

Adolescent Addiction Service

Provides Support and Treatment in Relation to Alcohol and Drug Use For Young People and Families from Ballyfermot, Clondalkin, Palmerstown, Lucan and Inchicore.



“Challenge & Change”

Presentation to
National Drugs Conference of Ireland
November 2011

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Introduction

Overview of Adolescent Addiction Service

Referrals

Drug use trends

Participation in education

Approaches to intervention

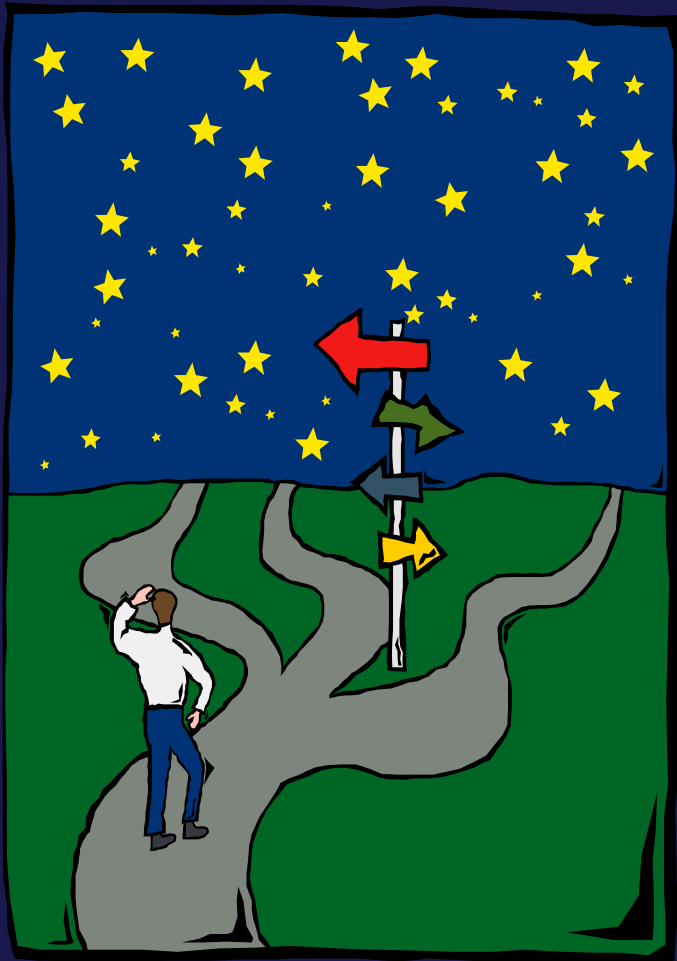
Case examples

Reflection



Adolescent Addiction Service

Provides Support and Treatment in Relation to Alcohol and Drug Use For Young People and Families from Ballyfermot, Clondalkin, Palmerstown, Lucan and Inchicore.



Advice
Support
Assessment
Family Therapy/Counselling
Professional Consultation
Medication (if required)

Contact:

Bridge House
Cherry Orchard Hospital
Dublin 10
Phone 01-6206400/6206493

Referrals accepted from :
Family members ,Professionals and Young People



Adolescent Addiction Service

Established 1997 as a structured 12 week outpatient detoxification programme (involving methadone prescription) for under 18yr olds who were experiencing problems in relation to heroin use.

Operated out of Fortune House Clinic, Cherry Orchard Hospital.

Why an Adolescent Addiction Service?

HRB report showing 33% increase in drug users presenting to services 1990-1996. For opiate users 65% between 15-19yrs

Increase in prevalence of Hepatitis C antibodies among those under age 18yrs

Adolescents are different and have specific developmental needs

Family involvement in treatment essential

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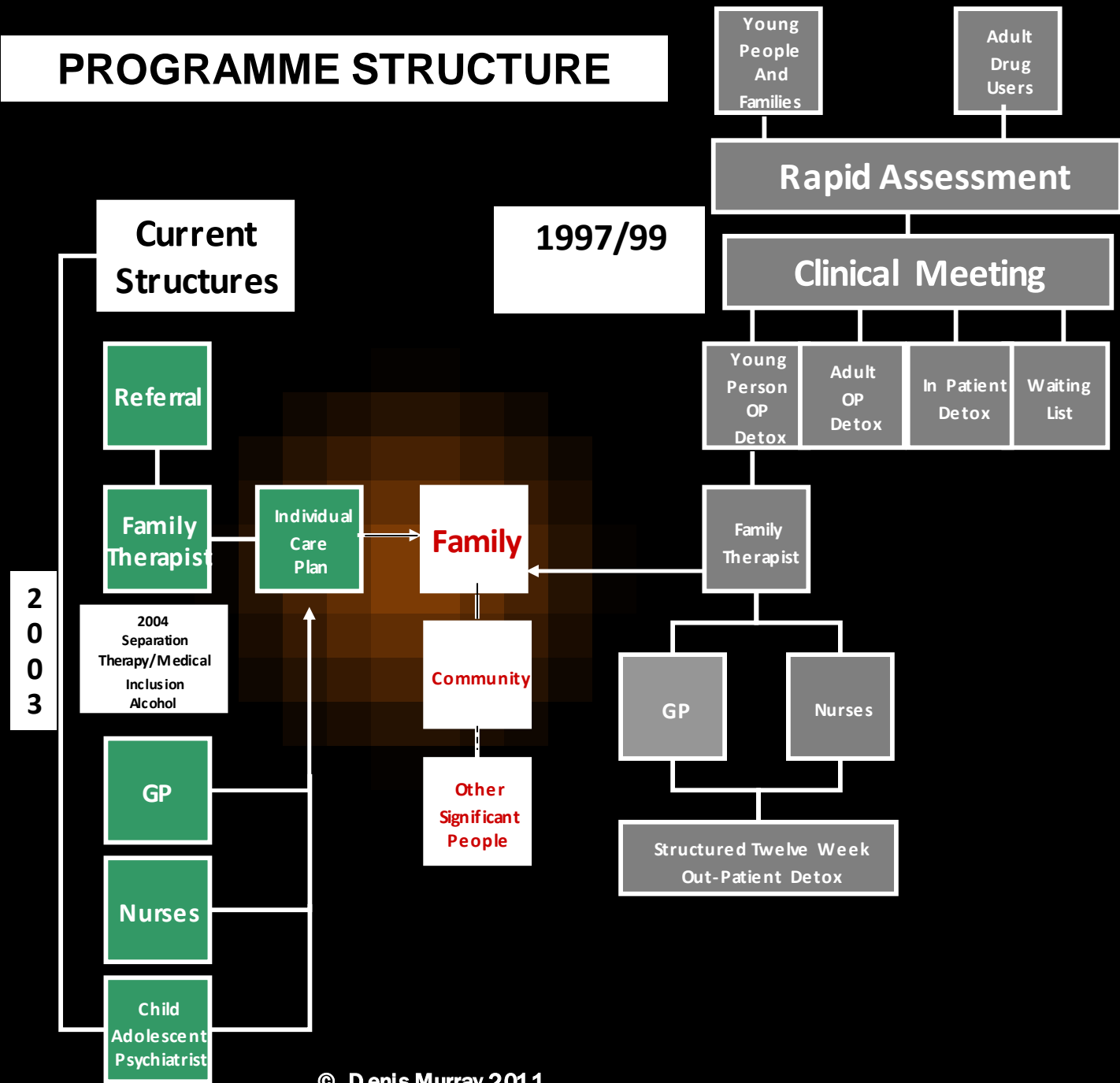


