and this caused her many problems, she was constantly trying to move too fast and the staff team had to encourage her to slow down. She also exhibited some old behaviours e.g. manipulation, slipping into the 'patient role' but was always challenged by staff and peers. Gradually Adela began to make the connection with these behaviours and her past.

Upon completion of the programme Adela had succeeded in achieving many of her aims. She had secured a full-time position with a multi-national corporation as an interpreter with ongoing training. The selection process was particularly rigorous and the programme staff provided flexible support to Adela throughput this period e.g. evening one-to-ones. Adela also after considerable difficulty attained independent living though she did have to compromise and share a flat. These achievements in themselves improved her self-esteem and confidence. Adela continued to attend the weekly Support and Aftercare group and participate actively.

Six months into her recovery Adela is still engaged successfully in full-time employment and participating in training programmes. She engages in regular leisure activities e.g. running and squash, which she finds help her to de-stress. She has become part of a whole network of friends and enjoys a busy social life. Adela has chosen to engage in social drinking but has not resumed problem drug use. She did belong to the Support and Aftercare group for four months but has stopped attending because she felt she had 'moved on' from the group and that she had developed a considerable support network of her own.

8.3 Richie's Story

Richie is a 19 year old male from north west Dublin. He first used drugs at the age of 11 and progressed to smoking heroin at 15 years of age, however he never injected. Richie left school at the age of 15 upon completion of his Inter Certificate and received no further formal education or training. His longest period in employment was 4 months when he worked as a general operative in a factory and he enjoyed the work environment. He left this position because during this period he was on a methadone maintenance programme and had to see his doctor once a week, which meant he was consistently late for work, and he was also arrested during this period. Richie had made five prior attempts to detoxify, had one

prior treatment episode, had been on a methadone maintenance programme and attended N.A meetings in the past. His longest period drug free was eight months. In the past he had served time both on custodial sentence and on custodial remand. He last detoxification was in prison before he accessed the Merchant's Quay residential treatment programme after which he graduated onto the re-entry/reintegration programme. He was released on a suspended sentence pending treatment. Prior to imprisonment Richie lived in a rented flat because he had been driven out of his family home at 17 years of age (in a very violent manner) by a group of community activists as a result of his drug taking/drug related activities. His family had been supportive over the years of Richie's drug use but were living in extreme fear following his 'eviction' from the family home when his mother was also assaulted.

When Richie started the programme he had a number of very clear aims and goals including staying safe, accessing training/employment opportunities, gaining more clean time, preparing for a new start with drug free friends, negotiating access/returning to his family and community, developing hobbies and accessing accommodation. He also outlined a number of long term goals including a steady job with opportunities for progression, owning his own house and to have a social life.

Richie participated fully in all aspects of the programme. He was approachable, enthusiastic and hungry for information/knowledge and at all times exhibited a positive attitude to staying drug free. He also was excellent at seeing projects through. Ideally Richie wanted to live independently but did not have the confidence to live in a flat alone. This he saw as a long-term aspiration but in the short term he wanted to rejoin his family in the family home. The facility manager began negotiating with the group of community activists who had evicted him. A series of discussions took place and after considerable negotiation a three-way meeting was agreed with Richie, the facility manager and the group leaders. This was very difficult and frightening for Richie but the outcome was successful and he was allowed back into his family home. This was important for Richie in building his confidence, he had faced one of his worst fears. It allowed him to move on, as he had been very bitter about the whole incident. This was also important for the programme as it opened the door to a new way of working and also links were established with this particular group.

Upon completion of the programme Richie accessed full-time employment as a manual labourer. He had an extremely positive attitude and was ambitious about his future. He was living with his family and began to rebuild relationships. One concern the programme staff had was that he was still socialising with old associates that this could present problems/temptations in the future. From the beginning Richie engaged fully in the Support and Aftercare Group.

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

8.4 Sharon's Story

Sharon is 29 years of age and comes from the Dublin 8 area. She has a fourteen year history of IV use having used drugs from the age of 11. She comes from a very difficult family background with a long history of alcohol and drug use, however she was always supported by her mother. Sharon left school at 14 years of age with no formal educational qualifications. She engaged in some further training e.g. A.N.C.O typing training and a bar management course. Her longest period of employment was 3 years in the late 1980's as a cook and has been unemployed since she left this job, her primary reason for leaving this position was her drug use. Over the years Sharon, did engage in casual labour, on one occasion she worked in a bar which she felt was a significant factor in triggering a relapse.

Sharon had made several attempts to detoxify and had two residential treatment episodes. Her longest drug free period was six months however she relapsed after using alcohol. Sharon was renting a flat with her drug-using partner prior to accessing the Merchant's Quay Residential Programme. Sharon entered treatment on this occasion when she discovered she was pregnant. She graduated from the residential programme onto the re-entry/re-integration programme.

Sharon had a number of aims when she accessed the re-entry/re-integration programme. These were to gain further space as she felt she 'was not yet ready for the real world', to give birth to a healthy child, to stay clean, to become independent and to access a place to live.

From the start Sharon participated well in groups her awareness levels were very high and she was good at challenging her peers. However Sharon tended to be a bit of a 'caretaker' taking care of all others to the detriment of herself, she required constant encouragement to look after herself and her health. Her self-esteem was very low and she felt she could achieve very little. She also had huge difficulty 'letting go' of her drug-using partner. Sharon was facilitated in attending all her health appointments and given intensive support around her pregnancy. She also took part in a parenting course as one of her fears was that she would not be a good parent.

Upon completion of the programme Sharon gave birth to a healthy child and was well on her way to becoming an excellent parent. She also accessed additional, independent counselling.

Three months into her recovery Sharon is enjoying being a full-time parent. Sharon and her child are both healthy and happy. Sharon is also looking to the future and is considering becoming involved in further education/training this autumn. She continues to attend the Support and Aftercare group, to challenge all and gives alot to the group. She is also very open to being challenged.

Section Nine Conclusion

The Integra programme 'From Residential Drug Treatment to Employment' officially concluded on the 31st of March 2000 following a three month extension.
The programme was successful on a number of levels
It was successful in attracting each of the target groups

- Former Drug Users
- Training Providers
- Employers

Many of the aims and objectives for each target group were achieved. However there were a number of challenges over the course of the programme e.g. the economic boom and the housing/accommodation crisis.
This report allows us to present a model of integration based on the learning from the programme over the two and a quarter year period. The model we have presented places particular emphasis on a range of issues addressed over the course of the programme.
Former drug users have many skills and talents and form a potential labour reserve that has rarely been tapped into. By virtue of their life's experience they have developed many abilities and coping mechanisms and following a period of drug treatment are highly motivated. This is of particular relevance in our present economic climate of labour and skills shortages.
Engagement in the programme highlighted a gap in drugs services provision. To become drug free though an end in itself is only part of the process of integration. Former drug users often require assistance to renegotiate other aspects of their lives. Employment and training are stabilising factors and can facilitate former drug users to remain drug free. It is essential to invest in post treatment settlement and integration initiatives to insure long term success.
The fact that social exclusion is broader then labour market exclusion is clearly indicated in the model we have developed. Social exclusion is multi-faceted involving mutually reinforcing elements of an individual's life. Often those who have engaged in problem drug use have lived on the margins of society therefore to achieve integration a holistic approach must be taken which explores all aspects of their lives.
As a result of the learning from this programme, the centrality of the resettlement and integration needs of participants across drug treatment services are evident regardless of current treatment status. In the planning and development phase of a programme it is essential to take account of all known variables. However, there will always be developments over which you have no control and could never foresee. Programme flexibility is therefore important so that the programme can be adapted to reflect these developments. The importance of building flexibility into training design and delivery has also been identified to ensure that busy employers and their staff can benefit. We identified the importance of the specific tailoring of any programme to meet the particular needs of programme participants. The necessity of ongoing reflection and evaluation of any programme has been identified to take into account the changing issues, needs and challenges. The benefits of drug awareness training for training providers were also indicated not only for former drug users but also for the training agency and their staff.
This Integra programme is now being mainstreamed with the support of the South West Area Health Board. There are some modifications to the programme taking into account the learning gained over the course of the programme. Recently there has been the introduction of many new projects/initiatives dealing with the issue of integration (many as a result of Task Force funding). It is our hope that this model can offer a template to inform their service development and other mainstream service developments across Dublin City.
The drug problem is one which is best solved through co-operation and information sharing rather than working in isolation and exclusion.

