

coolmine
therapeutic community

EWODOR

European Working Group
on Drugs Oriented Research

15th International Symposium

22nd - 23rd May 2014

Trinity College Dublin

EWODOR
2014 - Dublin, IRL
c/o Coolmine T.C.
& Trinity College.

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Ireland
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WELCOME



As Minister of State for Primary Care with responsibility for the National Drugs Strategy, I am delighted to welcome to Dublin the members of the European Working Group on Drugs Oriented Research for the 15th International Symposium on Substance Abuse Treatment themed Gender and Diversity in May 2014.

This important event, which is taking place in Ireland for the first time, will provide a platform for the exchange of knowledge and ideas and help to shape public policy regarding the treatment and rehabilitation of those affected by drug and alcohol problems.

Substance misuse remains a significant issue for Irish society today and the Government will continue to work in partnership with communities most affected by the problem. Implementing the actions in the National Drugs Strategy will remain central to our approach in this area.

It is through research we gain an understanding of the issues that touch the different client populations affected by substance misuse. When our policies and practices are based on scientifically rigorous evidence, we can improve the outcomes for those using our services and ensure that available resources are used to best effect.

I would like to thank all associated with this event: the speakers, those who submitted abstracts and all the participants. Finally, I would like to congratulate Coolmine Therapeutic Community on hosting this symposium. It is thanks to their efforts and commitment that this conference is taking place in the historic surroundings of Trinity College Dublin.

I wish you every success with the conference and look forward to learning of the outcome of these proceedings in due course.

Alex White T.D.,
Minister of State for Primary Care



On behalf of Coolmine Therapeutic Community we welcome you all to the 15th International Symposium on Substance Abuse Treatment of the European Working Group on Drugs Orientated Research (EWODOR).

Last year Coolmine TC celebrated our fortieth year of providing treatment and rehabilitation services in Ireland. For many years Coolmine has benefited from participation in the European Federation of Therapeutic Communities fora and we are delighted to be hosting the 2014 EWODOR symposium to share current research and provide a platform for discussion in treatment quality, evidence-based intervention and public policy.

I am particularly delighted to be introducing the theme of this symposium as Gender and Diversity. As a national treatment and rehabilitation service provider in Ireland we have been committed in an explicit way in addressing the needs of marginalised populations with substance misuse issues for many years. We have developed and adapted services to enhance accessibility. This has included the introduction of detoxification placements, gender-specific communities including our mother and child programme in Coolmine Ashleigh House and multi-disciplinary supports for those with complex needs.

Coolmine has been committed to reflecting evidence-based treatments for many years in our services to improve quality and enhance participant entry, treatment and outcomes. Recent initiatives include staff training in cognitive therapies, mindfulness based relapse prevention and parental attachment and skill programmes. We hope to contribute to the event though sharing findings from some of our recent research studies.

We would like to thank Minister White for his contribution to the event and support for the organisation's work. We would like to thank Trinity College Dublin, in particular Professor Shane Butler, Professor Paula Mayock and Mr Eoin Coughlan. We thank also Coolmine staff and clients who have worked hard preparing for and during the course of the event.

Finally, thank you all for your attendance and participation in the event.

Pauline McKeown
Chief Executive
Coolmine Therapeutic Community



EWODOR (the European Working Group on Drugs Oriented Research) was founded in 1983 to provide a forum within which researchers in the field of drug/alcohol treatment, prevention and policy could share research experience and expertise; compare procedures, methods and results; and subject their work to peer examination. Although EWODOR began life as a network of academics with an interest in drug-free therapeutic communities, its membership has expanded significantly over the past 30 years and now includes researchers and practitioners with interests in drug treatment generally and in recovery pathways in particular. EWODOR is now one of the largest and longest established research networks in Europe and cherishes a proud tradition of sponsoring research symposia and colloquia which span the divide between researchers and drug treatment practitioners. This emphasis on applied social research rather than “pure” science is best illustrated in the annual EWODOR symposia, where both delegates and presenters have traditionally been drawn from both communities and the events normally jointly hosted by a drug treatment service with an academic institution. We are delighted that, for the first time, the EWODOR Symposium is to be held in Dublin. Throughout Western Europe – and perhaps no more so than in the Republic of Ireland, there is a renewed enthusiasm for recovery-oriented interventions and a re-evaluation of the evidence base in its totality. All of this bodes well for the future and we look forward very much to sharing our work and ideas with long-standing colleagues and new friends in the delightful and vibrant City of Dublin.

Rowdy Yates,
Executive Director,
EWODOR





Keynote Speakers

Motherhood and Recovery Today: What lessons can we learn from the treatment journeys of mothers with problematic substance misuse



Karen Biggs

Abstract

Many researchers and service providers are looking to writings on recovery capital to give them some insight into how to deliver and design services that better respond to the needs of those seeking treatment. In this study we sought to understand what impact being a mother had on recovery. Using the recovery capital model we tracked the progress of mothers entering treatment with and without their children. Our study suggests that being a mother in recovery sets you apart from non-mothers in a number of ways. Motherhood can act as an incentive and disincentive to treatment and improve your likelihood of a successful recovery. The original study was carried out in 2011 and repeated in 2014 allowing comparison between the 2 studies.

Biography

Karen became the Chief Executive of Phoenix Futures in 2007. Phoenix Futures delivers recovery services for people with problematic drug and alcohol use. With a turnover of £30m and employing 557 staff, it is the 3rd largest substance misuse organisation in the UK operating in prison and community settings across England and Scotland. Phoenix Futures' unique approach is informed by its origins as a self-help organisation and is rooted in its commitment to empowering people with problematic substance misuses to take control of their own recovery.

Karen is a Board member of Drugscope and the European Federation of Therapeutic Communities. She has represented the sector on many Government working groups including an Expert Group Chaired by John Strang which advised the government on how to improve the recovery approach in medication prescribing.

Diversitas Unitas nostra est (Unity is our Diversity): History and current issues on the diversity debate in therapeutic communities



Prof. Dr Eric Broekaert

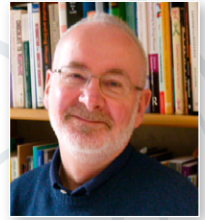
Abstract

Within this lecture “Diversity” within Therapeutic Communities is defined as the encouragement of the quality of human beings to be different in position in politics, philosophy, religion, science, culture, arts, and race while acting in difficult educational situations. This is reflected in the EFTC code of ethics as to provide service regardless of race, creed, religion, gender, national origin, sexual preference, age, disability, political affiliation, previous criminal record or financial status, respecting the position of the clients in the case of special circumstances. Human anxieties and uncertainties can be overcome through ARTS in the never ending search for new and better creations, through SCIENCE in the search for truth and evidence, and through the believe in a higher spiritual values in RELIGION. When we see TC as an educational process this never ending striving for the promotion of diversity is defined as meaningful social interaction within an adapted milieu. It aims at a transitional process of growth and development of the whole person, his family and primary network. This social interaction assumes diversity and differences between participants. It strives for inclusion, and makes use of intuitive and rationally structured methods and approaches. The integration of at first sight contra dictionary angles of incidence, creates new insights and more balanced behavior, feelings and attitudes. In other words: diversity embraces a new unity and satisfaction in life, as “that in which the many, still seen as *many*, becomes *one*” (Coleridge).