Challenges Presented

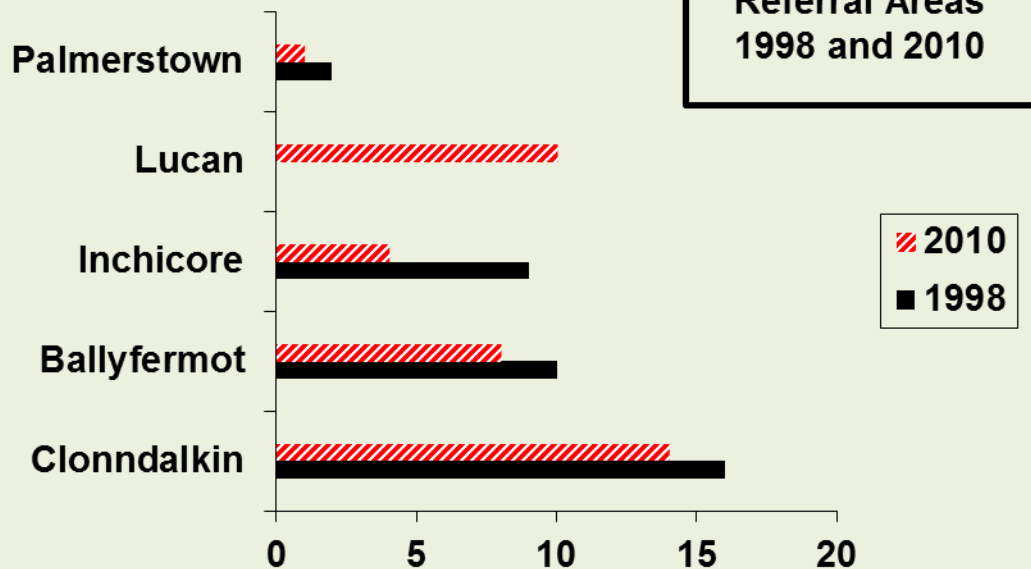
- Programme too rigid based on adult model with expectation of rapid detoxification
- No established social/aftercare supports
- Service not giving sufficient consideration to issue of adolescent development
- Staff team drawn from adult service and did not have experience of working with young people
- Societal attitude to Adolescent Drug Use and Methadone
- Engaging with families (100% parent/guardian contact)
- Participant profile; developmental stage, level of substance use, drug dealing, criminal activity, educational achievement, relationship with other group members and substance use within families



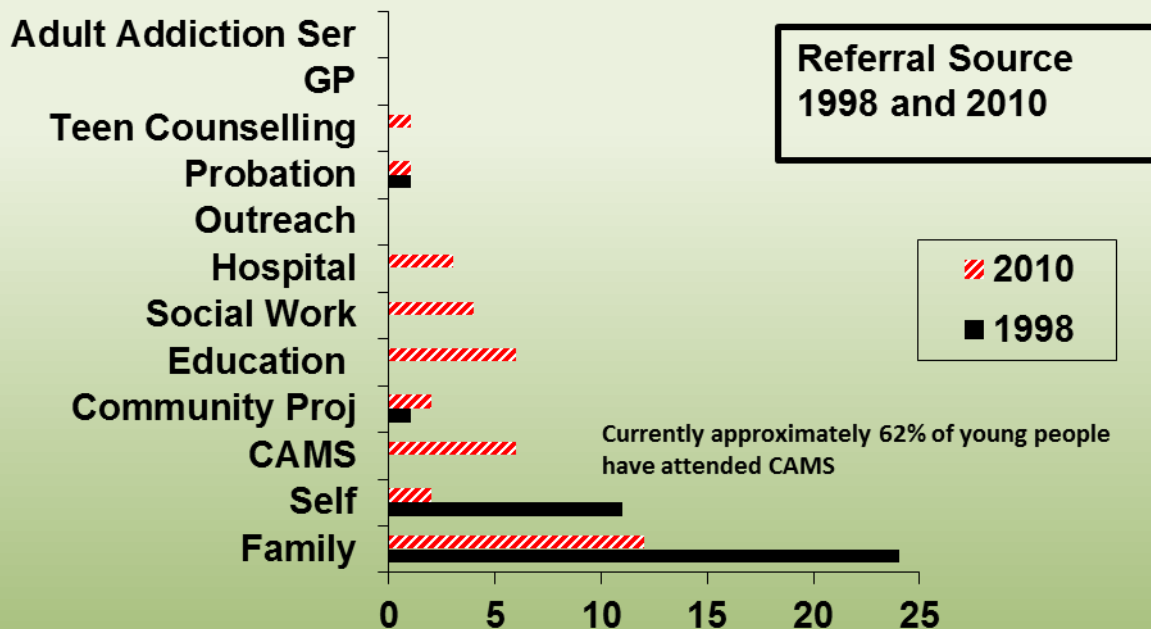
PROGRAMME STRUCTURE



**Referral Areas
1998 and 2010**



**Referral Source
1998 and 2010**



*The angels sang amazing grace
the lord came down and touched your face
he held your hand and whispered low
come walk with me its time to go*

*The gates of heaven opened wide
the angels lined up side by side
a special guest was on the way
the day god took my da away*

*Forgive me lord for i still weep
for a da i loved and wanted to keep
maybe some day you will tell me why
you broke my heart and let him die*

*I thought of you today da
but that is nothing new
I thought of you yesterday
and the day before that too
Ill think of you tomorrow
and for all my life through
For the day i dont think of you da
will be the day ill be with you*

