SAOL
project

PEER EVALUATION

EVALUATION

OF

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SAOL PROJECT IS GRATEFUL TO ALL OUR FUNDERS WITHOUT WHOM RTU3 WOULD NOT HAVE BEEN POSSIBLE.

PUBLISHED BY SAOL PROJECT LTD.

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EXECUTIVE SUMMARY

Questionnaires were compiled and administered by 14 women who were participants on a course to train local people in skills relating to research. As all trainees had an interest in SAOL Project, they agreed to research the effectiveness of one of SAOL's programmes, Reduce the Use (RTU).

Using a combination of qualitative and qualitative survey questions, 60 questionnaires were administered to people who had taken part in at least one RTU programme. Respondents were in the main from the SAOL Project (n=40) and Ballyfermot STAR (n=10). They were also predominantly female (85%) and from the North Inner City of Dublin. Most were aged between 26-45 with 10% aged 25 or less.

Almost 39% of respondents were doing or had recently completed RTU; 51% had completed RTU between 6 months and 10 years previously. 58% acknowledged completing the course which, internationally, seems to be significantly positive, especially for women. Relapse is the most common reason for non-completion of the programme.

The primary drug of use of respondents varied, with 29% naming 'tablets' as their primary drug and 20% naming heroin. Cocaine and alcohol were named as primary drug for 13% respectively. Cannabis was named for 12% of respondents and methadone was named for only 9%.

86% stated that they found RTU "Useful" or "Somewhat Useful". The term useful was not defined by the researchers and so it was responses to subsequent questions that clarified reasons for such a high positive response towards RTU. 60% said they reduced their drug use through RTU; 38% claimed that it helped with social problems; 44% said it helped with a specific drug and 42% stated that it helped with all drugs. 75% explained that it helped with both thinking and behaviour.

73% of respondents recorded positive change to drug use. They also reported that this change was lasting, with more than 60% changing drug use for more than 3 months, and 37% recording change in drug use for more than 1 year. 52% reported saving money, which was then used for a range of things, including paying debts, spending it on their children or booking a holiday.

Several times RTU was named as being useful in one-to-one sessions, as both a support to group work and also instead of group work.

Findings in relation to unhelpful aspects of RTU included its ability to trigger cravings because of discussions on drug use, the difficulty of being in groups and the drug use of other group members. Nonetheless, 90% of respondents stated that RTU groups were supportive.

Drug diaries were seen as positive by 89% but were repeatedly noted as difficult to maintain. 85% of respondents learned about triggers as physical, emotional and social issues. Some reported holding back because of confidentiality or the size of groups (too large) but 84% of respondents said they enjoyed doing the programme.

This research was not robust enough for academic standards, however it does indicate that RTU is a programme deserving of further examination, as part of an appropriately funded piece of research.

INTRODUCTION

Reduce the Use (RTU) was launched in the summer of 2007 as SAOL's response to the growing use of cocaine in Dublin. This manual was accompanied by individual worksheets and an accompanying evaluation of holistic responses to cocaine treatment.

In 2011 Reduce the Use2 (RTU2) was published, expanding the original programme from an 8 to a 10-module manual. Designed to respond to an audience that used a plethora of different drugs, RTU2 was the poly drug use edition. While 1000 printed copies were published, 2011 marked the first on-line versions of RTU2 (available from www.SAOLproject.ie) and since that time the manual has been downloaded more than 16,000 times.

Many projects use RTU2. So much so, that 'Reduce the Use' is a name that stands on its own, with many unaware that it originated with SAOL.

In 2017, after 10 years of use, students on a community research course decided that they would like to assess the impact of RTU. The work was undertaken by a group of 14 women, (10 SAOL services users, 3 students and 1 volunteer). This group came together to partake in an 8 week Social and Community Research Training Course taught by Deirdre McCarthy with Dublin Community Coop.

The eight weeks training course taught theory and skills in social research methods, mapping, ethics in research, interviews, and focus groups. It also expected students to design and implement a questionnaire.

A questionnaire was designed by the group (under the supervision of the tutor) and then implemented by them. The group carried out interviews on other service users from SAOL and from several other projects. The questionnaires began with quantitative questions and then more qualitative questions, giving the interviewees the opportunity to provide more detailed feedback on their experience of engaging in the Reduce the Use programme.

The SAOL Staff member was the 'Gatekeeper'. The Gatekeeper's role was to make a link between community projects that had delivered the training and then to arrange venue, times and days when the community researchers could interview the participants. This proved more difficult than expected and time constraints[1] meant that they were unable to survey as many projects as they would have liked.

The piece of research was then inputted into SurveyMonkey[2]. The Dublin Community Coop processed the findings and SAOL staff 'translated' the findings into the discussion section below.

[1] We had to complete the work by September 2017 in order to fit in with the availability of our tutor. We had intended launching the research in November 2017 but Storm Ophelia threw out a number of other events and so we decided to save it to celebrate International Women's Day, 2018.

[2] SurveyMonkey is a cloud based online survey tool. It supports data collection and generates data analysis.

Particular thanks go to the women who conducted the interviews and to the interviewees, whose insights have guided the publication of the 3rd edition of RTU (2018).

METHODOLOGY

This was a collaborative piece of work between the SAOL Project and Dublin City Community Cooperative.

The key methodology for this work was a survey carried out by community researchers with the support of Belinda Nugent, Aftercare Worker from the SAOL Project.

This is a model of research for community groups which centres on getting participants involved at a core level; often something aspired to by academics and researchers but rarely achieved. This small piece of research provides a possible model for how research in our settings might be done.

Before participating in the survey, the researchers completed eight training sessions in social research methods delivered by Dublin City Community Cooperative.

As part of the training process the researchers drew up a draft questionnaire. This was reviewed and discussed at length within the group and changed and modified as a result of consultation. The questionnaire was then piloted with the community researchers.

The focus of the questionnaire was; Experience of Participants on the Reduce the Use Programme.

The interviews were conducted between April-August 2017.