Biography

Prof. Dr. Eric Broekaert heads the Department of Orthopedagogics (Special Education) at Ghent University, Belgium. He has a long experience in the field of substance abuse treatment and research, both nationally and internationally. Prof. Broekaert founded the first TC ('De Kiem') in Belgium. He is the Chairman of the Orthopedagogical Observation and Treatment Centre for children with behavior disorders, and of the European Workshop on Drug Policy Oriented Research. He is a board member of the European Scientific Association for Residential and Foster Care and of the Centre for Children in Vulnerable Situations. He is honoree vice president of the European Federation of Therapeutic Communities. He is actively involved in a variety of national and international research projects concerning Substance Abuse Treatment. He has authored numerous scientific publications, is co-editor of the 'Therapeutic Communities – The International Journal of Therapeutic Communities.

Coolmine TC in the 1980s: The McDonaldization of Irish addiction treatment



Prof. Shane Butler

Abstract

This paper, taken from a fuller history of Coolmine TC written for the agency's 40th birthday in 2013, looks at events during the 1980s: the decade of 'Dublin's opiate epidemic' and also the first decade of HIV/AIDS. It draws on Ritzer's sociological theory of the 'McDonaldization of Society' to argue that the decision of Coolmine to align itself – ideologically and practically – with Daytop Village, New York, locked the Dublin agency into a rigid, one-style-fits-all approach to addiction treatment. It is argued that this implementation of the Daytop model of addiction treatment had two main effects: 1) from an internal organisational perspective, it stifled critical inquiry and openness to change; and 2) from a wider drug treatment perspective, it hindered Coolmine from adapting to the dramatic changes taking place in its external environment and to the changing expectations of the various stakeholder groups with which it was involved. While the value of having a universal approach to fast food may be justified on commercial grounds, it is argued here that Coolmine's adoption of a fundamentalist American TC approach in the 1980s could not be justified as an evidence-based approach to addiction treatment. Finally, it is concluded that the changes which eventually were introduced into the Coolmine programme were changes based primarily on a perceived necessity to respond to addiction problems flexibly, and in terms of local and national circumstances, rather than through the imposition of a rigid, international template.

Biography

Shane Butler is Associate Professor at the School of Social Work & Social Policy, Trinity College Dublin, where his specialist teaching and research interests are in the field of drug and alcohol policy. He has been Course Director for Trinity's M.Sc. in Drug and Alcohol Policy and a former member of the National Advisory Committee on Drugs, as well as serving on voluntary management committees for a number of voluntary drug treatment agencies. He is author of Benign Anarchy: Alcoholics Anonymous in Ireland which was published by Irish Academic Press in 2010.

Homelessness and Substance Misuse



Dr Joanne Fenton

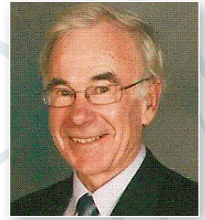
Abstract

- Objective:** To examine the presence of mental illness and co-occurring substance misuse in a male hostel.
- Method:** Agreeable residents were interviewed using SCID for DSM1V Axis 1 Disorders.
- Results:** 38 residents were interviewed. There was considerable co morbidity between disorders with a significant number experiencing both mental illness and substance misuse problems.
- Conclusion:** There is a higher prevalence of dual diagnosis amongst homeless hostel residents which highlights the need for closer working of mental health and substance misuse providers in working with this vulnerable group.

Biography

Dr Joanne Fenton is Consultant Adult Psychiatrist and Specialist Perinatal Psychiatrist in the Coombe Women and Infants University Hospital. She is also a member of the Board of Directors of Coolmine Therapeutic Community. She completed her medical degree from RCSI in 1993 and worked for 3 years in internal medicine before embarking on a psychiatric career in Baltimore, Maryland, USA. She completed her residency and dual fellowship in Addiction Psychiatry and Psychiatry of Old Age. Dr Fenton was Assistant Professor in Adult Psychiatry at the University of Maryland and worked as a consultant in the Psychiatric Emergency Room and with homeless mentally ill before returning to Ireland to set up the ACCESS Team in 2004.

Adult Education for Therapist and in Therapy



Ted Fleming

Abstract

Adult education plays an important part in the suite of disciplines available to the addiction service professional. It offers interventions to the client and provides the professional with a body of knowledge, research and practices. As counselling supports therapy, education supports learning. This paper will outline a number of questions that merit discussion and present answers from adult education that go some way to clarifying the potential of adult education in the knowledge and skill base of the addiction worker. Questions will be posed: What is adult learning? How can we make sense of current thinking and begin to realise its full potential? What ideas do adult educators borrow that support the project of an addiction service? What connections are there between learning and therapy that might be of assistance in a comprehensive approach to working in the addiction field? Transformative learning (Jack Mezirow); adult attachment theory (John Bowlby) and the developmental importance of respect and recognition (Axel Honneth) will be suggested and outlined.

Biography

Ted Fleming has been Senior Lecturer and Head of Department of Adult and Community Education at the NUI Maynooth. He researched and published on mature students, early school leaving and transformative learning. He has published papers and book chapters on Habermas, Mezirow, Bowlby and Honneth and co-edited a book on Habermas, Critical Theory and Education (Routledge, 2010) - recently published in Polish by Academic Press of the University of Lower Silesia. His graduate studies (MA and EdD) at Columbia University were with Jack Mezirow and he has also worked with Paulo Freire in Boston. He is currently involved in research with Irish Mens' Sheds and is also on the Board of Directors of AHEAD. He is involved in the publishing of four book chapters published March 2014: Loxley, Seery & Walsh (eds) Higher Education in Ireland: Practices, Policies and Possibilities, Palgrave Macmillan and also in Finnegan, Merrill & Thunborg (eds.) Student Voices on Inequalities in European Higher Education: Challenges for Policy and Practice in a Time of Change, Routledge.

Female Pathology and Gender Issues in Therapeutic Communities for Addictions



Dr Ilse Goethals

Abstract

This presentation is based on a dissertation entitled “Gender-specific profile of substance abusing women in therapeutic communities in Europe” by Joke De Wilde. The motive for this study is the finding that in Europe, the gender-focused research tradition is still under-represented and the available women’s services are scarce. The main aim was to search for gender differences and for this the database of the BIOMED II “Improving Psychiatric Treatment in Residential Programs for Emerging Dependency Groups through Relapse Prevention” project was used. First, the treatment characteristics of therapeutic communities were studied in order to determine if the ‘community as method’ approach differentiates between men and women. Second, the psychiatric status of men and women was examined and a psychiatric profile for women was developed. In a third and fourth study, differences in other than the psychiatric life area were explored and the lifetime prevalence of psychiatric mood and anxiety disorders were studied. In a fifth study, interviews were performed to identify possible barriers women feel to enter and remain in residential treatment. The last study reported on the development of the Video Addiction Challenge Tool (VACT) for women. In this presentation, the main findings of the different studies will be summarised and their clinical implications for the development of a gender-sensitive treatment approach will be discussed. It is clear that in gender studies the equality of woman and men is at stake. Today female gender promotion is too much limited and misunderstood by looking for equal quantitative representation, which is a rather male-oriented approach of gender issues.

Biography

Dr Ilse Goethals is lecturer at the University College Ghent, department of Orthopedagogy, and affiliated researcher at Ghent University, department of Orthopedagogics. Her main research subjects are therapeutic communities for addictions, children and youngsters with emotional and behavioural disorders, treatment processes, treatment standards and the implementation of a conflict management technique called Life Space Crisis Intervention (LSCI). As a member of the E-QUAL expertise centre (University College Ghent) she is currently investigating Quality of Life in different treatment settings and/or populations.

Evolution of Prison Based TCs

UK: A changing environment



Di Hilton

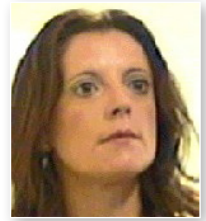
Abstract

Although far from extensive, the available literature surrounding prison-based TCs in the UK suggests they are effective, to varying degrees, at reducing substance misuse and recidivism. Phoenix Futures has had TCs in prisons since 1997 and has heavily influenced the modification and progression of the TC model in partnership with the Prison Service. Our TCs have changed considerably over the last 10 years and this presentation will outline the challenges surrounding the implementation and progression of our in-prison TC treatment model and detail how it has become an established and influential treatment method for tackling substance misuse.