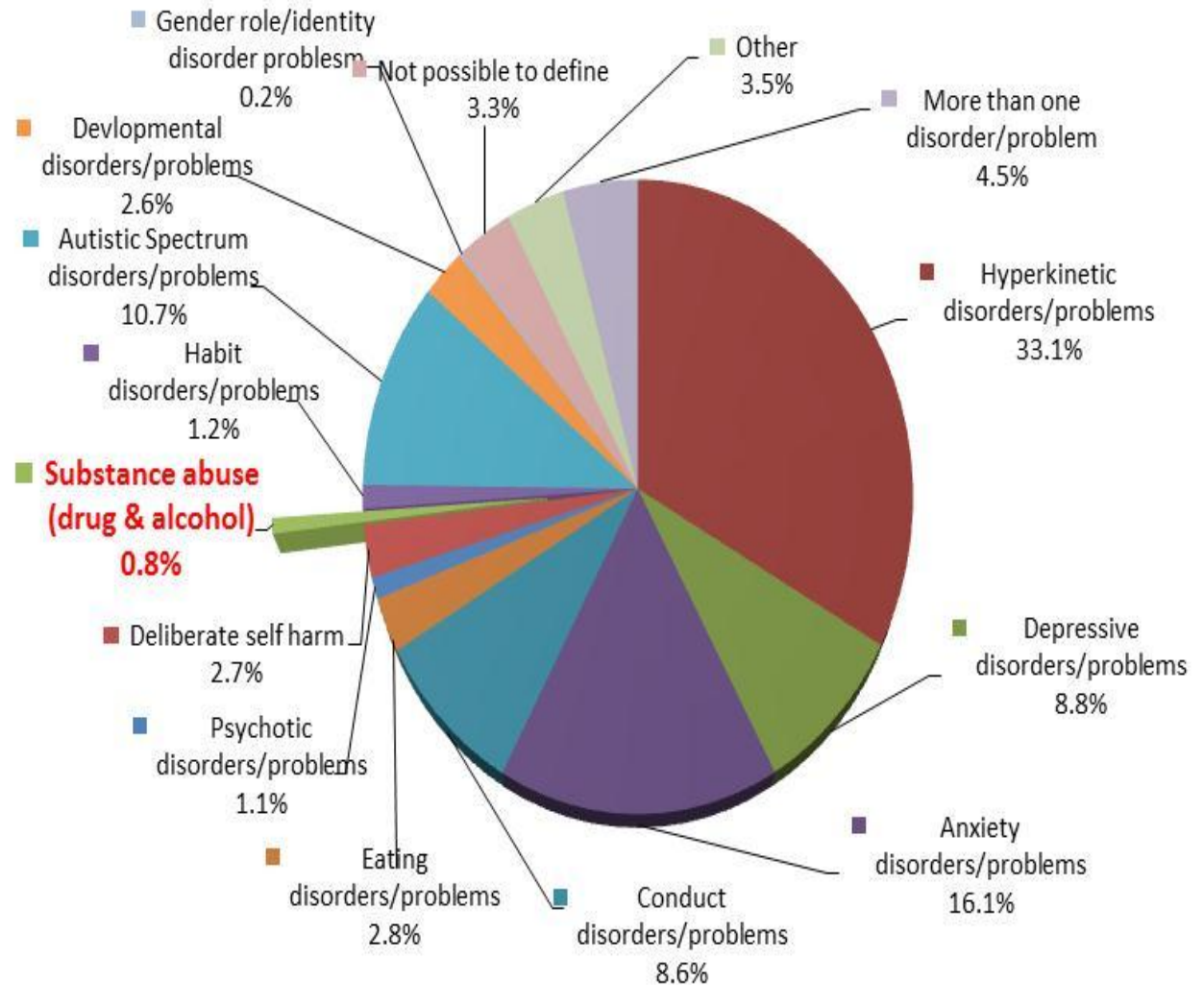
Second Annual Child & Adolescent Mental Health Service Report

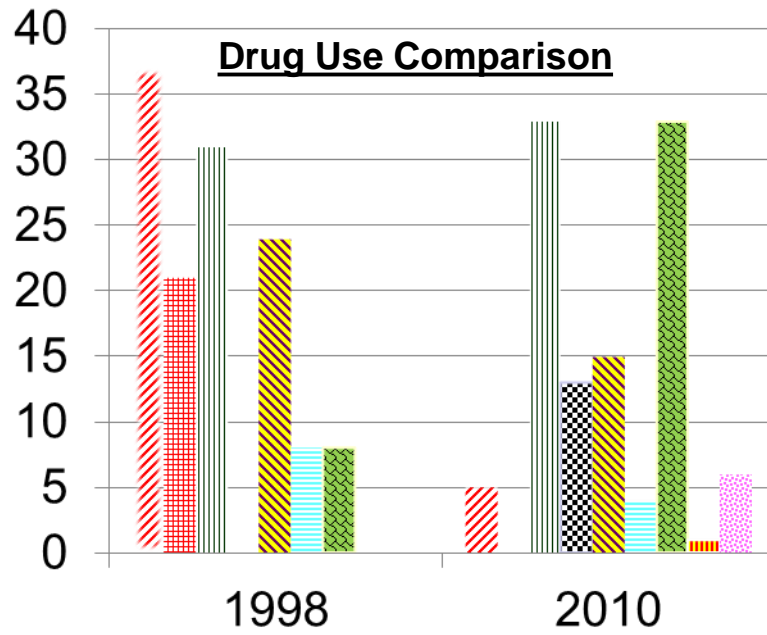
2009 - 2010



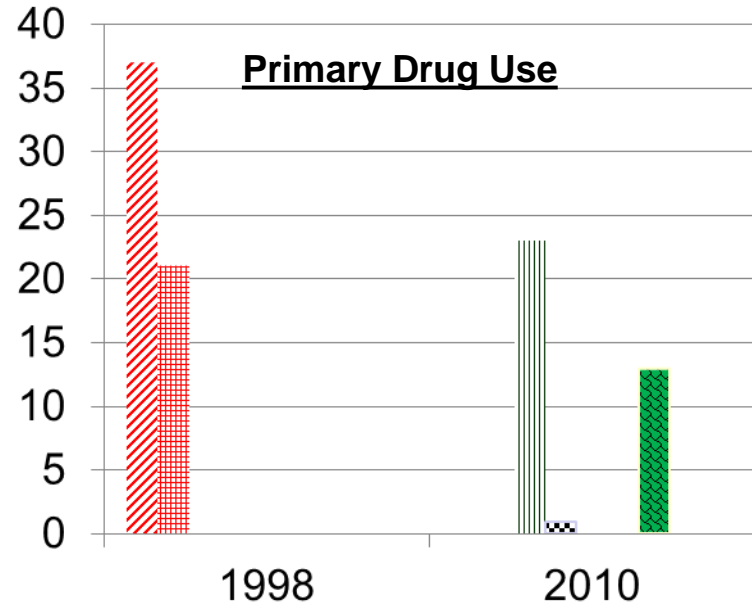
The primary presentations of 6,950 cases were recorded by gender and age. For the purpose of the audit only one disorder/problem was entered for each case