Section Ten Case Study - A Parallel Approach

The integration/re-integration of former drug users into employment, education or training has been the objective of a number of programmes across the European Union in recent years. This supports the analysis that there has been a gap in previous drugs services provision, to become drug free though an end in itself is only part of the process of re/integration. One example of such a programme also funded by the Integra Employment Initiative is 'Chemical Dependency, Recovery and Labour Market Access'. This is promoted by the University of Surrey's School of Education Studies in the United Kingdom.

'Chemical Dependency, Recovery and Labour Market Access'

10.1 Aim

'This programme is designed to meet the needs of former abusers of alcohol and other drugs who have experienced treatment programmes and are now considering returning to the labour market'. (Occasional Paper 3)

10.2 Target Groups

This project has two main target groups

1. Former drug users
2. Employers/potential employers

10.3 Rationale

The promoters of this programme propose that when examining present laws and policies it is clear that there is a criminalisation of some chemicals and social acceptance of others. There are different social responses to alcohol use compared with use of other drugs. It is important to see drug use as progressive, once one becomes involved in drug use it becomes a central part of a new identity. Drug treatment must take into account the physical, the social and the psychological. Treatment programmes address the issue of drug use directly, they aim to change the drug user's identity – once they start to change they are in recovery, for the majority of drug users this involves the

'…*explosion of emotions and enthusiasm as a third reality is developed*' (Occasional Paper 3).

However, often within the treatment process there is little emphasis on establishing social life patterns that need employment to underpin them.
This Project proposes that

'drug users who reach the recovery process have survived by learning a number of skills that are transferable as a labour market resource'

Active drug use requires.

- Sophisticated managerial skills.
- Efficient and effective entrepreneurial expertise.
- Financial management.
- Negotiation skills.

'*Drug users have experienced many kinds of social interaction, the breadth of which is not shared with their non-drug using peers and from this they have a substantial knowledge base from which to draw'* (Occasional Paper 3).

10.4 Issues Experienced by Beneficiaries

- Feelings of being disempowered.
- Lack of direction about their future.

- Access to the labour market is difficult for former drug users, many face other problems including negative stereotyping from employers.
- Beneficiaries also faced many problems other then drug use e.g. dual diagnosis, mental health problems and criminal records.
- Symptoms of depression and low self-esteem were also evident (Occasional Paper 4).

An important aspect of the project was to increase self-esteem and confidence leading to long term actions. Services were personalised and directed towards specific individuals.

'*However, all beneficiaries were offered the opportunity to join peer groups for extra support in seeking, accessing and maintaining employment*' (Occasional Paper 4).

10.5 Services Offered

All services are offered on a one-to-one basis
Advice: information on courses, jobs and voluntary work available.
Guidance: suitable pathways information, training market, further training and education.
Careers Counselling: including help with emotional issues.
Assessment: psychometric testing and personal development assessment.
Option Planning: negotiating a plan of choices to consider.

Assessment: All project beneficiaries have a number of assessments in the following areas
- Skills
- Needs
- Strengths
- Weaknesses
- Personality type
- Likes
- Dislikes
- Goals – relating to employment, education and training.

'Lifeline' Techniques: are used where the individual pinpoints the most crucial elements that they have experienced over their lifetime this highlights valuable information about the individual and also has therapeutic implications.

'Likert Scales': are used to measure the self-esteem, skills, interests, likes and dislikes of the individual.

Event Diaries: are kept by all beneficiaries which they discuss with project staff, this helps monitor progress.

Psychometric Testing: is also used (INTERPLACE and Passport Questionnaires) this integrates data about people and jobs

Option Plans: are used and are based on the idea of action plans and explore the possible options available to the individual but do not force action on beneficiaries. This is particularly important for individuals who have felt disempowered in the past.

10.6 Other Support

- Curriculum Vitae: Curriculum Vitae development, planing and typing.
- Use of Internet: Assistance with the Internet and information on courses and jobs printed.
- Applications: Help with speculative letter writing and job/course applications.
- Interviews: Interview techniques, how to deal with difficult issues when they arise e.g. gaps in C.V.
- Employment Modes: Advice and guidance on how to set up small projects of their own, exhibitions of artwork etc (Occasional Paper 4).

10.7 Beneficiary Profile

During 1998 48 individuals contacted the service and the programme staff gave advice and guidance to 25 beneficiaries of these there was the following breakdown

- Slightly higher ratio of males to females.
- Age range 19-55 years.
- All were long termed unemployed.
- Initial expectations that beneficiaries would be more interested in creative careers were confirmed.
- Easier to re-enter the labour market for those who had previous experience of work.
- Beneficiaries had wide ranging abilities and skills, from graduates to those with literacy/numeracy problems.
- All beneficiaries showed a positive approach to career planning (Occasional Paper 4).

10.8 Meeting Beneficiaries Expectations

Most beneficiaries stated that the flexible approach offered on-going support and guidance in a way that was not available from other agencies.

'*The support offered has differed from other agencies as we have offered a free, individually tailored programme of advice and guidance over a period of time'* (Occasional Paper 4).

10.9 Employers/Potential Employers: Response from the Local Labour Market

10.10 AIM

To set up an employer network to promote knowledge about drug use and equity in recruitment practice when considering drug users in recovery (Occasional Paper 5).

10.11 Method

- Project staff developed a questionnaire to collect data on employer's attitudes towards recruiting drug users who have undergone a treatment programme.
- Local employers were approached.
- Project staff visited recruitment fairs and spoke to employers there and as a result futher questionnaires were issued.
- Companies advertising for staff in the local papers were contacted.

Responses varied and improved when a personal approach was made e.g. approaches at recruitment fair and the highest level of interest was from telephone contact (Occasional Paper 5).

10.12 Findings

10.12.1 Policy on Drug Use

- The majority of large companies have a written policy on drugs and alcohol – they approach drug use in the workplace by offering help, 'treat drug use as an illness'.
- Smaller companies tend not to have a written policy – they tend to approach the discovery of alcohol/drugs on premises with immediate dismissal (Occasional Papers 5).

10.12.2 Current Recruitment Practice

- No Company had knowingly recruited a drug user

'*On the positive side, the lack of procedures in small companies would probably result in it being easier for an addict in recovery to get an interview and a chance of a job if they had the right skills and expertise*' (Occasional Paper 5).

10.12.3 Knowledge about Addiction and the Rehabilitation Process

- The majority of the sample had little or no knowledge of addiction.

- There was more hostility reported in the sample to problem alcohol users this was primarily because they had personal experience of alcoholic use. (Occasional Paper 5).

