

Moving on

helping young people and their families deal with drugs and alcohol issues

In the following article Gemma Turner, Cobh Community Based Drugs Worker provides a brief history of the project while Jano Klimaes, Phd student on placement, gives a sense of the impact of the initiative.

The newest programme operated from the premises of Cobh YMCA, is the Cobh Community Drugs Project which is run in partnership with Cobh Community Concern and funded through the Regional Drugs Task Force.

Back in 2006 drug and alcohol abuse amongst young people in Cobh had dramatically increased and the community was worried. That year alone, three young people living on the Great Island died from overdosing on drugs. The time came for the community to respond and become active in ensuring the safety and welfare of its young people, where drugs and alcohol is concerned. Along with the symptomatic issues that the prevalence of drug and alcohol abuse has on any community i.e. elevated levels of crime, anti-social behaviour are the negative effects on the physical and emotional well-being of those misusing substances and their families.

That was when the Cobh Community Concerned Against Drugs Group (CCCAD) was formed. The group was made up of local professionals, volunteers, community activists and government and religious representatives. The group decided to lobby the Southern Regional Drugs Task Force (SRDTF) to ensure that funding would be secured for a community based drugs worker to be based in Cobh and where people could be supported on a local level. The CCCAD group held public meetings in Cobh to assess the needs, wishes and wants of all those living on the Island so that they could be put forward to the SRDTF. The interest, support and turnout at these community forums were staggering and very supportive for the CCCAD group. Eventually the Southern Regional Drugs Task Force acknowledged the need for a community based drugs initiative

to be set up in Cobh and granted the funding and support with which to do so, on a pilot basis.

During 2006 Cobh YMCA was approached by Cobh Community Concern to work with them in employing a new community based drugs worker funded by the Southern Regional Drugs Task Force. The worker and the project have been based in the offices of Cobh YMCA since its inception.

The services provided by Cobh Community Drugs Initiative are a practical response to the real local needs of the community. All of the dedication and commitment shown at local level is, of course, inspired by a vision of change for the good of the community and society in general.

This intensive work has seen over 100 individuals (46 young people and their families) being assisted over the past two years alone.

What is a CDI?

Each Community Drugs Initiative (CDI) has a local management committee made up from local residents, professionals who work in the area, an employing agency and RDTF.

The overall aim of the CDI is to support the young person to change their habits and use of drugs or alcohol, be that through harm reduction methodology, or encouragement towards total abstinence. Young people may be encouraged to take up education, become more involved in local youth activity, or be referred into treatment.

As addiction impacts on more than just the young person, many CDIs are now establishing parent support, or concerned persons support groups.

Approach or style of a CDI

Workers on a Community Drugs Initiative are neither "Youth workers" nor "Counsellors", but have skills that are common to both areas.

Workers, who work to Prochaska and DiClemente's 'Stages Of Change' model (1982), are trained in various skills and techniques that allow them to offer the best support they can to the young person they are working with and that young person's family.

Those skills and techniques include:

- Motivational Interviewing,
- Brief Interventions,
- Auricular Acupuncture,
- Solution Focused Therapy.

Target Group of CDI

The workers tend to target young people, aged 14 – 23, who may have developed addictions to drugs or alcohol, or who are identified as being at serious risk of doing so. However this age range is flexible at either end, depending on the nature of drug use in a locality.

Referrals to project come from a variety of sources – GPs, Social Workers, Gardai, Probation Service, Family members, parents, peers and self-referrals.

Objectives and rationale for the service

The project aims to help young people and their families who are struggling with substance misuse issues through providing support, assessments and referrals where necessary, to specialist treatment facilities.

The project's objectives include:

- To establish and maintain effective relationships with providers of formal and informal services to young people on the Great Island, particularly with those providers of services to young people "at risk" of alcohol/drugs misuse
- To identify, establish and maintain effective relationships with those agencies who provide specialist rehabilitation/treatment services to young people
- To agree a clear referral mechanism for young people to these rehabilitation/treatment services
- To identify in partnership with other providers young people in the 14-23 age group who are most at risk from drug and alcohol misuse in Cobh
- To develop a range of customised interventions aimed at reducing the likelihood of those participating in the project misusing drugs or misusing alcohol
- To help those targeted and their parents access appropriate information, advice and / or treatment, in line with best practice
- To enable targeted young people develop life-skills including problem-solving, assertiveness, communication, decision-making, and community involvement
- To support families to cope with their children's drug and alcohol use problems

In late November 2006 the project worker Gemma Turner began her work from the offices of Cobh YMCA. In the early days of the project priority was given to advertising the project locally and to raise the profile of the services that were on offer and in many ways to establish the credibility of the project worker

It was thought that the first 3-4 months of the life of the project were to be completely set aside for advertising, networking with all existing professional and voluntary organisations in Cobh including schools, Garda, Parents

Groups, Youth Organisations, Health Professionals and counselling services etc.