The results were analysed using SurveyMonkey and these form the basis for this report.

In total, 60 interviews were conducted using the survey.

Belinda Nugent, Aftercare Worker from the SAOL Project, identified the respondents in the survey by contacting a range of organisations who run the *Reduce the Use* programme, including SAOL. Project contacted included, Merchants Quay, Morning Star / Haven House, Ana Liffey, Chrysalis Community Drug, Tallaght Local Drug and Alcohol Task Force, JADD, CARP Project, Youth Action Project Ballymun, Realt Nua Ballyfermot STAR, Henrietta Drugs Project, Drop D.R.O.P. (Dun Laoghaire Rathdown Outreach Project), RDRD, Sankalpa, Finglas, the Lost, Cabra, FAST, Finglas, Voyage, Finglas, Cavan, Monahan Drugs Awareness, Turas – Dundalk, The Red Door Project – Drogheda, Drug and Alcohol Response Meath, North Dublin Care, North Western RDTF, Southern RDTF, and South Eastern RDATF.

Although all of these services were willing to take part in the research, time, money and availability of researchers and respondents resulted in us being unable to access the geographical and gender range of responses desired. As a result, the vast majority of respondents came from SAOL and Ballyfermot STAR.

All of those who completed the survey signed a consent form which included the details of what was required of them and what the survey was about.

CONSENT FORM FOR PARTICIPATION

- You are invited to participate in a research study conducted by women who are involved in the SAOL Project.
- The purpose of this research is to collect your feedback on *the Reduce the Use* programme. Your feedback is important to us. It will help the SAOL Project evaluate the *Reduce the Use 2* programme, see how it is working and establish whether changes are needed.
- Completing the survey will require 15-25 minutes. The questions listed are around the topic of "What do you think of the Reduce the Use 2 programme."
  Your name will not be recorded on the questionnaire. Your consent form will be kept separately from your questionnaire and is a record that you have given your consent for participation.
  All findings will be reported confidentially, and individual identity will remain anonymous and protected.
- You may experience a feeling of risk, discomfort or stress while participating in this study. Some questions may feel personal, thought-provoking or emotional in nature. If you do become uncomfortable during the interview, feel free to stop, and additional time will be made available to address your concerns.

Voluntary participation

- Your participation in this research study is voluntary. You may choose not to participate, and you may withdraw your consent to participate at any time. You will not be penalised in any way should you decide not to participate or to withdraw from this study.

Contact information

- If you have further questions about the research itself, or if you wish to obtain a summary of the results of the research, please contact:

  Belinda Nugent
  SAOL Project
  58 Amiens Street,
  Dublin 1
  belinda@SAOLproject.ie

Consent

I have read this consent form and have been given the opportunity to ask questions. I give my consent to participate in this study.

Signature:

STATEMENT OF CONFIDENTIALITY:

All materials provided by you in this questionnaire will remain confidential. It will only be seen by myself (the interviewer) and the person analysing the questionnaires (they will not know your name).

The information will not be shared with anyone else and no information about individuals will be provided or reported on.

Please note if someone discloses any child endangerment issues we must comply with Children First Guidelines.

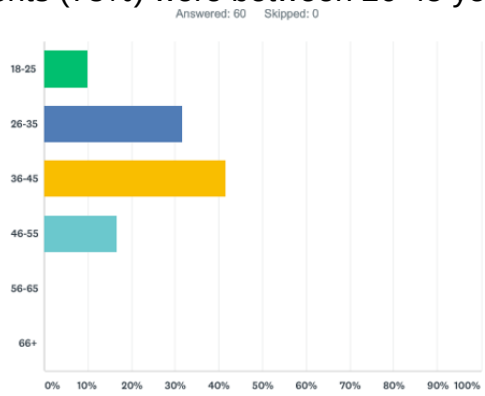
FINDINGS AND DISCUSSION

A total of 60 respondents answered the survey, although not all respondents answered every question[3]. Of those who answered the question, 85% were women[4] and 15% were men. This does not represent the gender split in drugs services (indeed had the figures been reversed it would have been a more accurate reflection). The fact that most of the respondents came from SAOL explains where this figure originates. This, then, is primarily a piece of research that captures SAOL women's responses to 'Reduce the Use' and is therefore not to be read as research that reflects how 'Reduce the Use' is experienced around all drugs services who deliver the programme to service users. Nonetheless, we believe it indicates a very positive programme that deserves a comprehensive evaluation.

Contact was made with 25 different Addiction Services and Task Forces who all use 'Reduce the Use' and who were willing to take part in this research. This in itself is an indication that 'Reduce the Use' is a useful and effective programme. Unfortunately, participation of all these was not possible because of time, money and human resource constraints.

Respondents were asked where they took part in Reduce the Use (RTU):
The vast majority of those who completed this survey (n=40) had completed RTU in SAOL; ten respondents were from Ballyfermot STAR and others came from the North West Inner-City Network, Ballymun YAP and DROP.

Age of respondents:
The majority of respondents (73%) were between 26-45 years.



The age categories are reflective of the age profile attending the services and not the age profile of people who use drugs generally. SAOL will have a major skewing influence on these figures as our participants are predominantly aged between 26-45. 10% are 25 years of age or under and it would be interesting to know more about their specific experiences of 'Reduce the Use'.

Place of residence was asked for and reveals that most people surveyed come from Dublin 1, for similar reasons to the age profile above.

[3] See Appendix 1 for a copy of the survey.
[4] These percentages have been rounded to the nearest percentage point.

Finally, respondents were asked if they were assessed before taking part in RTU and were also asked when the last time that took part in the programme was. Three quarters of respondents said that they were assessed but the other quarter were either unsure whether they had been assessed or stated that they were not assessed for the programme.

When asked if they had been assessed as suitable for the programme, only 88% said that they were! As all interviewees had taken part in RTU, one wonders the how 12% who believe they were assessed as 'unsuitable' managed to get into their groups.
THIS MAY NEED TO BE REVISED

This is a clear issue for service providers. The need for clarity and transparency about what we are doing when we are meeting service users is paramount. If they are uncertain, then it falls on us to change our approach so that understanding is achieved.