Biography

Di Hilton is Head of Operations for Phoenix Futures. She has 20 years experience in drug and alcohol field and has been involved with the TC movement since 1990. Phoenix was the sole provider of prison-based TCs in the UK from 1997 until 2012 and Diane has led the implementation and development of these since 1999. Phoenix has heavily influenced the modification and progression of the TC model in partnership with the Prison Service over a number of years and it is Diane's passion and commitment to the TC way of life that has lead to its continued development and success.

The Risk Environment of Heroin Initiation: Young women, intimate partners, and “drug relationships”



Dr Paula Mayock

Abstract

This paper examines young women’s initiation to heroin in the context of an intimate relationship based on selected data from an ethno-epidemiological study of heroin initiation in Ireland. The sample included 120 young people under the age of 30 years and life history interviews were conducted with a sub-sample of 40 youth, aged 16-25 years, who had initiated heroin use during the five years prior to interview. The epidemiological data point to distinct gender differences in the social course of heroin initiation. Young women typically initiated heroin use at an earlier age than their male counterparts and they were also more likely to have been introduced to the drug by a male partner. A detailed narrative analysis of the risk environment of young women’s so-called “drug relationships” highlights a complex interplay between women’s agency and intimate partner influence. While young women emphasised their agency in the process of heroin initiation their accounts simultaneously highlight the role of gendered power dynamics in shaping their first and subsequent use of the drug. The findings contest simple dichotomies of agency, demonstrating that depictions of women as either victims or emancipated consumers do not adequately capture the complexity of heroin initiation in the context of an intimate relationship. Furthermore, the micro-dimensions of the women’s intimate relationships did not emerge in isolation; rather they were shaped by macro- and meso-level forces including structural poverty, trauma, and violence and abuse, in some cases. The implications for drug prevention and treatment are discussed.

Biography

*Dr Paula Mayock is an Assistant Professor at the School of Social Work and Social Policy and Senior Research Fellow at the Children’s Research Centre, Trinity College Dublin. Her research focuses primarily on the lives and experiences of marginalised youth, covering areas such as homelessness, drug use, and drug problems. Paula is a NIDA (National Institute on Drug Abuse) INVEST Post-doctoral Fellow (2006-07) and an IRC (Irish Research Council) Research Fellow (2009-10). She was also the recipient of an IRC ‘New Ideas’ Award (2011), which has supported a range of research initiatives aimed on fostering international collaborative research on women’s homelessness. Paula is the author of numerous articles, chapters and research reports and is Assistant Editor to the international journal **Addiction**.*

Gender, Treatment and Rehabilitation in the Criminal Justice System and Response by the Probation Service



Mary Moore

Abstract

This presentation will focus on women with addiction issues in the criminal justice system. It will highlight the findings of research conducted by the Probation Service, and the challenges these findings pose in the treatment and rehabilitation of women who offend. It will consider some examples of good practice and emphasise the necessity for an effective gender-specific response to women who offend.

Biography

Mary Moore, Diploma in Applied Social Studies, M.Soc.Sc., is a Regional Manager with the Probation Service in Ireland. A graduate from University College Dublin she has worked in Social Work in Australia and Ireland for 30 years. Mary was a contributor to the European Study on Foreigners in European Prisons.

Gender Differences in Treatment Entry, Retention and Outcome in a Therapeutic Community: Preliminary findings from a longitudinal study



Pauline McKeown

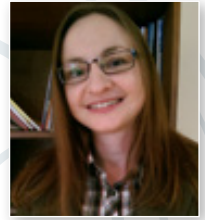
Abstract

This presentation presents preliminary findings from a longitudinal outcomes study within a therapeutic community in Ireland. 146 participants completed a self-reporting measure (TOP), comprising four sections pertaining to substance use, injecting risk behaviour, crime and health and social functioning; 28 participants were recruited for interviews. Data were collected at baseline and six month follow-up. A total of 75% of participants were retained at follow-up; 77% had not used any substance in the 28 days prior to follow-up compared to 57% at baseline. Overall participants reported a positive experience of primary treatment with CTC though significant gender differences were revealed. Findings advocate that more support is required on primary treatment admission and progression to secondary treatment amongst female clients. More focus on personal development, individual counselling/psychotherapy support and emphasis on programmes to address depression and anxiety related issues are recommended. The presentation will report on gender differences observed in treatment entry, retention, outcome between baseline and six month follow-up and discuss their implications for treatment provision.

Biography

Pauline is the Chief Executive of Coolmine Therapeutic Community. She has over 15 years experience of working in social-care settings, namely homeless and alcohol & drug treatment/rehabilitation services both in the UK and Ireland. Pauline's qualifications include her MSc in Drug and Alcohol Policy. She is a current member of the National Advisory Committee on Drugs and Alcohol and has contributed to various expert groups and local forums throughout her career. Pauline's key skills and areas of interest include change management, evidence-based practice, treatment and rehabilitation longitudinal research, best practice quality standards, inter-agency work and service-user participation strategies.

Lesbian, Gay and Bisexual Clients in Therapy: An investigation into counsellors and psychotherapists attitudes and knowledge



Romy Paust

Abstract

This research investigates counsellors/psychotherapists attitudes and knowledge regarding working with lesbian, gay and bisexual (LGB) clients. It examines whether there is a relationship between education/training and gender of counsellors/psychotherapists and their attitudes toward LGB individuals. Data were collected by means of a postal survey; it consisted of four sections and included closed and open-ended questions. Attitudes were measured by means of the 'Lesbian, Gay, and Bisexual Knowledge and Attitude Scale (LGB-KASH); it comprised of five subscales. The sampling frame was the Counselling Directory of Ireland. A total of 78 accredited counsellors/psychotherapists with a response rate of 28 % completed the questionnaire. Frequency analysis showed that 81% of counsellors/psychotherapists had worked with LGB clients. Favourable attitudes toward LGB individuals were reported. A series of ANOVAs showed that the relationship between education/training and gender of counsellors/psychotherapists and their attitudes toward LGB was non-significant on all subscales bar one. There was a significant relationship between education/training and scores on the subscale 'religious conflict'. A Post hoc test revealed that this difference was between honours bachelor and postgraduate level at significance level .01, showing lower negative attitudes at postgraduate level. Open-ended questions were analysed using content analysis. Emerging themes were that 'knowledge about issues pertaining to LGB individuals is necessary' and that 'training on sexual orientation' should have been included in counselling/psychotherapy education. This research found that training provided at primary counselling/psychotherapy education is insufficient to working with LGB clients. Findings advocate a need for the provision of education specific to working with LGB clients. Results further suggest that a higher level of education could be conducive to more positive attitudes toward LGB individuals.

Biography

Romy is a Psychotherapist and Researcher at Coolmine Therapeutic Community. She has over 10 years experience of working in a variety of settings in the field of homelessness, addiction and mental health treatment/rehabilitation. Romy's qualifications include her MSc in Psychotherapy, a BSc in Counselling & Psychotherapy, and Diploma's in Applied Social Studies and in Addiction Counselling. She is a member of the Irish Association of Counsellors and Psychotherapists (IACP) as well as a member of the Addiction Counsellors of Ireland (ACI). Romy's key skills and areas of interest include integrative psychotherapy, evidenced-based treatment, equality, minority groups, dual-diagnosis and research.