10.12.4 Perceived Barriers to the Recruitment of Former Drug Users

The majority of companies said they would take the best person for the job with the requisite skills and experience. However, a candidate with a 'chequered history' may raise questions.
The main issues they highlighted

1. Potential safety problems if worker relapses, they could become a danger.
2. Health sector: mentioned the need to keep anyone with a history of addictive behaviour away from company held drugs.
3. Care sector: concern about allowing vulnerable people to be cared for by someone with a potential problem. There was also concern that the stress involved with care work, coupled with the strain of shift work may trigger relapse.
4. Liability if they knowingly recruited a drug user in recovery who then became a danger to existing staff.
5. Insurance implications with some jobs particularly in some areas of employment.
6. Concern about the effects on existing staff if a former drug user relapsed.
7. Concern about potential litigation and the subsequent publicity.
8. Hotel Sector: concerned about continual temptation of alcohol on the premises (Occasional Paper 5).

10.12.5 Factors which may Influence Recruitment

- Financial inducements make very little difference.
- On-going support for former drug user in recovery would be useful but regardless of the support offered they would pick 'the best person for the job'. Some considered that if individuals needed support they might not be able for the job.
- Companies were less probing if they were desperate to fill vacancies.
- The length of time drug free was considered to be an important factor.
- Most felt that more knowledge of addiction and the rehabilitation process would be helpful when considering the recruitment of a former drug user (Occasional Paper 5).

10.13 Interim Observations

- There is a degree of goodwill.
- Recruitment is a commercial decision.
- More knowledge and information is useful but people would only be recruited if they were suitable for the job.
- Educating companies on issues around drug use and treatment options should involve personnel and operation units, as either may be the decision-maker.
- Financial inducements and/or additional on-going support are unlikely to ease the path back into employment. This could be counterproductive and could label those in recovery

'*The main issue for addicts in recovery is the necessity to convince the employer that they have the relevant skills and experience to do the job'* (Occasional Paper 5).

10.14 The Roadshow

- The INTEGRA "Roadshow" is a new strategy to work "top down" with employers and employer organisations rather than with local companies.
- The idea of Roadshow is to raise "awareness" amongst potential employers about the work and to forge links with important contacts to establish a network.
- Five hundred brochures have been mailed or circulated at seminars and conferences and we have had a 10% feedback from this.
- Out of the 50 enquiries, 33 are of a general nature wanting to be kept further informed, 12 have resulted in organisations who want to form a partnership for future co-operation and 5 have asked to participate in their own promotional events (Luton Council, Plymouth Council, Sheffield Hallam University, Surrey TEC and Surrey Employment Access)

- The project is also included in Newsletters, which will reach an estimated audience of 15,000 potential employers.

Another new initiative is working directly with the Industrial Society to offer seminars and conferences.

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APPENDIX

This appendix includes some of the key procedural documents that can be used as tools for client assessment, for monitoring progress and for programme evaluation. These documents may be of considerable practical assistance to any agencies interested in establishing or developing reintegration programmes targeted at former drug users.

Appendix A

Merchant's Quay Reintegration Programme

Internal Referral Summary

Client Name:..... **Current Address**:.....

.....

D.O.B: ...../...../..... **Age**:... **Gender: M**... **F**... **Date of Referral:**.../.../...

Referred By:..... **Contact No:**..... **Case Worker:**.....

Facility:.....

Date Started Current Treatment:.../.../... **Expected Completion Date:**.../.../...

How Long Drug Free:..... **No of Treatment Episodes**:.....

(Please outline dates, times and where treatment was undergone)

.....
.....
.....
.....
.....

Client Issues:

1. Outline of Issues Presented whilst in Residential:

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2. Outline of Identified Behaviours while in the Residential Facility:

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.....

3. Levels of Participation in Groups & Workshops:

4. Level of Interaction with Peers & Workers:

5. Summary of Issues Covered During Current Treatment:

6. Overall/General Participation on Programme: (Please outline any significant factors)

7. **Please Outline Any Immediate Health Concerns (Physical, Psychological & Emotional)**

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8. **Legal Issues: (Please outline any court appearances outstanding/due inclusive of dates where known. Also provide details of any probate orders.)**

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9. **Current/Ongoing External & Significant Relationships: (e.g. Children, partners, parents, friends)**

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10. **Current Housing Status: (Rented, private/council. Please include details of any applications made whilst in treatment)**

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11. Source/s of Income: (e.g. benefits etc)

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12. Any Other Comments/Points:

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Signed By: ..... **Position:** .....

Appendix B

Merchant's Quay Reintegration Programme
Assessment and Entry Procedure for Internal Referrals

1. Requests for assessment must be made two weeks prior to clients graduation.
2. Assessments will only be done on Wednesday afternoons starting at 2pm.
3. Clients Key Worker/Care Worker in the Residential Facility will be responsible for arranging client assessments and their subsequent return to the Residential Facility.

Hand-Overs

Hand-overs from the Residential Facility to the Reintegration Programme should include the following

1. Reintegration Programme hand-over form.
2. All client files except confidential care notes.
3. A verbal hand-over is required and can be arranged on Friday mornings prior to assessments.
4. All clients start the Reintegration Programme on Mondays.

Appendix C

Merchant's Quay Reintegration Programme

Assessment Form

Date of Assessment:……/……/…… Assessor:…… Source of Referral:……..

A Demographic Information

1. Name:……

2. Gender: *(circle)* 1. Male 2. Female

3. Date of Birth:……/……/……

4. Age:……

5. Area:……

6. Current Accommodation: *(Tick box)*

Residential	☐
Local Authority	☐
Private Rented House/Flat/Bed-Sit	☐
Family Home	☐
Hostel	☐
B&B	☐
Squat	☐
With Friends	☐
Sleeping Rough	☐
Other……..	

If 'YES' to residential state type of prior accommodation:……

7. Marital Status: *(Tick box)*

- Single ☐
- Co-habiting ☐
- Married ☐
- Divorced ☐
- Separated ☐
- Widowed ☐

7. Do you have any children? *(Tick one)*

- ☐ Yes
- ☐ No

If 'YES' details and care arrangements:……

……..

9. Do you have a sexual partner? *(Tick one)*

- ☐ Yes
- ☐ No

If so, are they an IV drug user? *(Tick one)*

- ☐ Yes
- ☐ No

B. Drug History and Previous Treatment

10. Age first used drugs?……

11. Age first injected?……..

12. Length of time IV Drug User?……..

13. Have you ever undertaken any of the following? *(Tick box)*

- Methadone Maintenance ☐
- Counselling ☐
- Residential Drug Treatment ☐
- Narcotic Anonymous ☐
- Other…….

It 'YES' to Residential Drug Treatment please state:

No. of Occasions……

Most recent residential setting……..

Length of stay……..

14. Number of detoxes?……..

15. Longest period drug free?……..

C. Training and Employment

16. Age left school?……

17. Highest level of education *(Tick box)*

Primary Level ☐

Secondary Level - Inter/Junior/Group Cert ☐

- Leaving Cert ☐

Third Level ☐

18. Have you ever undertaken any training/courses? *(Tick one)*

☐ Yes

☐ No

Details……

19. Ever in paid employment? *(Tick one)*

☐ Yes

☐ No (If no go to Q26)

20. Longest period in employment?……

21. Last position of employment? *(incl. FAS, CE schemes)*

……..

22. Was it a full/part-time position? (Tick one)

☐ Part-Time

☐ Full-Time

23. How did you find the working environment? *(e.g. 9-5 day, colleagues, employers)*

……..

……..

24. While in employment, did you encounter any difficulties because of your drug use? *(Tick one)*

☐ Yes

☐ No

If 'YES' what?.....

25. Primary reasons for leaving employment? *(Tick if Yes)*

Drug Use	☐
Family/Personal Problems	☐
Work Environment/Colleagues	☐
Wages and Conditions	☐
Asked to Leave	☐
Wanted to Leave	☐

26. Do you require additional training? *(Tick one)*

☐ Yes

☐ No

27. What training programmes would you like to undertake?

.....