An outline for assessment for readiness for a 'Reduce the Use' group is included in the RTU manual and good practice suggests that all participants in RTU should go through it with the facilitator. We will further emphasise this in future training for facilitators.

More than 27% of respondents were 'currently doing' RTU at the time of interview (it is not clear how many of these had taken part in RTU before).
A further 14% had completed 'Reduce the Use' 'in the previous 3 months. For 39% of respondents therefore, the programme was a current or very recent event.
51% had last completed 'Reduce the Use' between 6 months and more than 10 years ago; and a further 10% 'couldn't remember' the exact dates of last engagement. This reminds us of how long 'Reduce the Use' has been available and also gives us a broad spread of insights on the programme. It is unfortunate that we cannot see if views differ considerably according to the time respondents took part in the programme. This is a variable that might be added to a future evaluation.

Respondents' completion/participation of the RTU programme:
The majority of respondents (58%) had completed the RTU programme. A (self-reported) completion rate of 58% is very encouraging and the fact that the remaining 42% didn't just drop out but completed some or many of the sessions is promising also. Some respondents may have been obliged to take part in RTU because they were on Community Employment courses; but this is not reported in the qualitative parts of their answers and so, taken at face value, these are very positive results.

To place it in context, Loveland and Driscoll (2014) indicate that attrition rates from treatment programmes in the US are as high as 80% before admission with 37% of those who do make it to the programme leaving before the end of the first month. They also note that women are less likely to complete treatment programmes. Palmer et al (2009) saw a drop-out rate of 30% in the first 30 days of outpatient treatment, with >50% dropping out within 3 months of the programme commencement. Completion rates in residential treatment are better for those who participate in the programme, with a completion rate of 62.2% for alcohol,

methamphetamine and cannabis users. The authors Newton-Howes & Stanley (2015) did not evaluate retention rate for people with a background of using opiates and street tablets. While this is just a brief snapshot of retention rates for residential and non-residential programmes (much more comprehensive programmes than RTU), it does seem to imply that retention on RTU is high.

The 25 people who did not complete the RTU programme were asked why they did not do so. Only 12/25 of the respondents answered this question and there was no consensus in answers given. The most common answer was 'Relapse' (20%, n=5).

Two of the qualitative answers to this question highlighted an issue that RTU facilitators need to consider:

> *"Found that the programme gave me a lot off triggers to go back using. I found discussing and talking about it made me want to go back using drugs. There should be a lot of time at the end to ask participants if they have triggers from the discussion".*
> *"I found that during the programme there is a lot of discussion on drugs. With all the talk of drugs I had strong cravings to go and use drugs".*

Primary drug of use:
We asked for 'primary drug use' but then invited 'more than one answer'. Being used to working with poly drug use, this is understandable but may have confused those answering. Nonetheless, almost everyone answered[5] and highlighted a broad range of substance use including:

Substance	Number choosing as primary drug	Percentage
Heroin	14	20%
Tablets/Pills	12 Zimovane 6 Sleeping tablets 1 Lyrica 1 ***Total 20***	29%
Alcohol	9	13%
Cocaine	9	13%
Crack	2	3%
Methadone	6	9%
Cannabis	8	12%
'Everything'	1	1%

Bearing in mind that this is the list of substances respondents recorded as their primary drug of use, it is noteworthy that 20% still see heroin as their main issue. Possibly reflecting the changing face of drug use, alcohol, cocaine and cannabis together represent 38% of all responses, whereas heroin and methadone total only 29% of answers given.

[5] There was a total of 69 answers. More than one answer was given by some of the 58 people who responded.

- IMPACT OF REDUCE THE USE

Respondents were asked if they found RTU useful:
The majority (86%) of respondents who answered this question found RTU useful, with a further 9% saying 'yes and no' and 5% saying it had been of no use for them.

The qualitative responses (n=55) offer some interesting insights. Representative of these are:

"It was a great programme and cut down on all street drugs"
"Helped me with triggers and changing my behaviour"
"Gave me a record of my usage and a pattern and what I was feeling when I used"
"It's helpful because while I'm in the group I learned from others in the group, I have reduced my use a lot"
"Yes I learnt a few techniques, such as writing a diary to manage my tablet use. Then went onto reduce my tablets. And the risk of hepatitis"
"I came off the street drug and have been stable on my prescribed medication for 5 years now"
"I cut down completely on my tablet use. It helped me learn about my triggers and deal with them without using tablets"

A few others had less positive comments

"Didn't really get into it"
"No didn't like it. Didn't feel it was appropriate"
"Couldn't do the programme because of childcare issues"
"When finished programme you have to continue it yourself"

Respondents were then asked to comment on particular aspects of recovery where RTU was useful for them. They were assisted in this by being reminded about the areas of 'problematic drug use' (with one or all substances), 'dealing with social issues', 'reducing drug use' and 'increasing your drug use'[6].
Reducing drug use was named by 60% of respondents (44% named it as helpful with one specific drug and 42% said it helped with all). One person felt RTU assisted in increasing their substance use and their comment is included below. Although the lowest figure, 38% said that 'Reduce the Use' helped with social problems too, the following (lengthy) list of comments from respondents better captures the importance of RTU than figures alone:

"Off all street drugs, now on prescribed medication only"
"Helped me become aware of situations that can trigger my drug use, my behaviour, socially; it has helped me come to group and open up about my problems, my confidence"
"Made me see what money I spent on drugs"
"I just have a heroin problem. I reduced my use during the course. Jane is teaching me how to use my brain to stop buying drugs"
"Looking at the consequences I found helped. Regarding social issues I was able to speak to my family of my drug use"