CAMS Report 2009-2010





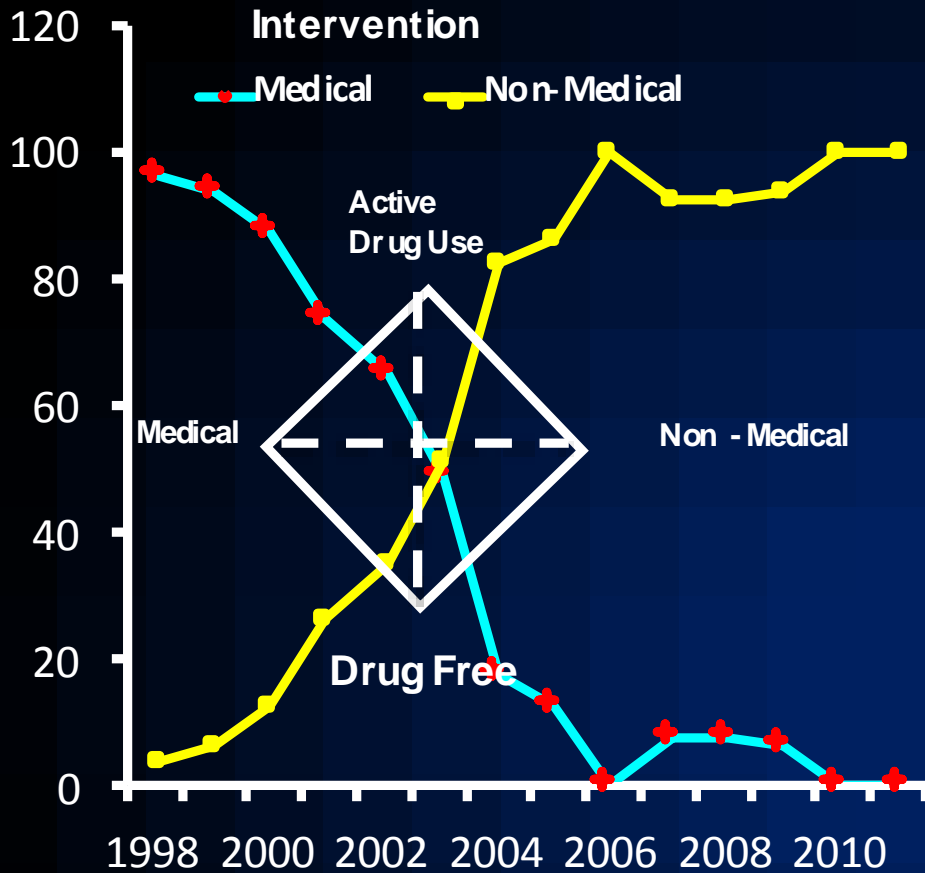
- Heroin
- Methadone
- Cannabis
- Cocaine
- Benzodiazepine
- Amphetamine
- Alcohol
- Solvents
- LH/RD



Average Age
 1998 = 16.5yrs
 2010 = 15.5yrs

Percentage Female
 1998 = 36.5%
 2010 = 27%

1998
 Parents = 4
 IVDU = 6



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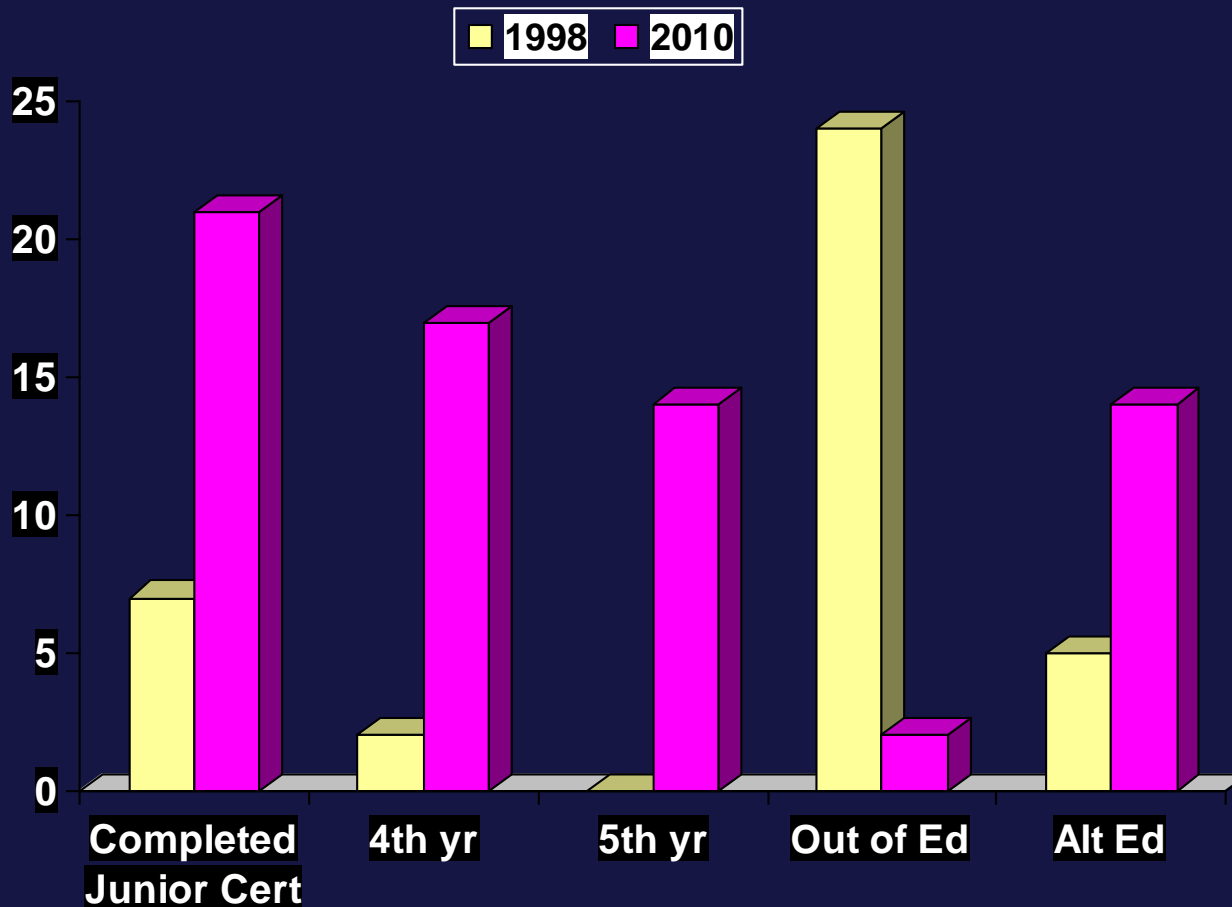
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- 1998
- Four parents in group under age 17yrs
 - Six young people Injecting heroin
 - Four young people homeless
 - 21 had family members engaged in heroin Use