.....

28. Do you have any literacy problems? *(Tick one)*

☐ Yes

☐ No

29. What skills would you like to acquire?

.....

D. Legal Status

Are you currently on any of the following? *(Tick if yes)*

Temporary Release (TR)	☐
Suspended Sentence	☐
Community Service	☐
Probation	☐
Bail	☐

30. Do you have a warrant out for your arrest? *(Tick one)*

☐ Yes

☐ No

31. Have you ever spent any time in custody? *(Tick if yes)*

Serving a Sentence ☐

On Remand ☐

32. Do you have charges pending? *(Tick one)*

☐ Yes

☐ No

E. General

33. How are you at forming and maintaining friendships? *(Tick one)*

Very Good ☐

Good ☐

Okay ☐

Poor ☐

Very Poor ☐

34. How confident are you when undertaking group work? *(Tick one)*

Very Good ☐

Good ☐

Okay ☐

Poor ☐

Very Poor ☐

35. How would you rate your confidence when you are with people who have never used drugs? *(Tick one)*

Very Good ☐

Good ☐

Okay ☐

Poor ☐

Very Poor ☐

36. How would you rate your self-esteem at the present time? *(Tick one)*

Very Good ☐

Good ☐

Okay ☐

Poor ☐

Very Poor ☐

37. Have you encountered any problems as a result of your drug use? *(Family, Health etc)*

……..

……..

38. When you leave the programme, where are you most likely to return? *(Tick one)*

Local Authority ☐

Private Rent House/Flat/Bed-Sit ☐

Family Home ☐

Hostel ☐

B&B ☐

Squat ☐

With friends ☐

Other ☐

39. Ideally, where would you like to live? *(Tick one)*

Local Authority	☐
Private Rent House/Flat/Bed-Sit	☐
Family Home	☐
Hostel	☐
B&B	☐
Squat	☐
With friends	☐
Other	☐

40. Why did you apply to undertake the Reintegration Programme?

……

……

41. What do you hope to gain by undertaking the Programme?

……

……

Appendix D (1)

Merchant's Quay Reintegration Programme

Fortnightly Care Plan

Name:…… **Date:**…….

Worker:…….

1. Health Issues

How has your health changed over the past fortnight, please talk about your sleeping and eating patterns, energy levels and any medical issues or problems.

2. Emotional Well-Being

What good feelings have you had over the past fortnight (please tell us about any mood swings, anxiety or depression you may have felt during this time.

Have keywork sessions and support groups helped you?, if so how?.

Please describe any other ways of coping you have used.

3. Relationships

How have your relationships with other residents developed over the past fortnight, are they good, bad , indifferent.

Have you found any difficulties making new relationships, have there been anything which has made this better or worse?.

How would you assess your relationships with staff?

Thinking about your relationships with people outside the project e.g. family, friends, partner etc. Please describe any changes that have taken place over the past fortnight.

4. Lifeskills

Our level of life skills can have a big impact on our quality of life. These skills include cooking, planning, stress management and communication.

What have you learned over the past fortnight?

5. Education and Training

Over the past fortnight what sessions/groups have you been involved with in the Day programme? Which of these have you found helpful/enjoyable and why? Which have you found unhelpful or difficult?

What would you say your three most important achievements/things you have learned during this time?

If you are involved in education, voluntary work or job placement outside of Reintegration Programme how do you feel about this?

6. Leisure

What activities have you enjoyed over the past week and why?

Please think about any periods of boredom you have experienced, how frequent have they been? How long have they lasted? What have you done to change your mood?

Are there any things you would like to spend more time doing?

7. Abstinence

How does it feel to be drug free for (another) fortnight? What are the main difficulties you have been facing e.g. craving, dreams, doubts or worries etc?

What have you been able to do to make things better for yourself?

Have you learned anything new during this period?

8. Motivation

Motivation and self-esteem are important and difficult issues for former problems drug users. How has your level of motivation changed in the last fortnight? What things have helped? What have you found difficult?

Would you say that over the past fortnight you have become more or less confident in maintaining your progress and achieving your goals?

Who did you know prior to coming to Reintegration Programme? Who would you consider safe and supportive? Please write down their names, addresses, telephone numbers etc.

Do you think that you need to build up the number of safe and supportive people you feel you can turn to? It so, how do you think that this can best be done?

Over the past fortnight have you met anyone new who you think could be safe and supportive? If yes please outline.

9. Move-On

What feelings or thoughts if any have you been having about moving on from the programme?

What aspects of the service that you are now receiving do you think will be useful when you leave?

What information or advice do you need to make an appropriate decision about making the right move?

What sort of move-on are you thinking of at the moment? What sort of skills or abilities do you think you will need to make that work for you?

10. Particular Difficulties

Please tell us about anything that has been particularly difficult for you during the past fortnight?

How have you coped with this?

How might you cope if these things happen again?

11. Goals for the Next Fortnight

What are your goals for the next fortnight?

What steps will you need to take to achieve them? What resources might you need?

Appendix D (2)

Merchant's Quay Reintegration Programme

Fortnightly Care Plan Assessment Form

Worker:..... **Date:**...../...../.....

Resident:.....

1. **Health Issues:**.....

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.....

.....

.....

2. **Emotional Well Being:**.....

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.....

.....

3. **Relationships:**.....

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.....

.....

4. **Life Skills:**.....

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5. Education/Training:.....

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6.

Leisure:.....

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7. Abstinence:.....

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8. Motivation:.....

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9. Support Networks:.....

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10. Move-On:.....

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11. Particular Difficulties:.....

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.....

.....

12: Goals For Coming Fortnight:.....

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……

……

Appendix E

Merchant's Quay Reintegration Programme

Weekly Self Assessment

This self-assessment require *you* to be *honest* with yourself. This will require a lot of thought and commitment; but if you are *honest* it can be an indicator of 'where you are at'.

SECTION ONE:

1. Identify 3 emotions you have experienced this week from the list below:
(Choose the ones you identify with most)

ACCEPTED	DEFENSIVE	LONELY
AFRAID	FRUSTRATED	SAD
ANGRY	HOPEFUL	SHY
ANXIOUS	INFERIOR	SUSPICIOUS
LOVED	HAPPY	SATISFIED
CONFUSED	NERVOUS	DETERMINED

SECTION TWO:

Using a '*mood scale*', circle a number, which illustrates your response to the following statements:

I feel good about my life right now!

(NO) 1 2 3 4 5 6 7 8 9 10 (YES)

I feel comfortable with most of the residents!

(NO) 1 2 3 4 5 6 7 8 9 10 (YES)

I feel determined to finish the programme!

(NO) 1 2 3 4 5 6 7 8 9 10 (YES)

I feel I am contributing well in groups!

(NO) 1 2 3 4 5 6 7 8 9 10 (YES)

I feel I am a good listener in groups!

(NO) 1 2 3 4 5 6 7 8 9 10 (YES)

I feel I support other residents well in groups!

(NO) 1 2 3 4 5 6 7 8 9 10 (YES)

I feel supported by other residents in groups!

(NO) 1 2 3 4 5 6 7 8 9 10 (YES)

SECTION THREE

Please Tick your response to the following. Remember this is *your* self-assessment so be as honest as you can!

Have you had any cravings this week?	Yes/No.
If yes, how often?	Most of the time.
	Every few days.
	Occasionally.

Please Tick any statements that you think are '*true*' of you.

This week I have felt…	sadness about my life in general.
	fearful about returning to drug use.

angry with myself for getting into this situation.
loss because to remain drug free I can't get high.
happy because I am in a 'safe' environment away from drugs.