[6] Respondents were able to give more than one answer

"It helped me realise what I lost because of my drug use and taught me that I didn't need drugs to feel wanted by others"
"By using drug diaries, I could see the times and days I got triggers. I put in supports and activities and this changed the drug use"
"Reduced taking the grass from 3 joints a day to 1 a day"
"It helped me make friends through being able to trust people in the group as I found it hard to talk to people beforehand"
"I learned how to socialise without alcohol being involved. I reduced my alcohol intake which turned to me reducing my tobacco intake"
"I was so much more aware off my thoughts and actions and how I was using them as an excuse to go out and use which led me to know more about addiction"
"It gave me a voice and confidence to approach authority, e.g. police, housing and teachers"
"Dad died around that time; came down on my Phy from 85 to 55"

Both the qualitative and quantitative feedback from respondents suggests that 'RTU' has had an important impact on their drug use. The actual drug used by the respondent does not seem to impact the effectiveness of the programme in changing their substance use. Comments referencing positive changes made in relation to heroin, alcohol, cocaine, cannabis, prescribed and street tablets and methadone use are all present. It seems also to be the case that 'RTU' is helpful for both stabilisation, abstinence from street drugs/the substances causing current difficulties and to assist in reaching abstinence. While this study is not rigorous enough to state RTU "is doing what it says it does" with certainty, it does strongly hint that it is a very effective programme, with measurable outcomes. A more rigorous piece of research is definitely warranted.

One recurring reference in comments was in relation to the use of 1:1 sessions (either as stand-alone sessions working through the programme or as a support to the programme itself):

"I started with the pill worksheet now I am working on weed with worker in 121"
"RTU Alcohol / weed worksheet in a 121 session was really great"
"I cut down a lot since started RTU programme ...more active ...feel good after the course ...love my 121"

RTU it seems, as with all programmes, should be linked into a comprehensive care plan and/or used in 1:1 sessions. This is of importance for facilitators who need to ensure that referrers to the programme remain involved and also understand the programme so that they can support in the work they do with the people they have referred[7].

There was only one clearly negative comment and it is included here as it is important:

"I had no housing at the time and it made drug use worse"

[7] We take this opportunity to remind readers that individual worksheets can be found for download at http://www.SAOLproject.ie/OnetoOneWorksheetsforReducingtheUse.php

This is a thoughtful reminder that appropriate assessments and support are needed. RTU will bring up issues for people and if they do not have appropriate supports, it can be part of a reason for relapse. It is also a useful reminder that instability in one's social life makes recovery a very difficult (and less likely) possibility regardless of motivation.

Respondents were asked what part of the RTU they found least helpful:
This was answered by 44 respondents, with a wide range of answers. While almost half said that they found it all useful, there were valuable issues raised by the remaining respondents. These included:

- *"Some of the stories were not really relevant":* It is important that stories like 'Dave's story' suits the group. We have already re-created Dave's story in relation to all other substances but as these are not easily accessible, SAOL needs, at least, to put them on their website.
- *"Groups, I didn't like group"*: We return to the issue of good assessment – see above.
- *"Drug Diaries":* There is much positive feedback on drug diaries in this research but also, as represented here, negative feedback. This is in line with international studies on the effectiveness of homework for treatment. Indeed, how you give homework and its link within the programme (e.g. homework being reviewed with the group) is very important.
  Mausbach et al (2010) indicate that the longer one has a particular issue (in this case, the longer one is struggling with addiction) the less likely that homework will be effective. It seems that, as facilitators, careful attention should be paid to 'Drug Diaries'. Flexibility should be introduced when necessary and indeed, parking them where they are a block to learning for participants.

- *"While doing the homework, trying to keep the information safe at home away from family members"*: This is not a surprising comment as it is a common concern in SAOL. We often provide spaces for people to write and store their diaries in our project, so that the issue is somewhat managed. We have explored creating an on-line, password protected diary through an app but have not as yet sourced funding for such a project.

- *"It was all helpful but would have liked a personal drug diary rather than just sheets":* A final comment on drugs diaries from one respondent who wanted something a little more concrete than single sheets. We have found that people appreciate good folders and pens for their work. It seems to communicate respect and value for the programme. We have tried to create a full diary and even bought actual diaries at one point (cheaply sourced later in the year in Euro shops!). Research on the importance of this for group activities/homework would be welcomed in order to establish how significant this might be.

- *"Constantly talking of drugs made me want drugs/ I would suggest that the programme and facilitator gave more time at end of group to discuss if*

triggers arose and how to deal with them. And if people were having strong cravings how to deal with them": While the issue of triggers and cravings are a central element to RTU, it is recommended that facilitators are careful not to let reflection drift into war stories. Skilled group facilitation is needed for RTU and facilitators who are not formally trained in group facilitation are encouraged to gain such skills before facilitating RTU. Group work is a complex treatment tool which requires different skills to individual work. (Yalom & Leszcz, 2005; Schneider-Corey and Corey, 2017)

- *"The group was too big/ People talking over me/The group stopping half way through and starting up again/ Course didn't finish"*: In the introductory section of the 'Reduce the Use' manual we highlight the need for planning the group facilitation before running RTU. These comments highlight the need for expertise and professional decision-making when running the programme.

- *"The group was not being honest about the amount of drugs they were using"*: While this is taken as read by most facilitators and is not an issue of major concern (honesty is earned over time and not to be expected at the start of a process), it can be annoying among peers when they perceive that the group is being dishonest and disturbing its development. It falls to facilitators to properly construct groups ensuring that group members are at similar stages of their journey, because too much difference may result in frustration for more motivated group members.

  Yalom & Leszcz discuss this matter when examining the impact of people leaving groups. They note that in cohesive groups, group members leave and miss out on possible benefits, but they note that, *"…non-cohesive groups with high member turnover prove to be less therapeutic for the remaining members as well*" (2005, page 70).

That said, the following feedback from respondents suggests that, in the main, facilitators are getting this right.

Respondents were asked to provide a little information on the group dynamics of the last RTU programme they attended:

Respondents were not expected to be skilled at reading the dynamics of groups; rather they were being asked what the experience of being in their last RTU group was like.

Almost 90% of respondents said the groups were supportive; only 2 (4%) respondents suggested that there was poor participation and 4 people (8%) said that the group was dominated by one person.