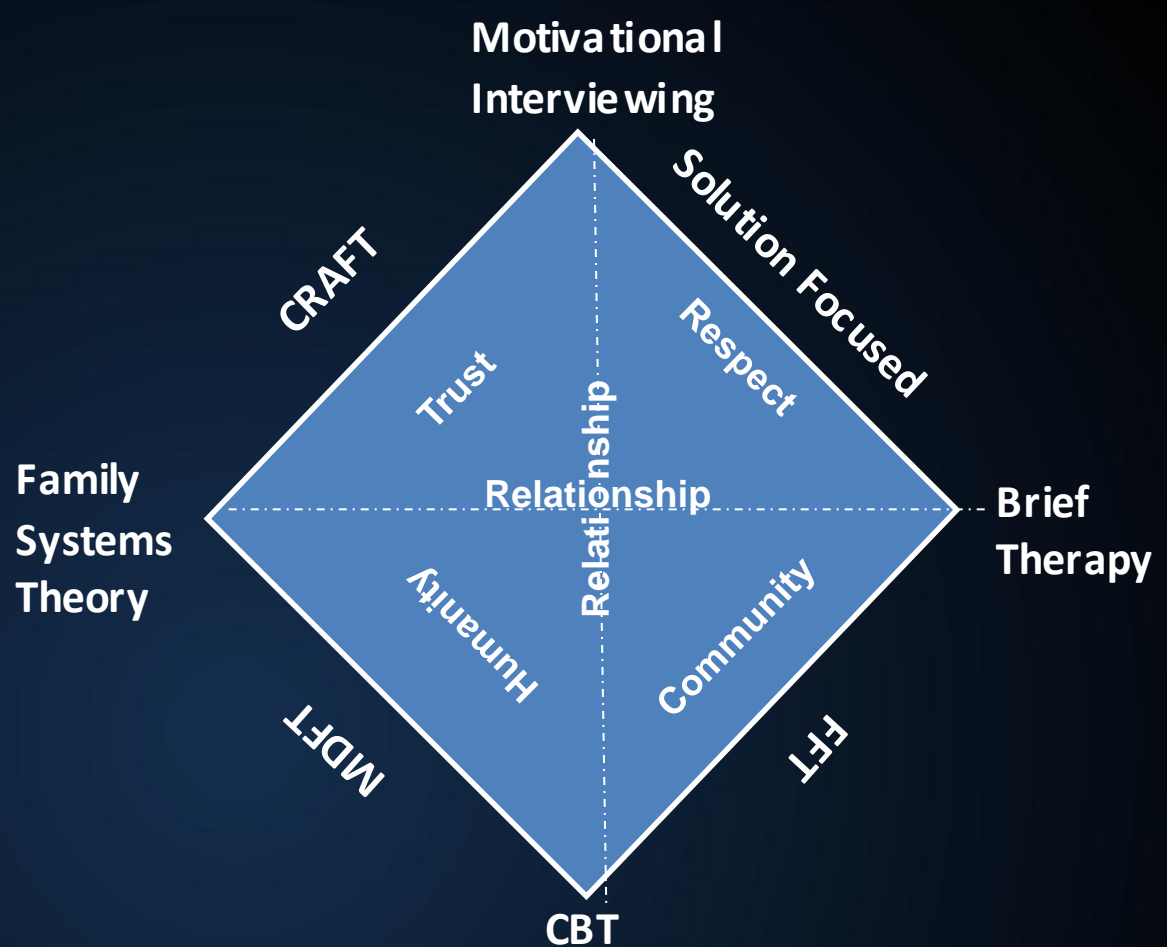
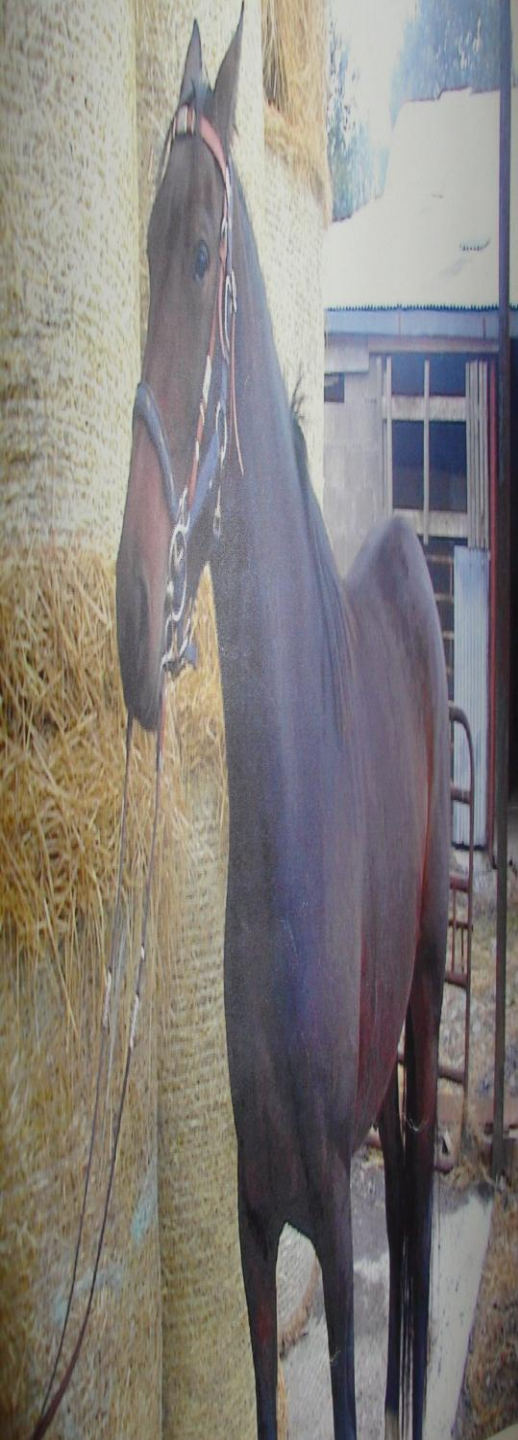
By Tom
Thanks Denis

Participation in Education



NACD Report 2010; Highlights that early school leavers and young people who opt out of mainstream education show higher levels of substance use. It is proposed that positive relationships with teachers and involvement of parents is a major protective factor in school retention and reduced drug use.