If you have any other comments concerning your feelings this week please use the space below:

……
……
……
……
……
……

Appendix F

Merchant's Quay Reintegration Programme

Weekend Plans

Name: …… **No of Weeks in the programme:**…… **Date:**……/……/……
Contact No's: **Fri:**…… **Sat:**……

Address where residing overnights:……

……
……
……

Relationship to owner /resident at address:……

Outline of Plans: **(Inclusive of times, places and people you plan to spend time with)**
Fri:……
……

……

……

Sat:……

……

……

……

Sun:……

……

……

……

Sanctioned staff/peers:……

Please outline any fears, anxieties or concerns you may have in relation to your plans:……

……

……

Appendix F

Merchant's Quay Reintegration Programme

Homeleave Assignment

This assignment is designed to enable you to identify some of your hope, fears and potential danger areas before going on homeleave.
Please answer questions honestly to help us work with problems that may arise.

1. What aspects of homeleave are you most concerned about?
   - Relationships with family, partner and friends;
   - Being back in the home environment;
   - Craving for drugs or alcohol;
   - Pressure from others to use drugs or alcohol;
   - Being away from a safe environment;
   - Meeting people from your drugs past.

Other (please specify)……

……

(B) Please discuss in more detail and explain how they may affect you on homeleave.

1. What emotions do you most identify with in connection with your homeleave?

EXCITEMENT	VULNERABILITY
HOPE	INSECURITY
OVER ENTHUSIASM	FEAR OF REJECTION
CONFIDENCE	

Other (please specify)……

……

(B) Please discuss in more detail and explain how you think your emotions may help or hinder your visit.

2. What practical measures you feel you can make before each homeleave to ensure that you remain safe and enjoy your visit.

Appendix H

Merchant's Quay Reintegration Programme

Weekend Handover/Check in

Date:……/……/…… **Completed by:**……

Staff Present:……

Feedback from Residents:……

……

……

……

……

Activities/Incidents from Weekend:……

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Clients: Outline of clients present in programme and where they are at

1.

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2.

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3.

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4.

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5.

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6.

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7.

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8.

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Summary of any outstanding issues, concerns and interventions agreed:

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Appendix I

Merchant's Quay Reintegration Programme

Weekly Appointments Plan

Week Commencing:…../…../…..

Name:……

Please give a brief outline of any appointments you have for the coming week inclusive of;

Date

Times

Who Your Appointment is with

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

This sheet must be completed weekly.
Your appointments must be agreed with staff.
Ensure that plans/appointments do not clash with times and dates of the programme timetable or any other planned activities.

Appendix J

Merchant's Quay Reintegration Programme

Drug Craving Patterns

There are four types of drug cravings

- Reinforced –use cravings.
- Overt craving generated by interceptive cues.
- Covert cravings.
- Conditioned cravings produced by specific stimuli.

Reinforced cravings occur only during a drug use binge, therefore we will not discuss them at this stage.

The exercises in this section will focus on covert cravings and cravings brought on by interceptive and conditioned cues. When you learn how to manage craving your recovery will seem less erratic.

Interceptive Cues

Interceptive cues are physical changes that either trigger a craving or are brought on by a craving episode. Learning to recognise these physical responses will help you manage your drug cravings.

1. What are the most common symptoms you have felt during drug urges or just prior to using?

Sweaty palms or sweating elsewhere	☐
Shakes or unusual body movements	☐
Racing thoughts or obsessions	☐
Rapid or pounding pulse	☐
Heart palpitations	☐
Stomach pains or gastrointestinal distress	☐
Other	☐

2. Which symptoms made the craving worse?

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.....

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.....

.....

Which symptoms bothered you the most?

……

……

……

……

……

Now we will connect these symptoms to craving episodes.

3. Describes 3 episodes of drug craving you have had recently. Next to each list the physical symptoms you experienced.

Craving Episode	Physical Symptoms Experienced
(1)	
(2)	
(3)	

Now you have completed this list, think for a moment how your physical symptoms relate to your craving for drugs. Carry your list of symptoms around with you for two weeks. Each time you have a symptom note your level of craving.

Covert Craving

Covert craving is much more difficult to detect. It is comprised of two elements

- A desire to stop treatment
- An unusually strong feeling that you have quit drugs forever.

(4) Are you thinking of stopping treatment?

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(5) If yes, describe exactly why you feel that you have to leave.

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(6) Do the staff agree/disagree

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(7) If they disagree, what are their reasons for wanting you to stay?

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(8) Could your feelings be covert drug cravings?

……

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……

Conditioned Cues

The next exercise will help you develop a list of conditioned cues that bring on a craving for drugs. When you start this exercise, it may seem that everything creates a conditional-cue response. Most people find that they have between 10 and 50 distinct cues in their environment that trigger intense drug craving. Most drug users can also recognise another 50 to 100 less distinct cues that can promote relapse if they arise while the drug user is in a vulnerable state. Detailing the exact nature of these cues will aid you in avoiding relapse.

As you discover which cues activate your cravings, you can familiarise yourself with the sensations they create. After repeated, conscious exposure to these cues without subsequent relapse, the power of these cues to generate craving becomes defused.

First, sit quietly for a moment and think of things you associate with drug use. Certain music, specific scenes and drug paraphernalia are good examples of cues. Develop a list of people, places and things that trigger thoughts about drugs. Then, being as specific as you can, describe these cues below. You may need to continue this list on a separate page.

(9) List each trigger

Now that you have completed this first list, go to the weekly self-assessments and copy all the sensations that triggered a drug craving. Copy them into the space below.
(10)Triggers from my weekly self-assessment.

When you experience or think of additional cues, you may wish to add them to your list.

Now that you have developed the master list of conditioned cues, they need to be divided into four categories:

1. Physical cues that can be eliminated by simply removing them from the environment.

2. Unavoidable cues that can be extinguished at this stage of recovery.

3. Cues that are best avoided now, but must be extinguished later in recovery.

4. Danger cues – triggers that must be avoided at all costs.

Go through your list of cues over the previous pages and decide which can be eliminated by the removal of some physical object. Examples include: drug paraphernalia, records or tapes, address books, automatic teller cards – whatever objects you have come to associate with drug use. Then list your plan for when and how you will discard each object.

List 1

Physical Cues	How & when I will discard this object

Next, we will determine which cues are unavoidable, such as being angry, or looking at a cigarette lighter. Look over your list of triggers and extract the ones that you are unable to avoid in your current situation. Compile them in List 2 in the left column, then with the help of the rest of the group develop a specific plan for extinguishing each cue. Unavoidable cues are extinguished by experiencing the behaviour feeling, or state of mind associated with each cue without pairing it with drug use.

For example, if you used a butane cigarette lighter to smoke crack, handle and light a similar lighter three times a day for a week. Consciously exposing yourself to such cues will gradually defuse. If getting angry increase your craving, you will have to catch yourself the next time you are angry and take note of your craving level. Each subsequent episode of anger should induce less craving.

List 2

Unavoidable Cues	Plan to Extinguish this Cue

When you have developed the list of unavoidable cues, set aside some time each day to work on extinguishing these cues by experiencing the emotions they trigger.
Next, go through your master list and extract the cues you can put off dealing with until later. An example might be driving down a particular street where you once bought drugs. When you drive down this street in recovery, it will probably trigger a drug craving. The simplest solution is to avoid driving down this street until you are settled in your recovery. At that point, you should work toward extinguishing this cue by driving down that street several times a month, preferably with family or a recovering friend.

List these cues below, and write out a plan for extinguishing each cue. In the third column list when you plan to work on this cue and who you are going to take with you.

List 3

Cues to Extinguish Later	How?	When?	With Whom?