From the 31 comments received from the qualitative responses, the following gives the tone:

"Group was very supportive; really great support from staff and group"
"Made good helpful friends; everyone got an equal space to talk"

“I can be very open in this programme compared to other programmes that I have been in”
“The group was good, some over talkers, but I'm sure I was one of them”
“The group I was in was very supportive and helped each other out with how they do other activities other than smoke hash”

- SPECIFIC ELEMENTS OF THE RTU PROGRAMME

Respondents were asked if they found the drug diary useful:
Researchers discovered that the majority (89%) found the drug diary to be useful, with comments centred on the value of tracking their drug use, how it helped them to recognise their behaviour, triggers and patterns of use; and that their drug diary provided an inspiration for them in terms of seeing where they had come from.

> *"Helped me recognise my drug use behaviours…highlighted how my emotions were connected to my drug use… it helped me to reflect on my triggers from week to week and raised my awareness on what worked and what didn't… You look back at the money and energy used up… Every time you done well, you could see your accomplishment" (Combination of feedback quotes)*

Nine make statements about how drug diaries did not work for them. Their statements were quite varied and there was no clear pattern to the response. Each was personal.

> *"I never brought them (drug diaries) back (home), I didn't want the kids to see them…Because I was drug free the diary was not useful…when I was in good form I found it a great help but if I was having a bad day I wouldn't want anything to do with it because it reminded me of my drug use…If I didn't have access to the diary to do it every day (fill it in), I had to try to recall the previous day or days" (Combination of feedback quotes)*

Respondents were asked if they learned about their triggers:
The majority (85%) found that they did learn about their triggers. Only 3% said no ("I already knew them") and 12% said that they could not remember:

> *"Learned when I am around people who use and take drugs that I follow and use drugs… Facilitator explained this part really clearly and I understood that certain people and situations trigger…I learned my emotional internal triggers and this was new learning…I would take tablets when I'm down but if I got my head together and paid bills I would reward myself…Things such as tin foil could cause a memory or trigger in your mind that would start of as an idea then move onto become a strong craving…Highlighted how my feelings of being angry and alone and sad I wanted drugs to feel happy" (Combination of feedback quotes)*

It is not surprising that 'Reduce the Use' might prove to be successful at helping participants identify their triggers because it is rooted in what Cully and Teten (2008) describe as changing emotions by targeting thoughts and behaviours:

> "CBT builds a set of skills that enables an individual to be aware of thoughts and emotions; identify how situations, thoughts, and behaviours influence emotions; and improve feelings by changing dysfunctional thoughts and behaviours. The process of CBT skill acquisition is collaborative. Skill acquisition and homework assignments are what set CBT apart from "talk therapies." **You should use session time to teach skills to address the presenting problem and not simply to discuss the issue with the patient or offer advice**. (Our bold)

Respondents were asked if RTU impacted on their drug use:
The majority (75%) found RTU did impact on their drug use, in terms of their thinking and behaviour. 13% said it impacted on their thinking and 12% said that it did not impact at all. Interestingly, in the accompanying comments from those who said that 'Reduce the Use' had no impact on their drug use, two of the four comments said, "As stated already, I am drug free years". One person wrote, "*Going through bad patch, so could have done with a little more support".* 'Reduce the Use' is not a going to work without other supports and this person obviously experienced that failure:

> *"Made me think of the money I wasted on weed… It helped me stop taking cocaine and start going to NA meeting… Changed my thinking on tablets, changed my behaviours not to take tablets… RTU helped me change my behaviours as I stopped smoking hash. RTU gave me skills from relapse prevention not to pick up again… I was taking Zimovane in the night and became aware that I was self-medicating, so I approached my doctor and got a Zimovane detox" (Combination of feedback quotes).*

And these were the kind of comments given in relation to changes in thinking:

> *"Both on thinking and behaviour, learning to stay away from active drug users and saying no… I realised that I needed to change my attitude and my circle of so-called friends… Really got me to think when I am vulnerable that I needed to go to counselling and not use…Made me more aware to stop thinking negative thoughts… Gave awareness of where my drug use was at and how damaging my drug use was on my health". (Combination of feedback quotes)*

Again, it seems that, for these respondents, 'Reduce the Use' had an important impact on participants' relationships with substances. The following questions explored how lasting these changes were.

Respondents were asked if their drug use changed while doing RTU:
The majority (73%) said that their drug use did change while doing RTU. 16% could not recall (and therefore do not associate Reduce the Use with any substance use change) and 11% said that they did not change their substance use during the programme.

Forty-five respondents provided a comment. Of the six comments that said drug use didn't change, 3 said they didn't use and 2 said they slipped or self-selected out, "I wasn't ready and left the group."

The other 39 respondents all recorded positive links between 'Reduce the Use' and changes to their drug use:

> *"Got off all street drugs…Zimmo's have stopped, now I am looking at weed…Stopped taking heroin and currently working on alcohol…Completely stopped, help me during my weekends… decreased dramatically, plus DROP keeps me busy…my drug use has changed and I*

am nearly completely off the tablets …I am stable, that is no street drugs, just my prescribed medication from my G.P.…Yes, I reduced my use then stopped completely…Cut down and stopped the crack. Cut down on drink and stopped taking tablets and stopped the hash smoking…stopped" (Combination of feedback quotes)

Noteworthy changes were made but did they last?

Respondents were asked if any of the changes they made during RTU lasted after the programme had finished:

Forty three people responded to this question. The largest group, at 37% (16 people) stated that their use drug use changed "*For more than year*". 26% said that the change lasted between 3 and 12 months; 9% changed for up to 3 months and another 12% said the change lasted only temporarily. 7 people (16%) said there was no change.

More than 60% of those who answered this question self-reported that they changed their drug use and that the change lasted for between 3 months and more than a year. ~~That seems like a cost-effective use of resources.~~ Further detail is required from a more complex piece of research, but these indications are very positive.