However in early January 2007, barely six weeks into the life of the project, the worker received her first referral. That was the beginning of a steady stream of referrals. Because the project is community based it is necessary for the project worker to be adaptable, flexible and open to change.

Since the first referral the project has seen over 100 individuals come through its doors. The youngest client to date is 11 and the oldest referral was 71 years old. The project works on an 'open door' policy which means that a client can disengage with the service and re-engage at any time. The door is always open.

The following provides a sense of how the project seeks to engage with those who are dealing with their addiction issues:

- Assessment: Initial meetings with clients normally involve initial assessment using the Wheel of Change model. After this comes developing an action plan for the person and then providing ongoing support to assist the person and his/her family
- Referral: In some cases the referral will be to a local self-help group such as AA while in others it will be to a rehabilitation centre
- Prison Work; Clients who are in prison, who suffer from drug and/or alcohol related issues can be referred to the project as part of preparing them to reintegrate back into society
- Job Seeking; to help clients, who are able and willing to work find appropriate training/employment which suit their interests (e.g. help with CV's, applications, interviews)
- Aftercare; clients are supported continuously during their treatment and afterwards.
- Drug Awareness Sessions; Where its deemed appropriate the project provides a service locally whereby drug and alcohol sessions are delivered locally (i.e. in schools, STEP programmes, parents council meetings, other youth organisations etc.)
- Information Events/Networking; Networking is a very important role for the project worker, not just for support

but for maintaining referral pathways and relationships with other relevant agencies.

- Family Support, Information and Advice; the project is in the process of developing a locally based concerned persons group
- Administration/Training/Advisory; To maintain relevant records, client information and progress, regular progress reports for advisory committee and funders, to maintain a monitoring and evaluation system for the project.

Project Evaluation

In 2008 it was decided to carry out an evaluation of the project and a small team was set up to manage the evaluation. It was decided that a self-administered questionnaire would be sent out to all the clients who had used the service.

The survey's objectives were first to learn from the experience of those who have accessed the project over the past 2 years, second to evaluate services provided by the Community Drugs Project to young people with substance misuse issues in Cobh and third to identify aspects that are working well as well as those areas that could be improved based on the feedback from service users.

A questionnaire was constructed and reviewed within the team; most of the questions (56) provided several options to choose from and a number of them required young person to rate the item on a 1-10 points scale. It was posted to 46 clients and 13 returned giving a 28% response rate. Given the response rate, the sample is not seen as a representative sample nor can it be seen as random given that those who completed the questionnaire may have been better disposed to the project than those who didn't. However, it does provide a useful snapshot into how the project is perceived by some users.

The average age was 19 years (range: 14-25) with 8 females and 5 males. Majority of the participants were long term clients, only two were in contact with the project for less than 6 months.

When asked about the first source of information on the project, the clients mentioned friends/peers (2), Garda/ Probation service (3) and Family (4) in the first place. Youth workers and teachers or school were stated as well. Most of the users were referred by someone else (8), whereas 4 were