Finally, extract from your master list those cues that must be avoided at any cost. These include such things as exposing yourself to an amount of drugs or associating with a drug dealer. List these below then describe a specific plan for avoiding these danger cues. An example of a plan would be to write to your drug dealer and tell him if he comes around you will call the police.

List 4

Cues to Avoid at any Cost	Plan to Avoid this Cue

Appendix K

Merchant's Quay Reintegration Programme

Social Skills

Each lesson teaches one skill, select the skill to be taught from the following list.

- Starting a conversation
- Carrying a conversation
- Ending a conversation
- Listening
- Expressing praise
- Expressing appreciation
- Expressing encouragement
- Asking for help
- Giving instructions
- Expressing affection
- Expressing a compliment
- Persuading others
- Expressing anger
- Responding to praise
- Responding to the feeling of others
- Apologising
- Responding to failure
- Responding to contradictory messages
- Responding to complaints
- Responding to angles
- Setting a goal
- Gathering information
- Concentrating on a task
- Evaluating your attitude
- Preparing for a stressful conversation
- Establishing priorities
- Decision making
- Identifying and labelling your emotions
- Determine responsibility
- Making requests
- Relaxation
- Self control
- Negotiation
- Helping others
- Assertiveness

Appendix L

Merchant's Quay Reintegration Programme

Relapse Prevention Timetable

* Denotes groups that are delivered as standard, the remaining groups are available on a group need basis in designated slots

NO	SESSION	AIMS/OBJECTIVES
1*	Introduction to RP programme	- To briefly introduce the relapse prevention model - To discuss the positive and negative effects of drinking, both short and long term, and decision balance sheet matrix. - Lapse and relapse definitions. - To distribute homework tasks. - To learn a relaxation technique.
2*	Current status	- Clients to identify their current status. - Expectations and goal. - What changes do you need to make?
3*	Anxiety and Relaxation	- To increase the group's awareness of anxiety and appropriate ways to cope with anxiety. - To distribute homework tasks. - To learn a relaxation technique.
4*	Change	- To inform clients of process of change. - Clients to identify their attitude to their drug use
5*	High risk Situations/Triggers	- To define what high-risk situations are. - To identify each client's current hierarchy of high-risk situations. - To review what their past and current coping strategies are. - To review their pre-group homework task, and to anticipate future high risk situations. - To distribute homework tasks. - To learn a relaxation technique.
6*	First Aid	- To instruct clients in basic First Aid.
7*	Thinking Errors	- To raise awareness of thinking processes. - To try to identify ways of increasing objectivity, particularly in social situations. - To distribute homework tasks. - To learn relaxation techniques.

8*	Hepatitis	- To educate clients on hepatitis, routes and transmission.
9*	Psychological Traps	- To increase awareness of patterns of thinking such as RVE and SIDS. - To distribute homework tasks.
10*	Healthy Living & Diet	- To give basic good eating guidance.
11*	Assertion	- To increase awareness of assertion and how to use it when refusing drugs. - To allow members to role play 'refusal' situations. - To distribute homework tasks.
12*	HIV	- To educate clients on HIV, routes & transmission.
13*	Decision Making and Problem Solving	- To increase awareness of the processes involved in decision making and problem solving. - To identify the client's own patterns, strengths and weakness. - To teach new skills to help effective problem solving and decision making. - To distribute homework tasks.
14*	Drug Use & Offending	- To give information and advise on the links. - Life Maps & Patterns.
15*	Lifestyle Balance	- To increase clients own awareness of causes of stress. - To introduce coping strategies against stress. - To distribute homework tasks.
16*	Cravings	- To give clients coping strategies for dealing with cravings.
17*	Depression	- To define meaning of depression. - To equip clients with coping strategies to cope with depression. - To distribute homework tasks.
18	Safer Drug Use/Harm Minimisation	- To inform clients of Safer Drug Use Techniques. - Video on safe injecting. - Discussion.
19*	Putting it all Together	- To access pre-lapse/relapse emotional states. - To help utilise skills/strategies learnt. - To reiterate and reinforce course content. - To increase clients self-efficacy.
20	Safe Sex	- To give information and advice.

21	Methadone	- To give information and advise on use/misuse. - To inform clients of effects (mental, physical, psychological).
22	Stimulants	- To give information and advise on use/misuse. - To inform clients of the effects (mental, physical, psychological)
23	Depressants	- To give information and advise on use/misuse. - To inform clients of the effects (mental, physical psychological)
24	Alcohol	- To educate clients on safe levels. - The effect/affects of alcohol use.
25	Choices Game	
26	Support Networks	

Appendix M (1)

Merchant's Quay Reintegration Programme

Support and Aftercare Group

The following guidelines were agreed by the members of the Support and Aftercare Group in conjunction with the facilitator. They are open to review at any stage.

Membership Status

- Membership is not confined to those who have graduated from the Reintegration Programme.
- Clients must be two weeks drug free prior to starting the group.
- The group is open to all past and current clients of the Reintegration Programme, however clients only become eligible to join the group when they have graduated onto the second phase of the programme (second six weeks). An exception is made for those clients who may be in full time employment, education or training, which takes them out of normal daily structure.
- Any members who have used drugs between groups are expected to present this lapse to the group.
- Any member who has taken alcohol between groups is expected to share this with the group.
- Any member attending the group affected by either drug or alcohol use will be asked to leave and give the option of meeting with the facilitator outside the group hours to discuss their behaviour and suitability regarding membership.
- The group has agreed that 'social use' of alcohol is 'ok' for group members however if any individual's alcohol use consistently takes up group time they are given feedback from members to this effect. In situations where this continues a review appointment with the facilitator is required to explore this issue on a one-to-one basis.
- Membership is open to periodic review.

Presenting Process

Clients who are not involved in the programme/have left the programme before their planned completion date may apply for the group according to the following procedure.

- They must phone the facilitator and make an appointment to discuss their support needs. Depending on their current drug status they will be given the earliest possible appointment.
- At this meeting they will be assessed on the basis of drug free/clean time, stability and needs presented.
- The facilitator presents the individual case and wishes to join/rejoin the group to the members at the next meeting.

- The group's decision will be reported to the individual the following day and where applicable the client will be invited to join the next meeting.
- Upon joining/rejoining the group the individual will be given the option to present themselves and their reasons for joining/rejoining the group and to outline any previous issues left unresolved from previous meetings etc.

Attendance and Time-Keeping

- Members are expected to make a commitment to attend weekly for one year.
- The group will be held once weekly on a weeknight.
- The doors are open from 7.00P.M.
- Members wishing to avail of tea/coffee must do so before 7.30P.M.
- There is the option of Auricular Acupuncture before 7.30P.M.
- The group starts promptly at 7.30P.M. all members are expected to be seated and ready to begin at this time.
- The group runs until 9.00P.M, in certain circumstances it may run over until 9.20P.M.
- Members are expected to arrive on time and any consistent lateness will be addressed in the group. Members disrespecting the timing structure will have their membership reviewed on the basis of commitment and need.
- Members who foresee difficulties attending in any given week are expected to phone/page the facilitator in advance to make their apologies.
- Any member who misses two consecutive meeting without clearance will be asked to re-present to the facilitator and may have to go through the above presenting process.

Structure

- No smoking, eating, drinking or breaks during the group.
- Any racist, sexist, homophobic or aggressive behaviour will result in members being asked to leave the meeting.