41 respondents provided a comment:

"I started changing then I started using Heroin again… Up and down every 3-6 months…Still going great, thank God…I am currently doing weed but Zimmo's are stopped completely six months…Changes still happening…I have been off tablets for 3 months but had a slip for one day but I am currently doing ok…Came off heroin and drink, I'm only taking my Phy (Methadone) which has decreased a lot…My attitude towards my drug use totally changed; RTU made me more aware…Still in progress"

NIDA argue that when people receive the appropriate treatment they will change their behaviour, and this will last for a length of time in keeping with *"…other, well-characterized, chronic medical illnesses, such as diabetes, hypertension and asthma*" (p.12, 2011). They go on to argue that treatment for most medical issues like those named is deemed successful when change occurs; whereas with addiction, when relapse occurs, the original treatment is characterised as unsuccessful. They go on to say that,

*"According to several conservative estimates, every $1 invested in addiction treatment programs yields a return of between $4 and $7 in reduced drug-related crime, criminal justice costs and theft. When savings related to health care are included, total savings can exceed costs by a ratio of 12 to 1. Major savings to the individual and to society also stem from fewer interpersonal conflicts; greater workplace productivity; and fewer drug-related accidents, including overdoses and deaths". (*Page 13)

Overall, 'Reduce the Use' seems to lead to positive changes for people who use drugs.

Respondents were asked if they remembered any exercises from RTU:
Just over three quarters of respondents (78%) remembered specific exercises, with drug diaries and safety plans being the leading exercises remembered. This is probably not that surprising given that these exercises are undertaken or discussed during every session of the programme.

Individual comments were insightful, including;

- *"Safe plan I found really helpful. When started I never had a safe plan, now I always have a safe plan".*
- *"Yes, I remember the diaries; the consequences; the role of my thoughts and beliefs; disadvantages and advantages of drugs".*
- *"Learning how to think differently and (*use*) refusal skills. I found someone to trust and talk to and was able to set and achieve goals for myself".*
- *"The poem about repeating the same mistakes…"*

It is always possible, particularly for those who use this programme a lot, that one becomes desensitised to the impact of activities and exercise. For facilitators, this feedback reminds us that change comes from all aspects of this programme and so we should remain alert to its potential at all times.

Respondents were asked which exercise they liked least:
Only four respondents stated exercises that they didn't like, with all others (n=33) saying that they liked the course as a whole and found the exercises very useful.

The comments from those who did not like exercises are however, very useful for building the awareness of facilitators:

- *"Drug diaries, never took to them"*.
  Diaries are difficult for any person seeking change. They involve a commitment that is not always practical or possible. There is need for facilitators to help make exercises work, by being flexible in implementation and kind with reflections.

- *"There was not much learning and follow up on safe plans i.e. what worked, why I didn't stick to the safe plan".*
  Meyers & Miller (Community Reinforcement Approach) use homework as a tool for embedding learning and strengthening commitment to change. If the facilitator fails to return to the homework (e.g. safe plans and drug diaries) they write that it can communicate that these are not important.

- *"Group too big. Not enough time for everyone to give input into their worksheets".*
  Group size and make-up requires significant attention by the facilitator. 'Packing them in' may look good on paper but can, as this feedback shows, be counter-productive for achieving programme aims.

- *"Probably icebreakers and discussing personal information in a group setting".*
  Clear boundaries and proper group rules are essential. It is the facilitator's responsibility to ensure that participants understand confidentiality and the limits of the power of the facilitator to keep what is said in the room safely in

the room. People who have been traumatised, have lower self-esteem, are unused to group work (aka participants attending Reduce the Use groups) will all be less likely to 'mind themselves' in a group setting. It is therefore the responsibility of the facilitators to pay extra attention to this and keep the group as safe as possible.

- *"Cooking course".*
  Not everybody remembers accurately!

- *"Putting what I'm using on paper".*
  Writing can be a challenge for many people. Seeing in writing what one is doing can be very challenging. Facilitators therefore need to help re-frame the learning gained from writing and help to process the anxiety it may create. Note also that for some people, vulnerability will arise from the fear of who else might read it. The idea of bringing notes home therefore, completing exercises under the sight of partners or parents can be terrifying for participants. If people are in a violent relationship; this fear is (rightly) amplified. Facilitators must always be aware that resistance to an exercise may be rooted in more than 'denial' or 'ambivalence'.

- *"Collecting my cert in room full of people … and all the photographs but I still did it".*
  Celebrations of success are good, but not everybody is comfortable with them. A challenge may be achievable but is only worth the anxiety if something is gained from the experience. It is important that facilitators review all parts of the programme to learn what worked and what didn't work for any group they run.

Respondents were asked what exercise they liked the most:
45 respondents provided a comment with only four people saying that they couldn't remember specific exercises ("I don't remember, I wasn't interested in it at that time"). The safe plan, follow up one-to-ones, drug diaries, refusal skills, dealing with triggers, setting up a relapse prevention plan and social supports were the most favoured exercises recalled.

The main discussion point from this seems to be that those exercises which were seen as less helpful for some people (see last section) are now recalled as very helpful here! I am tempted to use Mark Twain's quote, "The more I learn about people, the more I like my dog", but instead, it might be more useful to reflect on John Lydgate's suggestion that… "You can please some of the people all of the time, you can please all of the people some of the time, but you can't please all of the people all of the time". In this setting, it is useful for facilitators to remember that:

- Some exercises work well with some groups but not with others
- Some group members will get a lot from some exercises but not others
- Exercises that are consistently unhelpful (over time and with several groups) may be the ones to drop
- We are not in the business of pleasing people! In other words, sometimes facilitators may have to hold the group who are not being 'entertained' by the

process, particularly if the exercises are bringing up challenging ideas for them.

Respondents were asked if they saved any money while doing the RTU programme, from using fewer drugs:
Saving money as a method of noting the impact of change to substance use is a particular element of Reduce the Use. Participants were asked to record how much money they spent on drugs at the start of the programme and later on in the programme, they were asked to record their 'current' spend on drugs.