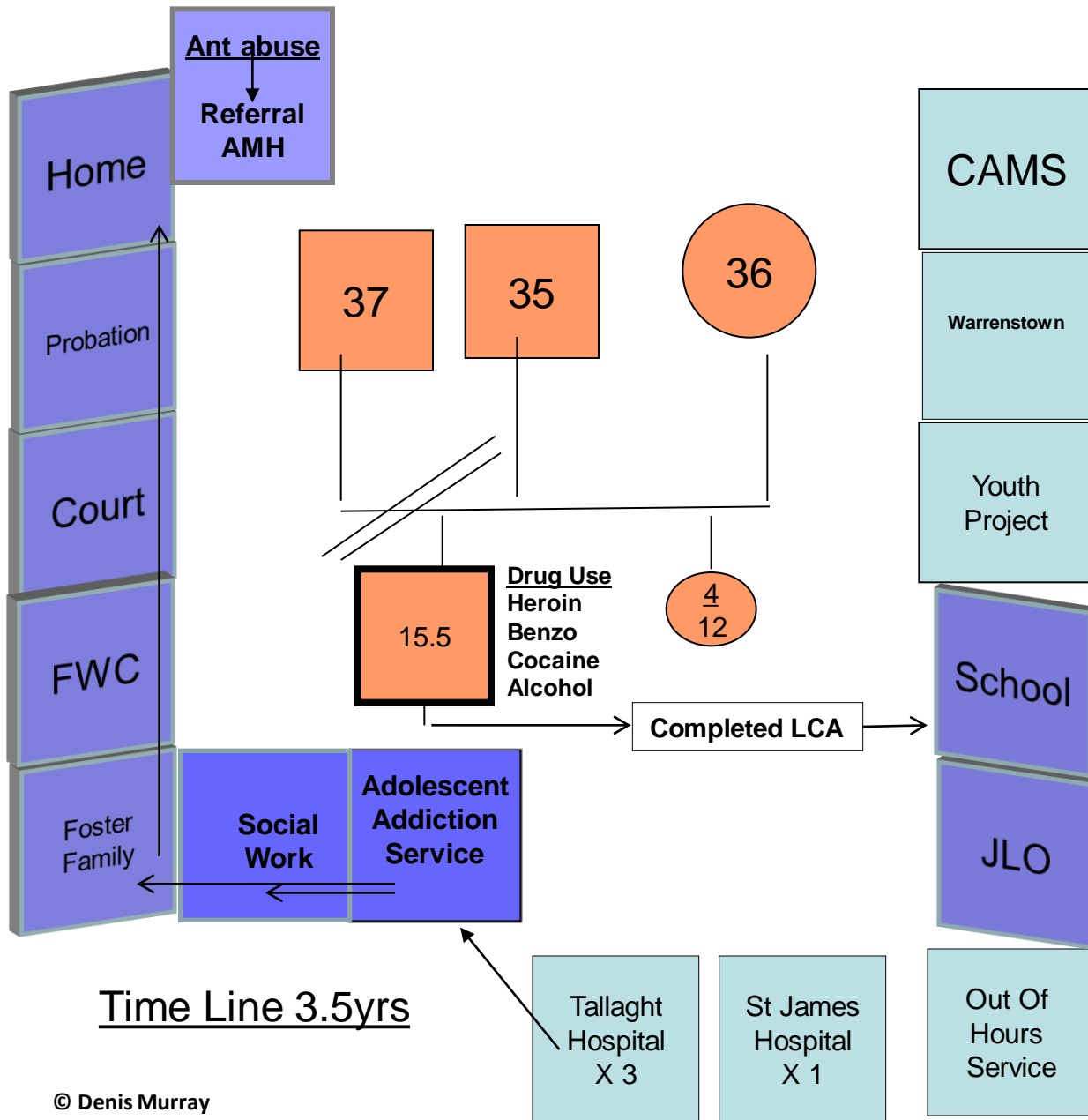


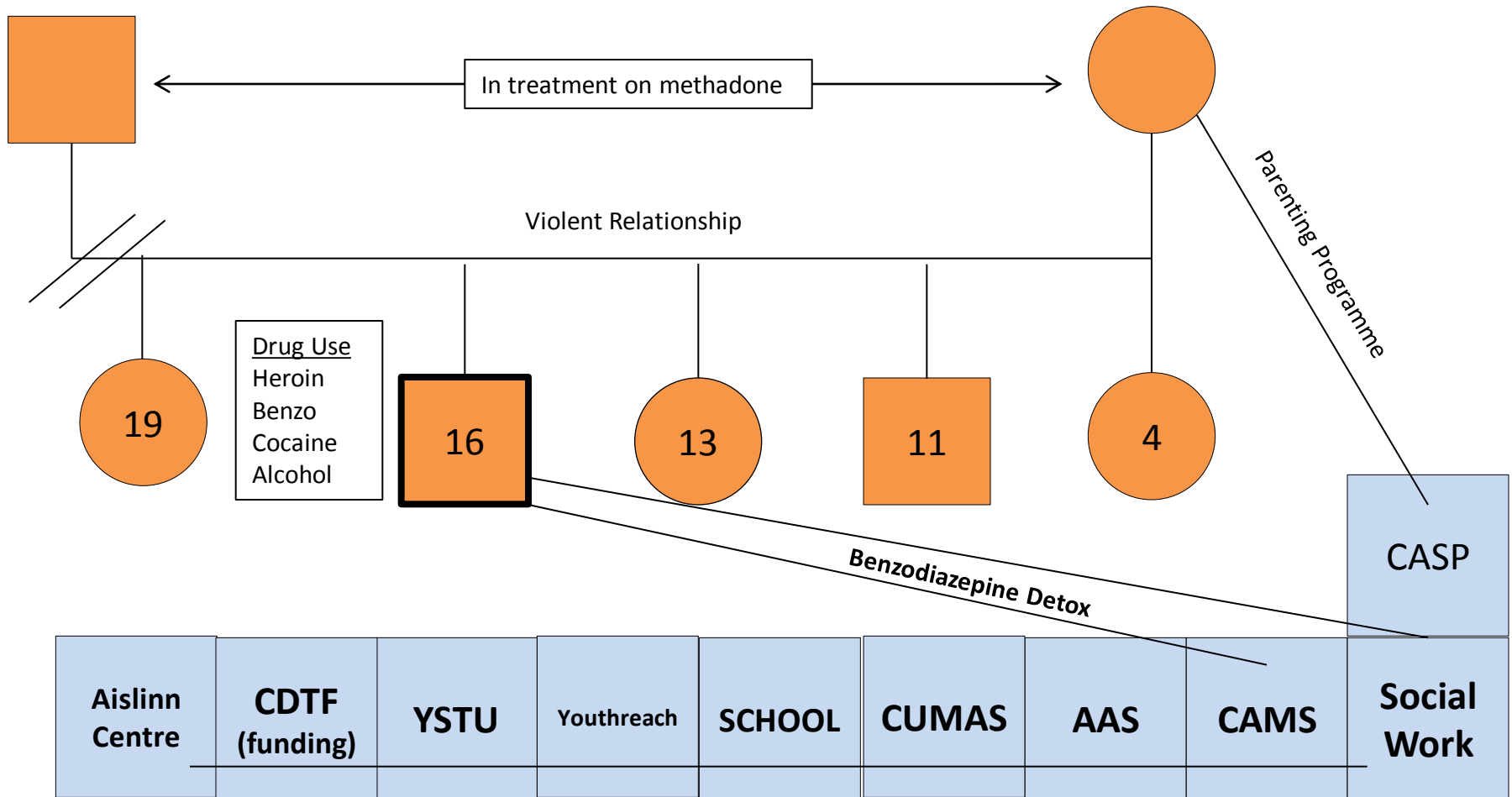
Research (Duncan and Miller, 2000) suggests that therapeutic approach accounts for less than 15% of success and that most of the variance for therapy outcome is covered by the common ground between all therapies: client resourcefulness and chance events that produce change (40%); client-therapist relationship and experience of therapy as empathic, collaborative and affirmative (30%); client expectation & hope for change (15%).