Appendix M (2)

Merchant's Quay Reintegration Programme

Support and Aftercare Group Guidelines

As a member of the group you have a right to expect…

- A drug and alcohol free environment.
- A non-sexist, non-homophobic, non-racist, non-aggressive, non-threatening, non-violent atmosphere.
- To be treated as an equal.
- Support from peers and facilitating staff.
- To be listened to, to be heard in a non-judgemental way.
- Respect and appropriate sensitivity from all present.
- To be challenged by peers and facilitator/s where appropriate.
- To be asked to leave if affected by drugs or alcohol.

As a member you will be expected to

- Make every effort to attend every week.
- Make every effort to be on time each week.
- Give reasonable notice of any intention to miss a meeting.
- Participate fully and encourage others to participate.
- Treat all present as equals, in a non-judgemental way.
- Treat all members and facilitators with respect and sensitivity.
- Be supportive to peers.
- Speak one person at a time.
- Listen and not cut across others who are speaking.
- Be honest in what you share during sessions.
- Be open to challenge and sensitive when challenging others.
- Keep what is shared in groups as strictly confidential.
- Take responsibility for your feelings and do not 'dump' on others.
- Treat the facility with respect and tidy up after yourself.
- To work within the guidelines.

Appendix M (3)

Merchant's Quay Reintegration Programme

Support and Aftercare Group Log

Date:……/……/…… **Meeting Number:**……

Members present:

…… ……

…… ……

…… ……

…… ……

…… ……

…… ……

Facilitator:……

Apologies:

…… ……

…… ……

Group atmosphere:……

……

……

Content/Issues:……

……

……

Facilitators comments:……

……

……

Follow up/tasks:……

……

……

Appendix N

Merchant's Quay Reintegration Programme

Facilitator Evaluation

Group:…… …… **Facilitator**:……

Session:…… **Number of participants**:……

Was the goal of the session achieved; Trainers view?

……

……

……

……

Was the goal of the session achieved; Clients view? (feedback)

……

……

……

……

Were there any unusual difficulties?

……

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.....

What was the group atmosphere?

.....

.....

.....

.....

What should be done differently in the next session?

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.....

How could this particular session be improved?

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.....

.....

Which examples/exercises were most effective?

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.....

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Appendix O

Merchant's Quay Reintegration Programme

Participant's Evaluation

Group:..... ..... **Facilitator**:.....

Session:..... **Number of participants**:.....

What did you learn?

.....

.....

.....

.....

In what ways was the session valuable to you?

.....

.....

.....

.....

How can you apply these skills to you?

.....

.....

.....

.....

How could the session be improved?

.....

.....

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Appendix P

Merchant's Quay Reintegration Programme

Evaluation of Participant's

Group:..... ..... **Facilitator**:.....

Session:..... **Number of participants**:.....

How well did they participate?

.....

.....

.....

.....

How much did they appear to enjoy the session?

.....

.....

.....

.....

How much did they understand the content?

.....

.....

.....

.....

Did they acquire the skills and appreciate how it could be applied outside of the group?

.....

.....

.....

.....

Was there evidence of skills taught?

……

……

Completed by:…… **Date**:……/……/……

Appendix Q

Merchant's Quay Reintegration Programme

Employer Feedback Forms

1. Do you feel a placement was of any value to your company?
Yes/No (please specify below)

……

……

……

……

……

……

……

……

……

2. Has their been any impact on your company as a result of having a placement in your company? *i.e. attitudes/judgements etc.*

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3. What do you feel the value of the placement was for the participant?

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4. Did you feel supported by Reintegration Programme whilst the placement was in your company?

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5. Would you be willing to take another placement in your company?

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Appendix R

Merchant's Quay Reintegration Programme

Training Providers Participation Feedback Forms

The Following questionnaire has been developed to explore whether the Drugs Education Course is successful in meeting the needs of its participants. We would be very grateful if you would support us in assessing your needs and evaluating the training provided.

1. **Overall what did you think of the Drugs Education Course?** (*Tick one*)

Very Good	☐
Good	☐
O.K	☐
Poor	☐
Very Poor	☐

2. **What did you hope to gain from attending the Course?**……

……

3. **Do you feel that you have achieved/started to achieve your goals?** (*Tick one*)

☐ Yes, I have achieved my goals

☐ Yes, I have started to achieve my goals

☐ No, because……

……

4. **What aspect of the Course did you find particularly useful?**……

……

……

5. **What changes do you think could be made to improve the Course?**……

……

……

……

6. Would you recommend the Drugs Education course to others? (*Tick one*)

☐ Yes, I would

☐ No, because……

……

7. How satisfied are you with the extent to which the course met your needs in terms of:

1 = Very Satisfied 3 = Neither 5 = Very Dissatisfied

2 = Reasonably 4 = A bit dissatisfied

	1	**2**	**3**	**4**	**5**
Understanding the issues surrounding drug use	☐	☐	☐	☐	☐
Understanding dealing with and handling those with drug problems	☐	☐	☐	☐	☐
Understanding and dealing with those effected by others drug use	☐	☐	☐	☐	☐
Understanding of drug terminology and street names	☐	☐	☐	☐	☐
Knowledge of legal classifications and aspects of various drugs	☐	☐	☐	☐	☐
Understanding of treatment methods and theories	☐	☐	☐	☐	☐
Understanding of the issues around methadone prescribing	☐	☐	☐	☐	☐
Knowledge of existing services and resources	☐	☐	☐	☐	☐

8. Do you think that your attitude towards drug users has changed? (*Tick one*)

No ☐

Yes ☐ How?……

……

9. As a result of attending the Training Course, to what extent do you feel;

1 = Very Satisfied 3 = Neither 5 = Very Dissatisfied

2 = Reasonably 4 = A bit dissatisfied

	1	**2**	**3**	**4**	**5**
More accepting of others	☐	☐	☐	☐	☐
More aware of self and more confident around drug issues	☐	☐	☐	☐	☐
More comfortable dealing with those effected by problem drug use	☐	☐	☐	☐	☐
Better able to cope with own feelings	☐	☐	☐	☐	☐

10. As a result of the Training Course how satisfied do you feel with your ability to;

1 = Very Satisfied 3 = Neither 5 = Very Dissatisfied

2 = Reasonably 4 = A bit dissatisfied

	1	**2**	**3**	**4**	**5**
Identify various drugs	☐	☐	☐	☐	☐
Identify drug paraphernalia	☐	☐	☐	☐	☐
Identify drug misuse	☐	☐	☐	☐	☐
Understand those affected by problem drug use	☐	☐	☐	☐	☐
Listen effectively and understand	☐	☐	☐	☐	☐
Deal with behaviour you find difficult	☐	☐	☐	☐	☐
Deal with conflict related to drug use within the Organisation	☐	☐	☐	☐	☐
Make appropriate referrals	☐	☐	☐	☐	☐

11. Do you feel that you have developed any other new skills? (*Tick one*)

No ☐

Yes ☐ What? .....

.....

12. What difference (if any) will the course make to your role within the organisation?

.....

.....

13. What action do you plan to take to follow-up on the training?

.....

.....

.....

.....

Appendix S

Merchant's Quay Reintegration Programme

House Guidelines Re-entry House

1. Alcohol/Drugs are not to be used in the house. Clients thought to be affected by either should be asked to leave the house and a staff member contacted to maintain the safety of the house for other residents. Only ask an individual to leave **do not** enter into confrontation.

2. Exclusive relationships can damage the group and cause a negative dynamic so we ask clients not to enter into these relationships.

3. Visitors to the house need to be passed through a worker before any visit (even to front door).

4. Bedrooms are your private space and not to be entered by other residents.

5. Rave/Dance music can be a trigger as it relates to drug use for most residents therefore it should not be played at any time.

6. T.V., radio, computers are a distraction from the daily structure and are not to be used until after 5.30pm.

7. The Chairperson has responsibility for the house in the absence of staff and shall make decisions as such. Do not enter into confrontation. Issues should be passed on to the staff team.