More than 52% saved money. Almost one third couldn't remember and just over 15% said that they had not saved money.

Twenty-nine participants offered comments, three of which hadn't saved any money. The remaining twenty-six offered comments ranging from "Used savings to pay my bills" to "I saved enough to go on holiday". Several commented that they were able to spend the saved money on their children.

There was no clarity as to how motivating this exercise was for participants.

Respondents were asked to comment on the usefulness of Reduce the Use:
Respondents were asked to rate Reduce the Use as being "Useful", "Somewhat Useful", "Made No Difference", or "Useless". Results were as follows:

- 75% said it was Useful
- 14.3% said it was Somewhat Useful
- 7.1% said it Made No Difference
- 3.6% said it was Useless

While it is positive that such a high percentage said it was useful or somewhat useful (almost 90%), there is a concern in that the terminology used is not easily defined. What one person says is useful does not necessarily align with the next person to answer the question. Therefore, the comments become more significant:

Two people used the recurring phrase '*I wasn't ready'*; one person also added that "*My head sometimes would be wrecked, and I'd go get tablets wrecked"*. It is noteworthy that some people will find any discussion at a particular time to be a trigger for use. Good communication and attention to this possibility by facilitators is helpful in these instances.

Forty-three people commented on how RTU was useful. Some of their answers were:

- *It really helped me change my thinking and helped me change my outlook on life and stop using tablets*
- *Very supportive, built my confidence, made me more aware*
- *It gave me information didn't have before. It has helped me cut down and hopefully one day quit*
- *It helped me get off drugs and reduce my tablets use and the group was nice*
- *I am starting to take control of drug use and I'm saving*

- *It helped for a while*
- *It was the beginning of my journey into treatment, of becoming drug free and getting a flat.*
- *As I said, not taking any street drugs anymore*
- *I stopped using hash and don't take any drugs, so RTU was very helpful to me.*
- *I am really happy that I done the course, I reduced the amount of tablets I was taking at the time.*
- *Because it teaches you about your triggers and things that you never thought before*
- *I am drug free but I did RTU as peer to peer training exercise and I found it extremely useful.*
- *I found it useful but didn't enjoy the group context.*
- *Changed me as a person. More time for normal life.*
- *Made me a better person, mother and better mind*

These statements support the quantitative data findings that Reduce the Use is useful.

Respondents were asked if they enjoyed doing RTU:
Over 84% said that they enjoyed it. Just over 7% said that they did not enjoy it and just over 11% said that they did, and they didn't enjoy it (!). Again, the qualitative comments were more helpful in getting a deeper sense of what people meant.

Six raised issues with their experience

- *"Didn't really get a chance to get into the programme; Was getting into the programme then it stopped; Would have liked to finish; Group too big, would of liking to do it with facilitator in one to one sessions".*

The feedback suggests that the organisation of the programmes requires good planning – as in completing programmes and again, the size of the group. Facilitators might examine factors like 'number of weeks until 'holidays' or 'school breaks', bank holidays, staff shortages etc. If the group will be stopped if attendance falls to a certain number, participants should also be alerted to what will happen in such circumstances. The options of joining a new group or completing the programme with a keyworker could be made available.

Endings can often be difficult for people with addiction in their story and premature and unplanned endings can have a greater effect on vulnerable people than might be expected. This dissolution of a group is analogous to death and brings up issues to do with ending and termination. Participants can experience this as a time of great anxiety. Facilitators and key-workers may need to help participants deal with feelings about ending, to review group involvement and to separate healthily (Yalom & Leszcz, 2005).

Forty-two people described their positive experiences:

"Really enjoyed learning new skills and getting my life back; Enjoyed getting a space to discuss my struggle; It was new, and I learnt a lot more;

Just the dynamic of it; Getting out and meeting new people; Enjoyed I because it opened my eyes to the amount I used; Hard at the start but I saw my mental state becoming better, I was getting a life back; Good laugh, I always felt comfortable; Helped me change my life away from street drugs and heading into treatment; I enjoyed the group interaction and facilitators were supportive; and hearing other people's stories about addiction; Meeting new people that understand why we're here as we are all addicts; kept me busy, helped me not to think of triggers and how to manage them when they enter my thinking; It's still ongoing, I am beginning to open up. At the beginning it was scary, didn't know what I was going to be asked; Got me up and motivated, came home with clear head". (Combination of feedback quotes)

Learning, stability and social interaction are leading reasons for enjoyment. The importance of social interaction and managing loneliness is central to ongoing recovery, and group engagement can offer a new opportunity for participants to develop new (healthier) peer groups. "*Treatment offers an opportunity to decrease social isolation and interrupt AOD relapse and criminal activity. In fact, science is beginning to show healing at the cellular level from increased social connectedness*", (Johnson, B et al, 2015).

Respondents were asked if there were any parts of RTU programme that should be dropped or changed:

This is a combination of two sections where the questions were probably too similar and the answers tended to be the same. We have therefore amalgamated respondents comments.

- *Some of the stories for the women's group according to the particular needs of the participants (needs to be changed).*
- *Drug Diary; More time given to drug diaries in class*
- *Would like more role plays*
- *I think add an evaluation piece at the end of each module like the one in the Hep C peer training.*
- *Add an evaluation piece for feedback*

Each of these feedback elements have been taken on board and we are hopeful that they are adequately reflected in the 3rd Edition of Reduce the Use which will be published in March 2018.

Other advice that was offered:

- *Assess people by someone who can recognise whether or not the person would be affected by drugs (and in such case offer RTU individual programme).*
- *When people are falling asleep should be taken out of group straight away.* This was a recurring concern and needs to be examined by all facilitators. Reduce the Use is not a drug-free programme; some groups are aimed at people who are very new to such a programme. It is therefore important that facilitators match group members to the correct group.

- *Smaller group and facilitator should meet everyone in a one-to-one as well as group.*
- *Don't stop programme because numbers are low; Don't stop programme half way through.*
- *If people are constantly interrupting should be taken out of group.*

.