A Randomised Controlled Trial of Democratic Therapeutic Community Treatment for Personality Disorder



Dr Steve Pearce

Abstract

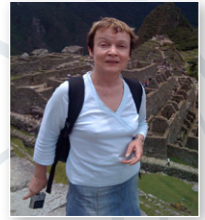
A presentation on the process of running an RCT of TC treatment in an NHS personality disorder service. Intake and CONSORT data will be presented, along with data about engagement. Arguments for and against the use of experimental techniques to evaluate TC practice and outcomes will be considered.

Biography

Steve Pearce is a Consultant Psychiatrist in Psychotherapy with the Complex Needs Service in Oxfordshire, UK. He trained in psychiatry at The Maudsley Hospital, and moved to Oxford in 2002 to develop a personality disorder service, and in 2004 the Thames Valley was awarded National personality disorder development project pilot status. The Oxfordshire Complex Needs Service provides therapeutic services for people with personality disorder and related conditions, and runs a day-TC and three mini TCs, as well as a range of other interventions. He is the editor of the International Journal of Therapeutic Communities and President of the British and Irish Group for the Study of Personality Disorder.

Hurting on the Inside:

Understanding and managing self-harm and cutting behaviour in a drug-free therapeutic community



Kathleen Yates

Abstract

Self-harm – usually in the form of cutting – has become more and more common in therapeutic community populations as referrals of clients with various types of dual-diagnosis have increased. TC staff will often feel deskilled and powerless in responding to this behaviour and advice from health service providers may be confused and often based on little more than hearsay. Using mentalisation-based treatment (MBT) this presentation explores the nature of a behaviour, which in many ways parallels the self-destructive and self-loathing nature of the addictive experience itself. The presentation considers the practical difficulties of addressing self-harm in a TC and provides practical advice for developing protocols and promoting self-awareness.

Biography

Kathleen Yates has worked in the UK National Health Service (NHS) as a Top Grade Adult Psychotherapist since 1992. Prior to this she worked as a dramatherapist with offenders, both in and out of prison. She has also worked as a mental health worker/therapist in a street-based project for young people with mental health difficulties. She is a dynamically trained psychotherapist who has worked intensively with groups and individuals. Her areas of expertise are with people who have severe early adverse experience, substance dependence problems, persistent depressive illness and post-traumatic difficulties. Since 2006 she has worked with the Advanced Intervention Service (AIS), a University of Dundee based, national service working with patients who suffer from treatment refractory depression and OCD. She is trained and experienced in EMDR (eye-movement desensitisation and reprocessing) and MBT (mentalisation-based interventions).

Only Available in Black:

An examination of TC principles and their application to other social problems



Rowdy Yates MBE

Abstract


From its inception, many people in the TC movement argued that the TC was an educational construct rather than a medical/health one. This view of course echoes a central unifying factor within recovery movements throughout the past 300 years.

But has the import of this view been lost on practitioners in the daily struggle to remain both relevant and financially viable in the field of addiction treatment?

This brief examination of non-addiction related social problems and their meanings and origins considers whether TC principles of community as method and the whole person disorder can be applied to other issues of social hurt and dislocation. The paper explores what this might mean for the future of the TC both within the addiction field and in other related areas.

Biography

Rowdy Yates is Senior Research Fellow and facilitator of the Scottish Addiction Studies group in the University of Stirling, Scotland. He has worked in the drugs field for more than forty years and he was co-founder of a small self-support group of ex-heroin addicts, a group which later merged to form the Lifeline Project; one of the longest established drug specialist services in the UK. He has published widely on addiction issues; including an edited book (with Barbara Rawlings) on drug-free therapeutic communities; a handbook on the purchasing and management of drug and alcohol services; and an edited collection (with Margaret Malloch) on recovery and routes out of addiction. In 1994 he was awarded the MBE for services to the prevention of drug addiction. He is the current Executive Director of EWODOR (the European Working Group on Drugs Oriented Research), President of the EFTC (European Federation of Therapeutic Communities); Chair of the UK Recovery Academy; and a member of the Scottish Government's Drug Strategy Delivery Commission. Earlier this year, he was honoured by Phoenix Futures UK as their first ever Honorary Graduate.

A person is standing in the center of a room, facing away from the camera towards a large window. The room contains several modern, light-colored armchairs arranged in a semi-circle. The entire scene is overlaid with a semi-transparent blue filter. The text "Abstracts for Parallel Presentation" is centered over the image in a white, sans-serif font.

Abstracts for Parallel Presentation

Consensus of Contention: An exploration of mental health multidisciplinary team functioning and its impact on treatment for service users with a dual diagnosis of mental health and addiction issues

Multidisciplinary teams are conventionally recommended in mental healthcare policy and practice literature as an important means by which to offer holistic treatment provision to patients, and the study reported here is an attempt to explore multidisciplinary team work in contemporary mental health settings, and its impact on the nature of mental health provision offered to patients. In order to attain an in-depth exploration of these phenomena, a single case-study design was employed. Within this design, data were generated through semi-structured interviews and structured observation of a mental health multidisciplinary team in Ireland. These data were analysed using interpretative phenomenological analysis (IPA). The research highlights how the concept of mental illness is contested within multidisciplinary teams, where different professional definitions and models of mental illness vie for recognition, within an environment of hierarchical working arrangements where the medical model of mental illness is dominant. Psychiatric patient gatekeeping, professional role blurring, coupled with a lack of understanding of professional colleagues' roles was found to lead to professional roles being perceived in a stereotyped manner by colleagues, and this was found to reduce the level of psycho-social expertise available to patients. It is clear from this study that psychiatric patient gatekeeping along with the reduced levels of psychosocial interventions provided by this team – both manifestations of a medically dominated team – limited the extent to which patients with a dual diagnosis of mental health and addiction issues were able to attain access to mental health services, and the range of professional expertise available within mental health multidisciplinary teams to meet their mental health and addiction treatment and rehabilitation needs e.g. through talking therapies, occupational therapy and/or social work services.

Author: Alan Maddock, DePaul Ireland/Trinity College Dublin, Ireland

Stigma, Gender and Perceptions of Recovery in Scotland: A qualitative study of injecting drug users attending methadone treatment

This presentation explores how injecting opiate users on a methadone treatment programme experience stigma as addicts, and service users in pharmacy and medical settings. We explore motivations for injecting, which we will suggest, create conditions for experiencing shame at the micro interactional level, influenced by macro institutional factors. The Scottish drug policy document 'The Road to Recovery' (2008) defines recovery as 'drug free', creating potential for stigma of service users receiving methadone maintenance treatment.

Design/Methodology: 14 participants identified as problem intravenous users of opiates were recruited from 3 voluntary sector (third sector) treatment agencies in Scotland. Participants took part in detailed semi-structured interviews; and recorded, transcribed and qualitatively analysed thematically.

Findings: Participants describe experiences of stigma prior to entering drug treatment. Differences in male and female experiences as recovering opiate injectors raises challenges in separating former stigmatised from current recovery identities. Female participants with a known history of I/V drug use experienced discrimination and stigma from health professionals when attending medical services while pregnant, and during aftercare. Participants describe several pathways to recovery from chaotic drug use; however residues of past-stigmatised identities remain sources of potential for discrimination. Reasons for injecting rather than smoking heroin were principally financial challenging a widely held belief that users inject primarily for pleasure, increasing potential for stigma. Indignity and perceived discrimination was reported before and during drug treatment.

Authors:

1. Dr Iain McPhee, University of the west of Scotland, United Kingdom
2. Anne M. Brown, University of the west of Scotland, United Kingdom

Travellers Accessing Addiction Services: Experiences and recommendations

In the past, gathering information on the levels of problem substance use within the Traveller community in Ireland has proven difficult for researchers. Anne Marie Carew from the Health Research Board and John Paul Collins from Pavee Point Traveller & Roma Centre will present the findings of their respective research studies, providing insights into the needs of Travellers with problem substance use. Both studies are useful in informing and developing policies and strategies to tackle barriers and issues faced by the Traveller community.