8. Residents are to return to the house by 12.30am at the very latest.

9. The T.V. is to be turned off at 12.30am and everyone off the floor by 1.00am.

10. Clients are to return to the house by 7.30pm on Sunday evening and attend a check-in meeting at 8.00pm.

Appendix T

Merchant's Quay Reintegration Programme

Programme Guidelines Day Facility

1. Clients are expected to arrive at the facility by 9.30am and remain in the programme until 5.00pm unless previously passed with staff.

2. Lunches are to be made in the re-entry house and brought into the facility daily.

3. The gym, garden and other floors are the property of the Residential Programme. The use of these facilities must be passed by the key worker in the residential facility before presenting to the Reintegration Programme staff team.

4. It is the responsibility of each person to ensure that his or her weekend plans are passed by Friday and that they have enough money in their accounts on Tuesday to cover them for the weekend. (Plans or money will not be passed through third parties.)

5. The Support & Aftercare group once you have been presented is not optional, it is part of the programme.

6. Business phone calls are to be made at allocated times (9.30am – 10.00am) and not during structure.

Appendix U

Merchant's Quay Reintegration Programme

Role of Chairperson Re-Entry House

The chairperson has the following three duties.

1. Ensuring all clients follow the house guidelines.
2. Liase between clients and workers.
3. Delegate housekeeping duties.

House Guidelines

1. The chairperson is responsible to ensure that all residents follow the guidelines and pass on to a worker any problems, should they arise.

Liase with Workers

2. The chairperson is to liase with workers and discuss any issues arising regarding the running of the house. These issues should be passed on each morning to the keyworker or placed on the agenda to be presented at the team business meetings. The chairperson is also responsible for feeding back to the staff team any visitors calling to the house.

Housekeeping

3. (A) Daily shopping i.e. Newspaper, milk, bread etc.
   (B) Dustbins to be put out early Tuesday morning.
   (C) Organise weekly shopping and money/receipts.
   (D) Check dates and rotate food in fridge/freezer/press.
   (E) Ensure hand and tea towels are washed and dried.
   (F) Ensure house/gardens are clean and tidy.
   (G) Hold front door key and make sure all doors and windows are locked when leaving the house.
   (H) Pass any phone calls that are not local rate i.e. calls to mobile, abroad etc.

The role of Chairperson is to delegate the above tasks equally between all residents. If there are any issues they are not to be dealt with or confronted by the Chairperson these **must** be passed on to the staff team.

Appendix V

Merchant's Quay Reintegration Programme

Role of Chairperson Day Facility

The Chairperson in the Day Facility has the following three duties.

1. Ensuring all clients follow the programme guidelines.
2. Liase between clients and workers.
3. Delegate housekeeping duties.

Programme Guidelines

1. The Chairperson is responsible for ensuring that all clients follow the guidelines and pass on to a worker any problems, should they arise.

Liase with Workers

2. The Chairperson is to liase with workers and discuss any issues arising regarding the running of the programme. These issues should be passed on each morning to the key worker or else placed on the agenda to be presented at the staff team business meeting.

Housekeeping

3. (A) Daily shopping i.e. newspaper, milk etc.
   (B) Check dates and rotate food in fridge and press.
   (C) Ensure hand and tea towels are washed and dried.
   (D) Ensure premises are kept clean and tidy.
   (E) Communicate client needs to staff team.

The role of the Chairperson is to delegate the above tasks equally between all clients. It there are any issues they are not to be dealt with or confronted by the Chairperson these **must** be passed on to the staff team.

Appendix W

Merchant's Quay Reintegration Programme

Departure Form

This is a short questionnaire which is intended to find out what you thought of the reintegration Programme and how it could be improved upon for future clients. Your co-operation in completing this form would be very much appreciated.

Proposed Date of Departure……/……/…… Actual Date of Departure……/……/……

1. Name:_____
2. Gender: *(circle)* 1. Male 2. Female
3. How many weeks have you been on the Programme? ☐
4. Do you feel you have achieved/started to achieve your goals?
   - ☐ Yes Achieved
   - ☐ Yes Started to Achieve
   - ☐ No Why? _____

     _____

     _____
5. How would you rate your self-esteem now compared with when you started the Programme? *(Tick One)*

Very Good	☐
Good	☐
Okay	☐
Poor	☐
Very Poor	☐

6. How are you at making friends now compared with when you started the Programme? *(Tick One)*

Very Good	☐
	☐

Good

Okay ☐

Poor ☐

Very Poor ☐

7. How confident are you now at undertaking group sessions?

(Tick One)

Very Good ☐

Good ☐

Okay ☐

Poor ☐

Very Poor ☐

8. How would you rate your confidence now when you are with people who have never used drugs? *(Tick One)*

Very Good ☐

Good ☐

Okay ☐

Poor ☐

Very Poor ☐

9. Has the Programme helped you with relapse prevention?

(Tick One)

☐ Yes

☐ No

10. Have you acquired any new skills? (Interview, Personal Development, Budgeting etc)

(Tick One)

☐ Yes

☐ No

IF YES what skills?_____

_____

_____

_____

11. Did you improve any existing skills?

(Tick One)

☐ Yes

☐ No

IF YES what skills?_____

_____

12. What do you consider to be the most important thing that you have learnt on the Programme?

_____

_____

13. Since starting the Programme, how has your relationship with the following people changed?

	Got Worse	The Same	Improved a Bit	Improved a Lot
Parents	☐	☐	☐	☐
Other Family	☐	☐	☐	☐
Friends	☐	☐	☐	☐

14. Do you think you have changed in any way since coming here?

(Tick One)

☐ No

☐ Yes, IF YES, What?_____

_____

15. Do you think you need to make further changes?

(Tick One)

☐ No

☐ Yes, IF YES, What?_____

_____

16. What did you like most about the Programme?

_____

_____

17. What did you dislike most about the Programme?

_____

_____

18. Primary reason for leaving the Programme? *(Tick One)*

Drug Use ☐

Family/Personal Problems ☐

Asked to Leave ☐

Wanted to Leave ☐

Completed Programme ☐

Other _____

19. Were you satisfied with the support you received from ***workers*** within the Programme?

(Tick One)

☐ Yes

☐

No, IF NO, Why?_____

---

20. Were you satisfied with the support you received from ***clients*** also undertaking the Programme?

(Tick One)

☐ Yes

☐ No, IF NO, Why?_____

---

21. Has the Programme increased your…

	Definitely Yes	Yes	Not Sure	No	Not At All
Ability to Cope	☐	☐	☐	☐	☐
Job Skills	☐	☐	☐	☐	☐
Motivation	☐	☐	☐	☐	☐
Communication Skills	☐	☐	☐	☐	☐
General Life Skills	☐	☐	☐	☐	☐

22. To where are you most likely to return to live? *(Tick One)*

Local Authority Flat/House	☐
Private Rented House/Flat/Bed-Sit	☐
Family Home	☐
Hostel	☐
B & B	☐
Squat	☐
With Friends	☐

Other ☐

23. Did you find it difficult to sort out accommodation?

(Tick One)

☐ Yes

☐ No

24. What do you think your chances are of remaining drug free after leaving here?

(Tick One)

Very Good ☐

Good ☐

Okay ☐

Poor ☐

Bad ☐

25. Do you have any complaints about the Programme? *(Tick One)*

☐ No

☐ Yes

IF YES What?_____

_____

How do you think the Programme could be improved?_____

_____

27. Overall, how would you rate the Reintegration Programme?

(Tick One)

Very Good ☐

Good ☐

Okay ☐

Poor ☐

Very Poor ☐

Any Other Comments