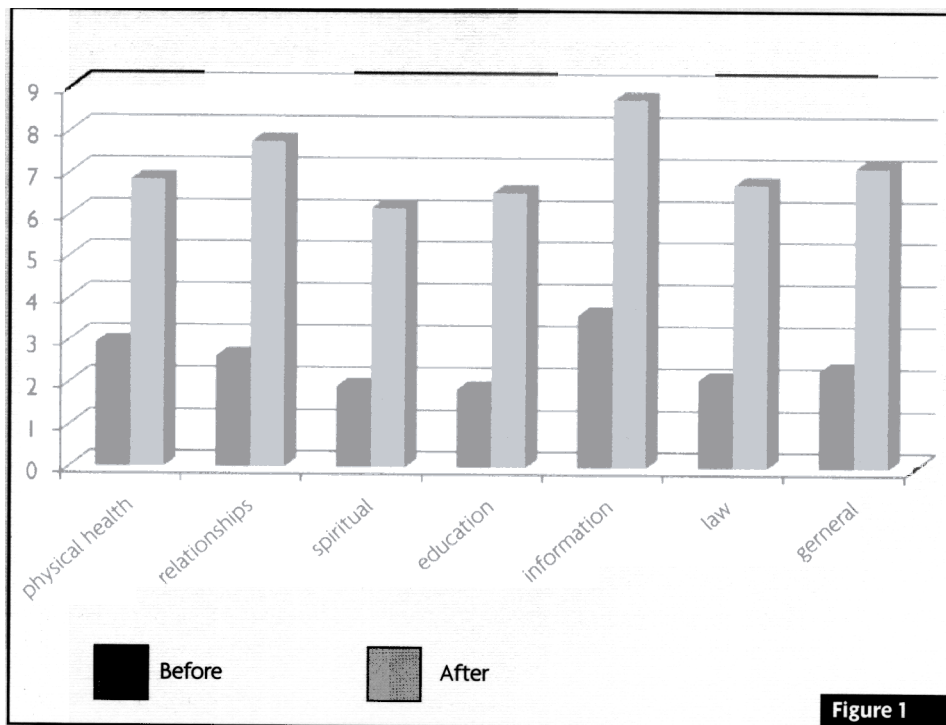


Figure 1

referred by themselves. When they first started with the Project, they were either in school (7), training (1) or unemployed (5).

The respondents provided several reasons for contacting the service initially and for each of them it was a special combination of following issues 'I just wanted to get my life together' (7), troubles with the Gardai (6), troubles at school (4), parents (2) and health (1).

Alcohol or drug abuse treatment was only one of a range of services accessed by the clients. As a result of getting in touch with the Project some or all of the following supports were used by the survey participants: assessment by the Project Worker (9), Counselling (6), assessment by a Treatment service (4), Fellowship meetings (4), Treatment (3) and After-care support (3).

The most valued part of the service was provision of space where the client was listened to, followed by help with finding training/Job, followed by help with legal problems, then relationship problems; housing and school.

Eight clients stated that their relatives were given direct support from the Project. The families were offered several types of support such as Fellowship meetings (6), Family support groups (4), Counselling (3) and/or Education and Information programme (2). From users' point of view these were significantly useful for the family

members because our respondents rated them 9.5 (on a scale 1-10) on average.

As a result of contacting the project 5 young people (39%) went on to treatment, which was either residential (3) or outpatient (2). Four of them reported high levels of satisfaction with the treatment centres (6.5 mean, on a scale of 1-10). Clients reported very high levels of satisfaction with the level of support from the Project worker during the treatment (9.3 mean rating), which rose to 9.5 following treatment.

The next section explored how the service had impacted on the personal lives of the user under the following headings: relationships, physical health, work/school, criminal behaviours, level of general functioning. Figure 1 above shows that across all areas clients reported significant improvements.

Critical reflection on the strengths and weaknesses of the project

Respondents were asked to list the 3 ways they feel the project helped them. Among the most frequent responses were

- by providing help in access to services/ education: 'got me help for my addiction'
- listen, discuss and explore issues: 'the project has given me someone to talk to'

- by being offered hope: 'the worker gave me hope'
- by fostering insight/ awareness: 'I felt I was beginning to see clearly'

From the client's perspective the most appreciated features of the project were: "somebody is there to listen and help" (listening); "not being judged" (acceptance) and "always positive, even when things are bad" (hope).

Other comments regarding the role of the project and project worker were "it's there for me and everybody else" and "she [project worker] was sound and a good laugh".

High levels of overall satisfaction with the project's services would seem to point to the quality of the service.

Conclusion

As the project approaches completion of the third year, we can identify a number of elements that have contributed to its success.

Firstly, the principle of partnership has been embedded in the project from its inception, in particular with the funder, Cobh Community Concern, local youth organisations and medical practitioners.

Secondly the style and commitment of the staff person to developing and maintaining relationships with young people and their families and to journeying with them through difficult times.

Thirdly the project's ability to adapt and change to meet the needs of the client group.

Finally, the project's ability to maintain boundaries to protect the confidentiality of young people and their families in a relatively small community and the importance of professional boundaries to safeguard the worker.

Bibliography/ Further reading.

- Prochaska, J. O., & DiClemente, C.C. (1982). Transtheoretical therapy: Toward a more integrative model of change. *Psychotherapy: Theory, Research and Practice*, 19(3), 276-288.