Pavee Pathways¹ explores Travellers' experiences engaging in drug and alcohol support services across Ireland, it highlights what they feel works for them as members of an ethnic minority. This research culminated in the publication of good practice guidelines for addiction services.

By accessing addiction treatment services recorded in routine national drug treatment data, the characteristics of Irish Travellers were analysed to understand their needs and develop policies to tackle issues faced by this community². This study reinforces the Pavee Pathways findings and demonstrates that it is possible to record useful information on ethnicity on a national basis. It also highlights the challenges for services in providing targeted, effective services to Travellers with problem substance use.

1. Cafferty, S. (2011). *Pavee Pathways: Good practice guidelines for drug and alcohol services working with Travellers*. Dublin, Ireland: Pavee Point Travellers Centre.
2. Carew, AM , Cafferty, S , Long, J , Bellerose, D and Lyons. S (2013). *Travellers Accessing Addiction Services in Ireland (2007 to 2010): Analysis of Routine Surveillance Data*, *Journal of Ethnicity in Substance Abuse*, 12:4, 339-355.

- Authors:**
1. Anne Marie Carew, National Health Information Systems, Health Research Board, Ireland
 2. John Paul Collins, Pavee Point Traveller & Roma Centre, Ireland

Impulsivity as a Vulnerability Factor for Poor Addiction Treatment Outcomes:

A review of neurocognitive findings among individuals with substance use disorders

Individuals with substance use disorders (SUDs) show considerable variability in treatment outcomes: whereas some successfully complete treatment and are able to initiate/maintain abstinence, others drop out of treatment prematurely and/or relapse soon following treatment discharge. Such findings suggest that there are individual differences that may moderate and predict recovery failure/success. Because a better understanding of these factors may be of critical relevance to enhance the effectiveness of addiction treatment programs, a significant effort within the addiction research community is being dedicated to the identification of pre-treatment factors associated with poor addiction treatment outcomes. One factor that may be particularly valuable in the search for key predictors of poor addiction treatment outcomes and that will be the central topic of the current presentation is impulsivity. By means of (1) a systematic review of the available evidence and (2) a prospective cohort study (n=65), the authors explore whether individual differences in neurocognitive facets of impulsivity (i.e., response disinhibition, delay discounting and impulsive decision-making) at treatment entry are linked to increased drop-out rates and elevated rates of relapse among addicted individuals. Although the evidence is still relatively sparse, findings speak for a prominent role of impulsivity in the ability to optimally benefit from the available treatments and to successfully achieve and maintain abstinence. During the presentation, the available findings will be discussed in terms of their clinical implications and the authors will point to several psychological and cognitive mechanisms that should be targeted during treatment.

Authors:

1. *Laura Stevens, Ghent University, Department of Orthopedagogics, Belgium*
2. *Wouter Vanderplasschen, Ghent University, Department of Orthopedagogics, Belgium*
3. *Eric Broekaert, Ghent University, Department of Orthopedagogics, Belgium*

THE IMPORTANCE OF CULTURE and

Language in Treatment and Rehabilitation

In our presentation we aim to discuss the diversity in treatment as well as the importance of culture and language in counselling therapy. Due to working with Polish clients, especially women and families, we would like to present the significance and the scale of problem caused by the language barriers and cultural differences in effective communication in treatment. This is why we believe that diversity in treatment and rehabilitation for differing client populations leads to the need for co-operation between Polish and Irish services. An important objective in the development of the organisation is the integration with the local services (Coolmine Therapeutic Community, CARP) agencies and organisations, that can help the client in different areas of his life and in particular in adopting himself to a multicultural life in Ireland, which enhances his independence and sense of security. Our experience on the Irish market shows that lack of knowledge of the English language and what is more the cultural differences followed by beliefs and stereotypes have a significant impact on the commencement of treatment, and may affect social exclusion. Symbols and meanings are the patterns that define culture. Therefore, culture is what people think, say, feel and manner in which they interpret and use symbols and specify meanings. Culturally diverse adolescents might feel uncomfortable with emotional expression or sharing their own or family problems with a stranger. Irish services with a translator is good initially; however, when you go further into treatment, it is not as effective anymore.

Authors: 1. *Mariola Mastek, CKU- Center for Counselling and Therapy, Ireland*
2. *Bartosz Bąk, CKU- Center for Counselling and Therapy, Ireland*

The Masculinity Narratives of Men in 12-Step Recovery: Exploring the lived experiences of men in 12-step recovery against the backdrop of hegemonic masculinity

Hegemonic masculinity is a theoretical construct within sociology and represents socially constructed conceptions of dominant masculinity. Much of the sociological literature links this manifestation of masculinity to men's poor health status including a range of societal ills such as substance abuse. 12-step recovery is a widely endorsed model of addiction recovery which is based upon spiritual principles. The central tenets underpinning both hegemonic masculinity and 12-step recovery appear to be at odds with each other. This paper is based on the findings of a small qualitative study exploring the lived experiences of six men in 12-step recovery against the backdrop of hegemonic masculinity. The findings show how the active construction of hegemonic masculinity throughout the life-course of the men evolved. Additionally, hegemonic masculinity interacts in a number of ways with their recovery. A central theme to emerge is one of old and new formations of identity. A further finding shows that the culture of 12-step recovery fosters an environment which aids in moving away from dominant masculinity.

Keywords: hegemonic masculinity, identity, addiction, 12-step recovery, men's health, social constructions.

Author: David Dwyer, Aiseiri, Ceim Eile, Waterford, Ireland

Retrospective Cohort Study of Psychological Profile of Adolescents with Substance Use Disorders:

The parents' perspective

National and international studies indicate increased rates of mental health problems among teenagers with drug and alcohol problems. While some studies find no gender difference, others report an excess of mental health problems among females. Most studies have focused on self-completed questionnaires from adolescents themselves.

We sought to obtain the parents' perspectives of their teenagers' psychological well-being. We hypothesised that problems would occur more frequently among females.

Method: We retrospectively reviewed all parent completed Strength & Difficulties Questionnaire (SDQ) for clients attending youth addiction service between July 2012 and February 2014. The SDQ measures emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems and prosocial behaviour.

Results: We included 85 adolescents, aged 13-18 years. 38% per cent had previous contact with the mental health services, while 25% had been diagnosed with ADHD. Cannabis was the main problem substance for 80% of attendees followed by alcohol in 17%. 75% per cent of females had an abnormal score in the emotional subscale compared to 38% of males ($p=0.02$, Odds Ratio 4.7, [95% CI (1.2, 18.9)]). The proportion of females with abnormal scores in the conduct, prosocial, peer and hyperactivity domains were 83%, 33%, 8% and 41% respectively. The corresponding proportions for males were 71%, 22%, 25% and 57%. These were not significantly different.

Conclusion: The parents' perspective confirms that mental health problems are encountered very frequently in adolescents attending addiction services. This reinforces the need for qualified mental health professionals within youth addiction services to ensure the adolescent's needs are adequately assessed and addressed, particularly for females.

Authors:

1. *Dr. Dalia Bashir, Youth Drug & Alcohol Service, Belgard Rd., Tallaght, Ireland*
2. *Dr. Bobby Smyth, Addiction Service, Bridge House, Cherry Orchard Hospital, Ireland*

The Mental Health Outcomes of Opiate-Users and the Children of Opiate-Using Parents

International evidence on treatment outcomes for opiate-use clearly demonstrates that treatment improves outcomes for drug-use, crime committal and social functioning. However, recent evidence in an Irish setting identified a failure to demonstrate significant improvements in opiate-users' physical and psychological wellbeing. Furthermore, many opiate-users are parents and the effects of their drug-use on their physical, psychological and social functioning can have a profound impact on the health outcomes of their children.