When we include family members and significant others in process we get a multiplier effect.

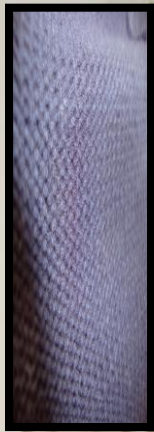


CASE EXAMPLE





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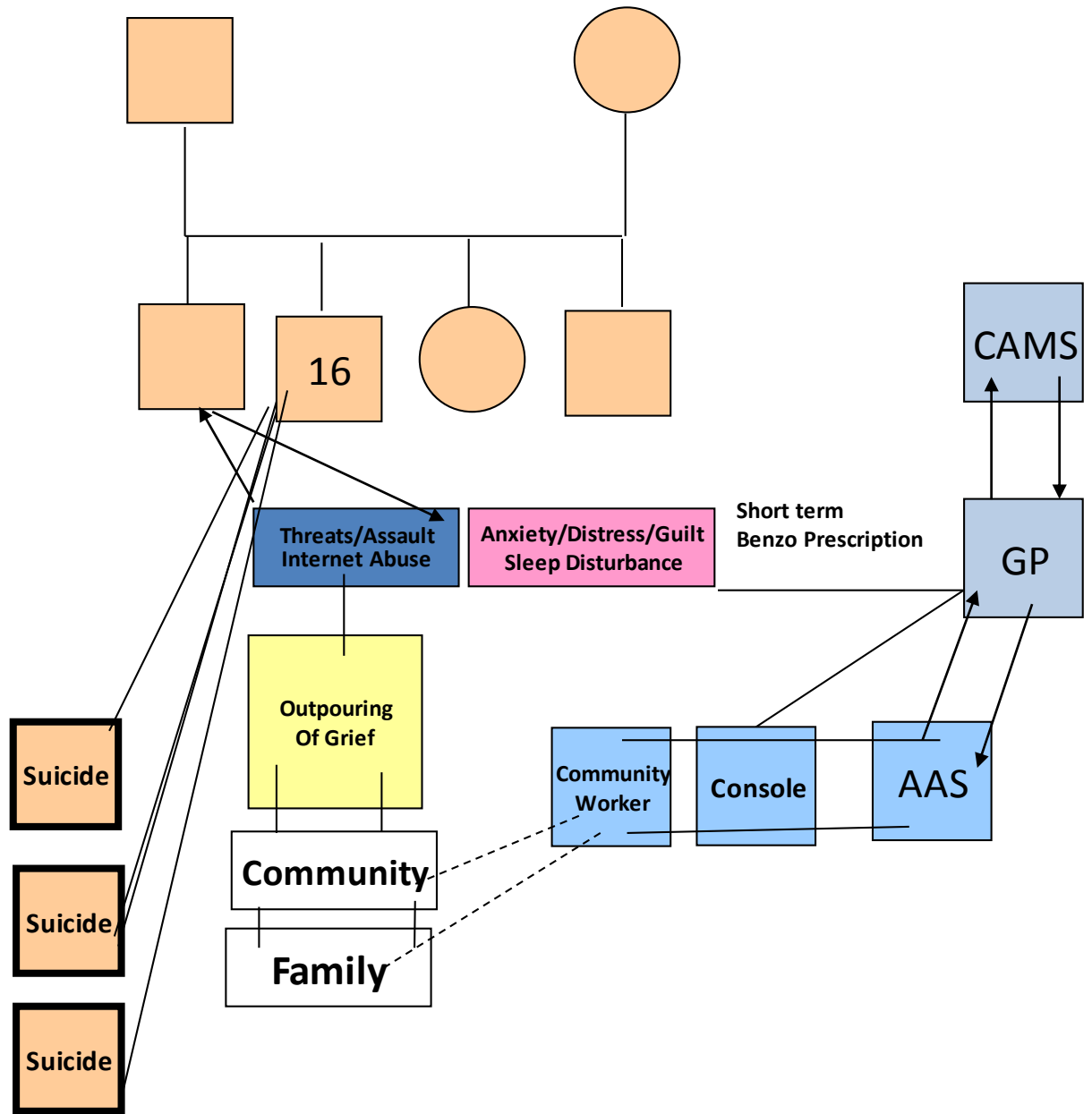
In Loving Memory