It seems significant that the feedback here follows the theme of 'group make-up and facilitation'. The call for workers to pay attention to how they set up groups and ensure that group rules are maintained seems to be the clear requests from participants.

Respondents were asked if they wanted to add any other comments:

Thanks and enjoyment of the programme was the key element of the 24 comments that were offered in response to this question:

- *Really enjoyed the programme, helps take power*
- *RTU gave me a different way on looking at life...gave me tools on reducing my use*
- *It is very useful to find a pattern with your usage and also helps you find your emotions and triggers*
- *Be good to get tablet boxes to help people manage their medication and add in harm reduction and show how to use safe equipment for crack and for injection*
- *Very beneficial and I would recommend it to people with addiction problems*
- *Thanks to all my group members for all their support and thanks to staff for not giving up on me.*
- *Really hope that RTU gets into hostels.*
- *I think the programme should be available in prisons, city clinics, methadone clinics, and homeless agencies, government buildings*
- *Found interviewer very helpful*
- *I enjoyed RTU and if it came up again I would do it,*
- *Thank you, Reduce the Use*

CONCLUSION

It is clear from this research that Reduce the Use is an effective programme that deserves a more comprehensive evaluation.

Deirdre McCarthy and her group of community students conducted an excellent piece of research, recording the voices of 60 people who, for the most part, both enjoyed and benefited from the programme. More than 60% of respondents changed their drug use and maintained that change for at least 3 months and some for more than 1 year.

As a tool for CBT type education RTU seems to be very effective as well, with the vast majority of respondents recorded as having learned about triggers, patterns of behaviour and cravings.

As a reminder to facilitators about the need for good session plans, use of group work skills and an ability to manage a whole programme, this research is also very helpful. In the busy world of key-working and advocating for participants, preparation for and implementation of groups may fall down the list of priorities. Feedback from respondents reminds us that a lack of attention can decrease motivation, reduce safety and drive frustration.

SAOL Project will, particularly as a result of this piece of work, seek to source funding for a more comprehensive and expansive piece of research on RTU. We hope that we can do so while retaining a core element of the methodology whereby we include peer researchers as part of the approach.

Many thanks to all the peer researchers who made this document possible.

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APPENDICES

APPENDIX 1 - COPY OF SURVEY

1. Are you male or female?
Female
Male
Transgender

2. How old are you?
18-25
26-35
36-45
46-55
56-65
66+
Other (please specify)

3. What area do you live in? (E.g. Dublin 1, 7, 8, 10 or Cork City)
Dublin 1
Dublin 8
Dublin 7
Dublin 12

4. Have you attended a Reduce the Use (RTU) programme?
Yes
No
Part of the programme

5. Have you attended a RTU programme more than once?
Yes
No

6. If yes, how many times?
Twice
Three times
Four times
If more than four times, please state

7. Have you ever completed a RTU programme?
Yes
No

8. Have you ever not completed a RTU programme?
Yes
No

9. If you answered yes to question 8, why did you not complete the programme? (You can tick more than one answer)
Didn't like it
Didn't find it useful
Wasn't ready at the time
Went to prison
Family crisis
Relapse
Unsuitable venue
Programme times were unsuitable
Childcare issues
Lack of Confidence
Literacy concerns
Other (please specify)

10. The last time you did RTU where did you do the programme?
SAOL
Ana Liffey
Talbot Centre
Cavan Drug Awareness
Red Door Drogheda
Ballyfermot STAR
Ballymun STAR
YAP
Henrietta Place (North West Inner-City Network)

11. What was the primary drug that you were using when you started the RTU the last time you did
the programme (if you did it more than once)
Please explain

12. Did you know what the programme was about when you started? Was it explained properly/enough?
Yes
Mostly understood
I had some understanding but not all
Very vague understanding
I didn't understand what it was about
Other (please specify)

13. When was the last time you did the RTU programme?
Currently doing RTU
Did it in the last three months
Did it in the last six months
Did it in the last twelve months
Did it in the last two years
Did it in the last five years
Did it in the last 10 years
I Can't remember

14. Did you find RTU helpful?
Yes
No
Yes and No
Please give details on your answer

15. If yes, you found it helpful in what areas and how? (You can tick more than one answer_
Dealing with family issues
Dealing with personal issues
Dealing with social issues
Dealing with financial issues
Dealing with criminal justice issues

16. What part did you find the most helpful?

17. What part did you find the least helpful?
Other and please give details on the above.

18. Can you tell us a little about the group dynamics of the last RTU programme you attended?
Supportive
Poor participation
Dominated by one person
Please explain your answer

19. Did you find the drug diary useful?
Yes
No
Yes and no
I don't remember
Describe (please explain your answer)

20. Did you learn about your triggers?
Yes
No
Yes and no
I don't remember
Describe (please explain your answer)

21. Did RTU impact on your drug use?
Just on my thinking
On my thinking and my behaviour
Not really in any way
Describe (please explain your answer)

22. Did your drug use change while doing RTU?
Yes
No
I don't know

Please describe

23. Did any of the changes you made after RTU last after the programme had finished?
No changes to my drug use from RTU
The changes only lasted while on the RTU programme
Yes, for a short while (up to three months)
Yes (between 3 months and 6 months)
Yes (between 6 months and year)
For more than year
Please describe

24. Do you remember any exercises from RTU?
Yes
No

25. What exercise did you like the least?

26. What exercise did you like the best?

27. Did you save any money while doing the RTU programme, from using less drugs?
Yes
No
I don't remember/know
Please describe
How much or Comment

28. Overall would you say that RTU was?
Useful
Somewhat useful
Made no difference
Useless
Please describe

29. Did you enjoy doing the RTU programme?
Yes
No
Yes and No
If yes, please say which parts?

30. Are there any parts of the RTU programme which should be dropped?
Yes
No
I don't know
If yes, please say which parts?

31. Are there any parts of the RTU programme which should be changed?
Yes
No

I don't know

32. Any other comments you would like to add?

Thank you for your time to complete our survey.