This study addresses the knowledge gap in relation to the physical and mental health outcomes of a population of opiate-users and their children, and provides evidence for policy recommendations for service. A sample of 171 opiate-users in treatment (substitute maintenance) or not in treatment (needle exchange), were recruited through a number of outpatient treatment settings. The sample was assessed using measures including the SF-12, Beck Depression Inventory (BDI) and Beck Anxiety Inventory (BAI). Those who were parents completed the Kidscreen-27 tool and Strengths and Difficulties Questionnaire (SDQ) in relation to their youngest child's wellbeing.

Participants' self-rated health was fair-to-poor, with high rates of moderate-to-severe levels of symptoms of anxiety and depression reported. A third of the sample reported on their youngest child's health. Negative child outcomes were associated with parental mental health, treatment status, and symptoms of depression and anxiety. Being in treatment, and for parents, having at least one child living with them, were protective factors for mental wellbeing.

These findings raise important questions for the adequacy of drug treatment policy and practice, and child and family health services.

Authors:

1. Ms. Maeve Daly, Trinity College Dublin, Ireland
2. Prof. Catherine Comiskey, Trinity College Dublin, Ireland
3. Ms. Jennie Milnes, Trinity College Dublin, Ireland
4. Dr. Orla Dempsey, Trinity College Dublin, Ireland

Brief Intervention for Alcohol and Illicit Drug Use in Methadone Maintained Patients: A cluster randomised controlled trial feasibility study

Introduction Brief interventions (BIs) are an evidence-based group of low intensity psychosocial activities generally delivered in a short duration with the aim of changing problematic substance use behaviour. Current research has shown BIs to be feasible and effective in positively changing patients' substance use within the general population and in primary care. This study aimed to assess the feasibility of clinician delivered BI within a cohort of methadone maintained opioid dependent patients.

Methods: A cluster randomised control trial in four methadone maintenance treatment clinics within Dublin. The Alcohol, Smoking and Substance Involvement Screening Tool (ASSIST) was completed with methadone maintained opioid dependent patients at baseline and three month follow up. Immunoassay urinalysis results were accessed for verification.

Results: A total of 353 methadone maintained opioid dependent patients participated in the study (157 intervention and 196 control). BIs were delivered for a variety of substances including opioids (35.4%, n=125), sedatives (24.9%, n=88), cannabis (17.0%, n=60), alcohol (14.2%, n=50), cocaine (7.9%, n=28), and headshop drugs (0.6%, n=2). There was a statistically significantly greater decrease in substance use within the intervention group ($\bar{x}=45.27$, $sd=27.52$; $t(341)=-2.07$, $p<0.05$) at three-month follow-up. The discipline of the clinician delivering the BI had no statistically significant impact on substance use ($\chi^2(8)=13.3$, $p>0.05$).

Conclusion: Brief interventions are successful in significantly reducing problematic substance use among methadone maintained opioid dependent patients. BIs are feasible and effective at three months for a variety of clinical disciplines.

Authors:

1. Catherine Darker, Department of Public Health and Primary Care, Trinity College Dublin, Ireland
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3. Eamon Keenan, HSE Addiction Services, Ireland
4. Lucy Whiston, Department of Public Health and Primary Care, Trinity College Dublin, Ireland
5. Rolande Anderson, Charlemont Clinic, Ireland
6. Joe Barry, Department of Public Health and Primary Care, Trinity College Dublin, Ireland

Heads Up: Preventing and responding to overdose in McGarry House

Generally, the extent of overdose among homeless people in Ireland is unknown, and this research addresses the knowledge gap in an Irish context by presenting a snapshot of a small population in McGarry House, a low-threshold temporary accommodation service for homeless people in Limerick in 2013.

The research aimed to document the residents' experiences of overdose, their risk profile in relation to overdose, and to review the organisation's responses to overdose and overdose risk. Novas Initiatives commissioned this research to help them understand more comprehensively the issue of overdose among their residents, and to improve responses to overdose in their organisation. In the 18 months preceding the research, the staff in McGarry House had responded to 34 overdoses.

The research was conducted through surveys, semi-structured interviews and focus groups with residents, staff and key professional stakeholders in the region. Key findings from the research include; 73% of residents had ever overdosed in the past – 60% of all residents had overdosed within the last year. 96% had witnessed another person's overdose. A number of thematic findings and thirteen corresponding recommendations are contained in the report relating to improved risk management and response including in-house practices and procedures for service providers, to good practice in inter-agency responses.

This research is the first of its kind conducted in Ireland, and its findings and recommendations can inform good practice for all agencies working with vulnerable populations at risk of overdose.

- Authors:**
1. *Aoife Dermody, Quality Matters, Ireland*
 2. *Dr Walter Cullen, University of Limerick, Ireland*
 3. *Caroline Gardner, Quality Matters, Ireland*

Development and Process Evaluation of an Educational Intervention to Support Primary Care of Problem Alcohol among Drug Users

This paper describes the development and process evaluation of an educational intervention, designed to help general practitioners (GPs) identify and manage problem alcohol use among problem drug users. The educational session was developed as part of a complex intervention which was informed by the Medical Research Council framework for complex interventions. A Cochrane review and a modified Delphi-facilitated consensus process formed the theoretical phase of the development. The modelling phase involved qualitative interviews with professionals and patients. The training's learning outcomes included alcohol screening and delivery of brief psychosocial interventions and this was facilitated by demonstration of clinical guidelines, presentation, video, group discussion and/or role play. Participants (N=17) from three general practices and local medical school participated in four workshops. They perceived the training as most helpful in improving their ability to perform alcohol screening. Most useful components of the session were the presentation, handout and group discussion with participants appreciating the opportunity to share their ideas with peers. Training primary healthcare professionals in screening and treatment for substance use/ mental health disorders appears feasible. Along with the educational workshops, the implementation strategies should utilise multi-level interventions to support these activities among GPs.

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6. *G McCombe, Graduate Entry Medical School, Faculty of Education and Health Sciences, University of Limerick, Limerick, Ireland*
7. *D Meagher, Graduate Entry Medical School, Faculty of Education and Health Sciences, University of Limerick, Limerick, Ireland*
8. *BP Smyth, Addiction Services, Health Service Executive, Dublin, Ireland and Department of Public Health and Primary Care, Trinity College Dublin, Ireland*
9. *G Bury, School of Medicine and Medical Science, University College Dublin, Dublin, Ireland*
10. *W Cullen, Graduate Entry Medical School, Faculty of Education and Health Sciences, University of Limerick, Limerick, Ireland*

Quality of Life Measurement and Outcomes for Women Engaged in Therapeutic Communities and Residential Rehabilitation

Women confront particular difficulties in accessing and maintaining engagement in treatment. Women also have higher rates of more common mental health problems such as anxiety and depression, greater childcare needs, housing and income challenges, and higher levels of stigma. Quality of life (QOL) assessments are increasingly used to tailor treatment plans and to measure treatment outcomes. Men and women often report different contributory factors to their QOL. The extent to which gender is accounted for in treatment QOL outcome assessments is however uncertain.

Aim: To examine whether 'gender' has been considered in alcohol and other drug treatment QOL outcomes and to compare QOL assessments by gender.

Method: A systematic review was conducted to investigate the QOL experienced by clients engaged in therapeutic communities and residential rehabilitation programs. Included studies (N=19) were then examined through a 'gender lens'.