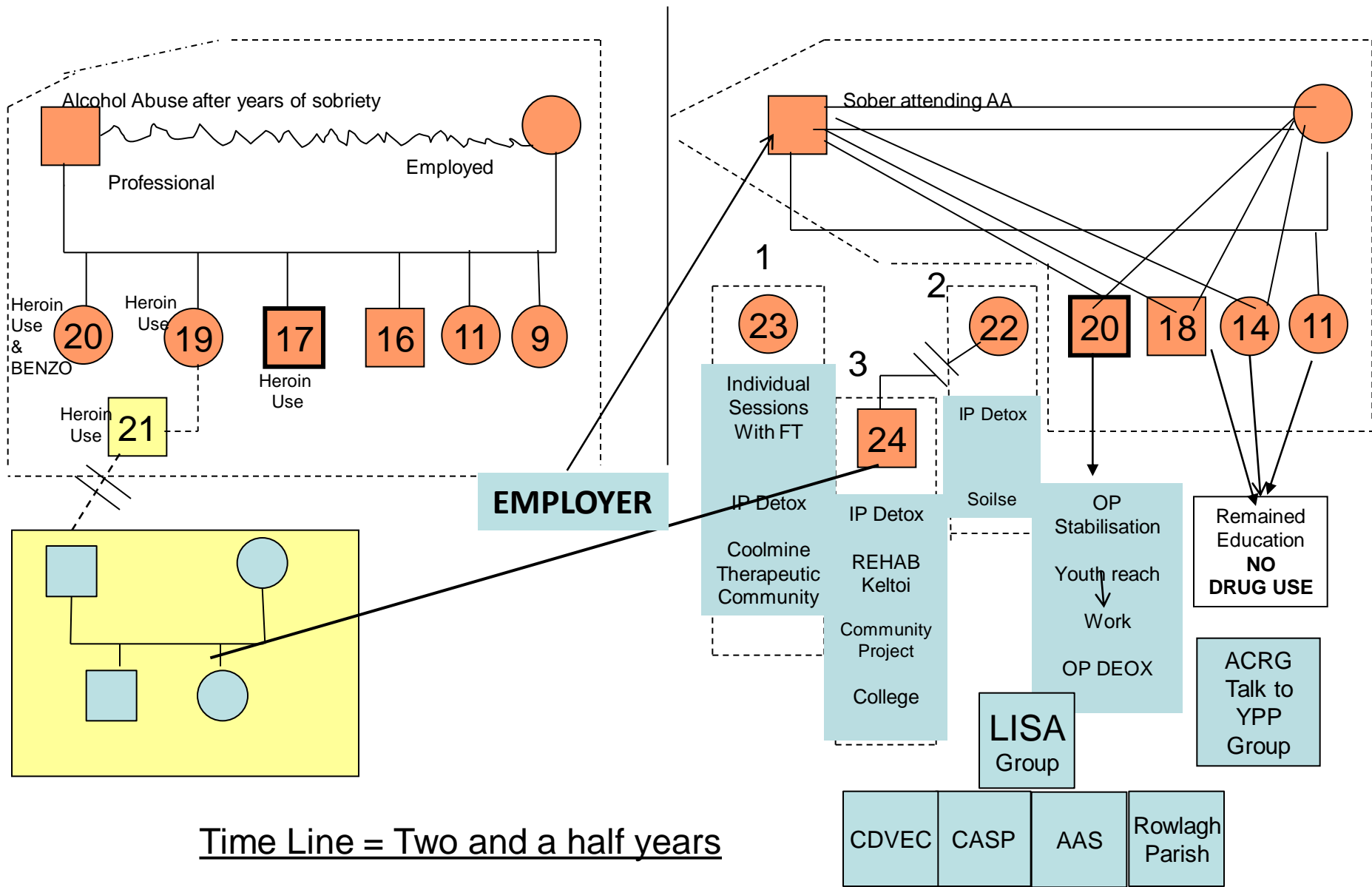
RIP

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*

Rest in Peace.
God grant me the serenity
to accept the things I cannot
change ... courage to change
the things I can and wisdom
to know the difference.
- 1 -
Fold him O Jesus in Thine arms
and let him henceforth be
a messenger of love between
our human hearts and Thee.





Case Example

Challenges in a Changing Environment

- ❖ Identify young people who are most at risk of developing drug use problems or associated activity
- ❖ Introduce protective/preventative interventions to support young people and families within local community (build capacity & resilience)
- ❖ Show less tolerance for alcohol & cannabis use (stated by YPP Youthreach)
- ❖ Prioritise inter agency working (respecting boundaries & maintaining confidentiality)
- ❖ Be aware of the malign consequences of Government policies in order to avoid separating peoples problems from their social and economic context



Brief Intervention

**Reduce Risk by Increasing
Protective & Preventative
Interventions**





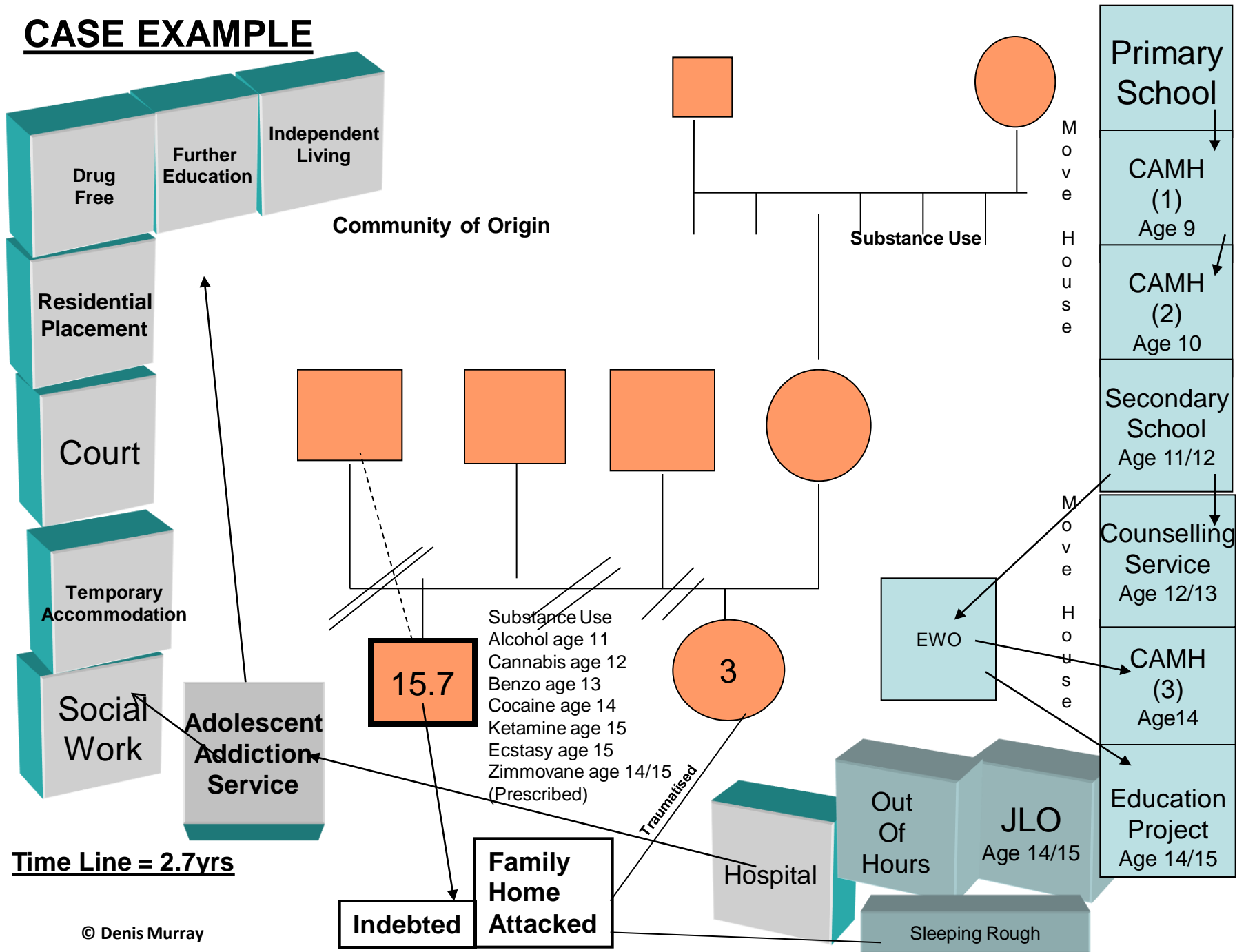
Thank you for your attention.

Questions?

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