Findings: Seven studies examined the QOL of men and women. Of these, two used the same study sample, two handled gender as a covariate and two entailed women only participants. Only one study specifically compared participant QOL by gender. This study found that women with different cultural backgrounds reported comparable QOL than men of similar ethnicity.

Conclusion & Implications: QOL of women clients has been largely overlooked. QOL measures need to be cognisant of gender. This is increasingly important due to the growing number of women requiring treatment across the lifespan. Implications for future gender-sensitive treatment programs and research will be discussed.

Authors:

1. Prof. Ann M. Roche, National Centre for Education and Training on Addiction, Flinders University, Australia
2. Ms Jane A. Fischer, National Centre for Education and Training on Addiction, Flinders University, Australia

Awakening to Recovery and Honneth's Theory of Recognition

Heroin users are a stigmatised group of learners on the edge of society, whose struggle for recognition remains largely ignored. Drug treatment in the form of methadone and prescription drugs has only served to further stigmatize and disrespect their rights. Adult education aspires to be a discourse of resistance and a social movement for the creation of a diverse and just society. The work of Axel Honneth and his 'Theory of Recognition' can help to advance those aspirations and radically shift our understanding of the drug user and the recovery process.

Author: *Dr Tom O'Brien, NUI Maynooth & Sankalpa, Ireland*



Social Inclusion in the Sunny South East

This paper provides an overview of the development and enhancement of substance misuse services in the South East of Ireland over the last four years. The South East area covers Wexford, Waterford, Carlow, Kilkenny and South Tipperary. It provides a synopsis of the spectrum of service provision and explores the changes that have taken place over a four-year period. It profiles the individuals accessing services and places particular focus on age, gender and ethnic diversity. It explores new initiatives which involve working in partnership with the community and voluntary sector, to provide innovative services for socially excluded groups such as members of the Travelling Community, in South Tipperary and people experiencing homelessness in Waterford. It looks at how taking a community development approach to the delivery of services and working to implement the National Rehabilitation Framework has enhanced local service provision and enabled services to engage in a real way with interagency working.

Author: *Derval Howley, Health Service Executive, Ireland*

Self-Efficacy, Optimism, Hope and Resilience: Psychological capital as a significant factor in the promotion of mental health and wellbeing in recovery communities

This presentation will be based on findings from PhD research exploring recovery from addiction. 27 interviews were conducted in Dublin, Ireland and in the North East, South West and Greater London areas of the UK. Respondents in the study had been engaged in a variety of programmes, including residential Therapeutic Community settings, Day Programmes with a holistic focus, 12-step residential programmes, and fellowship groups. Research questions focused on the recovery experience, the resources utilised to maintain recovery, and the identity issues involved in this process. The emergence of the construct of 'recovery capital' in recent years has been influential in drawing attention to the issue of social and cultural resources in recovery. Defined as "the sum total of one's resources that can be brought to bear on the initiation and maintenance of substance abuse cessation" (Cloud and Granfield, 2008: 1972), it does not however, include reference to psychological, emotional or spiritual capital. Through the presentation of interview extracts, the findings from this study demonstrate how recovery communities are a key resource for development of these more intangible forms of capital, and how they contribute to overall improvements in the mental health of those in recovery.

Author: *Carole Murphy, St. Mary's University, England*

Cutting Out the Middle Man: Service users researching service users

Can service users be researchers or is this the realm for experienced, trained professionals only? Saol, a project working with women in recovery from addiction, worked with CTA (Community Technical Aid) in 2012 in providing training in Social Research for a group of stable and drug free service users. As part of the accreditation for this course, the participants had to complete a piece of research. They decided to research what they knew – the Saol Project.

This was Participatory Action Research in practice. An approach that promotes and focuses on the inclusion of the communities being researched, the objects of study, and empowers them to understand and challenge the world as they find it. This ensures that the community being researched are not passive participants, but actively forming and informing the narrative of the research as well as providing the crucial data of the study itself. The key is that the women themselves were focusing on issues that are critical to their own lives, informing the framing of questions in relation to these issues and using the outcomes to challenge and argue for change.

The outcomes of the research indicated strong positivity for the work of Saol but the focus of this presentation is on the methodology; the process of working with service users as researchers, and the impacts that this work has had on the participant group, the two services and the local community.

- Authors:**
1. Gary Broderick, Saol Project, Ireland
 2. Deirdre McCarthy, Community Technical Aid, Ireland

Addiction and Mental Health of Homeless People in Two Irish Cities

In 1997 and 2005 surveys were conducted to assess the health, service utilisation and risk behaviour of the homeless population in Dublin. In 2013 we repeated these surveys in Dublin to determine the change in health and care access for homeless people in the context of a global recession and in Limerick to provide a baseline.

Methods: A cross-sectional survey utilizing the same design as the previous studies was conducted in September 2013.

Results: A total of 601 (60%) of the target population participated. The majority (68%) was male, single (70%) and aged 30-49yrs (57%). Drug and alcohol problems were the main reasons for homelessness (31%) followed by family problems (27%). There has been a steady rise in illicit drug in Dublin since the 1997 study with 56% of the Dublin sample and 44% of the Limerick sample describing current illicit drug use. Polydrug use is the norm with over 70% reported using 2 or more illicit drugs. Illicit benzodiazepine use higher than heroin use (34% vs.29%). Among those homeless people who considered they had a drug or alcohol problem (404,67%), 41% saw their main addiction as alcohol and 41% as opiates. Over half (58%) of respondents reported having at least one mental health condition. Report of a mental health diagnosis was significantly associated with past or present illicit drug use ($P<0.001$). One in two (50%) people reporting a mental health condition also reported having attempted suicide in the past.

Conclusions: The homeless remain a population with high levels of addiction and associated health problems. The high prevalence of serious mental health illness with co existence of addiction remains a serious concern that requires attention.

Authors:

1. *Dr Fiona O'Reilly, Partnership for Health Equity: North Dublin City GP Training Programme & Graduate Entry Medical School, University of Limerick*
2. *Suzanne Barror, Partnership for Health Equity: North Dublin City GP Training Programme & Graduate Entry Medical School, University of Limerick*
3. *Dr Anne MacFarlane, Partnership for Health Equity: North Dublin City GP Training Programme & Graduate Entry Medical School, University of Limerick*
4. *Dr Austin O'Carroll, Partnership for Health Equity: North Dublin City GP Training Programme & Graduate Entry Medical School, University of Limerick*

Introduction of a new Community Alcohol Treatment Programme into Coolmine Therapeutic Community

In 2009 alcohol was included into the National Substance Misuse Strategy. Recommendations from the Steering Group Report on a National Substance Misuse Strategy (2012) highlighted the need to further develop and broaden the range of evidence-based psychosocial interventions within tier 3 and tier 4 services, in order to deliver a comprehensive treatment and rehabilitation service. Coolmine Therapeutic Community recognises this and seeks to support clients presenting with problematic alcohol use to safely manage becoming alcohol-free; according to the clients personal goals. In response Coolmine Therapeutic Community have commenced a Community Alcohol Treatment Programme which will incorporate a community based detoxification. The programme has been founded using a Community Reinforcement Approach to frame the delivery and implementation of interventions. These will include comprehensive assessment, group-work including information, mindfulness-based relapse prevention, process and workshops, key-working and aftercare. Coolmine Therapeutic Community also respond to the needs of others affected by the individual's drinking, through family support and CRAFT (Community Reinforcement Approach and Family Training) programmes. These ongoing services are provided to any person affected by someone else's substance use and participation is supported and encouraged through the Community Alcohol Treatment Programme. This presentation will outline the programme, currently in its pilot phase, and discuss the rationale for its approach and the process of implementation.

- Authors:**
1. *Tracy Cagney, Coolmine Therapeutic Community*
 2. *Sue White, Coolmine Therapeutic Community*

A pilot study on the Efficacy and Feasibility of the Parenting under Pressure (PuP) Programme in a Therapeutic Community

In line with National Drugs Strategy (Interim) 2009-2016 recommendation in relation to the need to target the child's need in relation to parental substance abuse, Coolmine TC introduced a parenting component to its already existing residential programme. The newly introduced Parenting under Pressure programme (PUP) aims to improve family functioning and child outcomes by supporting parents who are or have been drug or alcohol dependent. The study aimed to evaluate the feasibility and efficacy of the programme with a primary aim of exploring the impact of the PUP programme on the TC to which it was introduced. The study comprised of a mixed methods approach utilising both quantitative tools and qualitative interviews. Four specific tools, the Daily Hassles questionnaire, DASS- 21, SDQ and BITSEA were used to measure change. Qualitative interviews were used to gain clients' and staffs' attitudes, perception and experience of the newly introduced PuP programme. Interviews were also used to illuminate the data derived from the quantitative component of the study. Preliminary analysis suggests PuP to be both a worthwhile and beneficial programme.

Authors: 1. Anita Harris M.Sc, Coolmine Therapeutic Community
 2. Prof. Sharon Dawe, Griffith University, Brisbane, Australia

Hepatitis C - A Model of Care: An innovative approach to engagement and retention for Hep C treatment in a drug using population attending a specialist drug treatment Centre in Dublin

It is estimated that the seroprevalence of hepatitis C (HCV) in the Dublin intravenous drug using population is between 62 and 80%. Treatment is hindered by a failure to engage in medical services and by poor treatment adherence once offered.

Methods: A dedicated hepatitis C treatment pilot study was established to evaluate retention in treatment in a drug treatment setting with directly observed therapy and appropriate referral for medical and psychiatric support. Nine patients attending the NDTC for methadone maintenance were included. All were HCV RNA positive, genotype 'non 1' and were treated with peginterferon alpha-2b and ribavirin for 24 weeks. Eight of the nine patients completed treatment, all were HCV RNA negative at week 24 and had sustained viral clearance at 48 weeks. Five patients required haematological support. All but one was managed in the community.

Extension of pilot: The on-site treatment was successfully extended to all hepatitis C positive patients attending the NDTC. When a new treatment specific to patients with genotype 1 became available, a similar on-site collaborative initiative was initiated with St James' Hospital with a view to improving retention in treatment.

Conclusions: In HCV positive drug users, retention in treatment can be facilitated by directly observed therapy in a drug clinic setting with pathways for appropriate medical and psychiatric support established. Preliminary efficacy studies compare favorably with hospital based treatment centers and could contribute to an improved shared model of care for this vulnerable population.

Author: Sheila Heffernan, Head National Drug Treatment Centre (NDTC)

Programme

Thursday 22nd May

8.00 – 9.15 Registration at entrance to Swift Theatre

Swift Theatre

9.30 – 9.55 Welcome & Minister Alex White

10.00 – 11.30 Paula Mayock: The risk environment of heroin initiation: Young women, intimate partners, and “drug relationships”

Romy Paust: Lesbian, gay and bisexual clients in therapy: An investigation into counsellors and psychotherapists attitudes and knowledge

Catherine Darker: Brief intervention for alcohol and illicit drug use in methadone maintained patients: a cluster randomised controlled trial feasibility study

11.30 – 11.45 **Break (teas, coffees, biscuits)**

11.50 – 1.15 Aoife Dermody: Heads Up: Preventing and responding to overdose in McGarry House

Fiona O Reilly: Addiction and mental health of homeless people in two Irish cities

Sheila Heffernan: Hepatitis C – A Model of Care - An innovative approach to engagement and retention for Hep C treatment in a drug using population attending a specialist drug treatment centre in Dublin

Classroom 4097

11.50 – 1.15 Tom O' Brien: Awakening to recovery and Honneth's Theory of Recognition

Iain McPhee: Stigma, gender and perceptions of recovery in Scotland: a qualitative study of injecting drug users attending methadone treatment

Jan Klimas: Development and process evaluation of an educational intervention to support primary care of problem alcohol among drug users

Classroom 5012

11.50 – 1.15 Mariola Mastek: The importance of culture and language in treatment and rehabilitation

Anne Marie Carew: Travellers accessing addiction services: experiences and recommendations

Gary Broderick: Cutting out the middle man – service users researching service users

1.15 – 2.00 **Lunch**

Swift Theatre

2.00 – 3.30 Shane Butler: Coolmine TC in the 1980s: The McDonaldization of Irish addiction treatment

Ilse Goethals: Female pathology and gender issues in therapeutic communities for addictions

Steve Pearce: A randomised controlled trial of democratic therapeutic community treatment for personality disorder

3.30 – 3.45 **Break (teas, coffees, biscuits)**

3.50 – 5.20 Rowdy Yates: Only available in black: an examination of TC principles and their application to other social problems

Ted Fleming: Adult education for therapist and in therapy

Eric Broekaert: Diversitas unitas nostra est (unity is our diversity): history and current issues on the diversity debate in therapeutic communities

Coolmine Lodge

7.00 EFTC General Assembly

Friday 23rd May

Swift Theatre

9.30 – 11.00 Pauline McKeown: Gender differences in treatment entry, retention and outcome in a therapeutic community: preliminary findings from a longitudinal study

Karen Biggs: Motherhood and recovery today: what lessons can we learn from the treatment journeys of mothers with problematic substance misuse

Kathleen Yates: Hurting on the inside: understanding and managing self-harm and cutting behaviour in a drug-free therapeutic community

11 – 11.15 **Break (teas, coffees, biscuits)**

11.20 – 12.50 Joanne Fenton: Homelessness and substance misuse

Maeve Daly: The mental health outcomes of opiate-users and the children of opiate-using parents

Anita Harris: A pilot study on the efficacy and feasibility of the 'Parenting under Pressure' (PUP) programme in a therapeutic community

Classroom 4097

11.20 – 12.50 Derval Howley: Social inclusion in the sunny south east

Treacy Cagney: Introduction of a new community alcohol treatment programme into Coolmine Therapeutic Community

Carole Murphy: Self-efficacy, optimism, hope and resilience: psychological capital as a significant factor in the promotion of mental health and wellbeing in recovery communities

Classroom 5012

11.20 – 12.50 Alan Maddock: Consensus of contention: an exploration of mental health multidisciplinary team functioning and its impact on treatment for service users with a dual diagnosis of mental health and addiction issues

Laura Stevens: Impulsivity as a vulnerability factor for poor addiction treatment outcomes: a review of neurocognitive findings among individuals with substance use disorders

Dr Dalia Bashir: Retrospective cohort study of psychological profile of adolescents with substance use disorders: The parents' perspective

12.50 – 1.45 **Lunch & EWODOR board meeting**

Swift Theatre

1.50– 3.40 Di Hilton: Evolution of prison based TCS UK: a changing environment

Mary Moore: Gender, treatment and rehabilitation in the criminal justice system and response by the Probation Service

David Dwyer: The masculinity narratives of men in 12-step recovery: exploring the lived experiences of men in 12-step recovery against the backdrop of hegemonic masculinity.

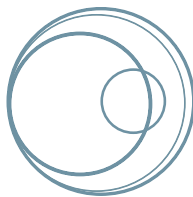
Ann Roche: Quality of life measurement and outcomes for women engaged in therapeutic communities and residential rehabilitation.

3.40 – 3.55 **Break (teas, coffees, biscuits)**

4.00 Closing summary and Closing speech

4.45 End - Slán abhaile

Notes



coolmine
therapeutic community

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