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To cite this article: Marguerite Woods & Shane Butler (2011) 'A victim of its own success'? The Diploma in Addiction Studies at Trinity College Dublin, *Drugs: Education, Prevention and Policy*, 18:4, 243-250, DOI: [10.3109/09687637.2011.560912](https://doi.org/10.3109/09687637.2011.560912)

To link to this article: <http://dx.doi.org/10.3109/09687637.2011.560912>



Published online: 20 Jun 2011.



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'A victim of its own success'? The Diploma in Addiction Studies at Trinity College Dublin

Marguerite Woods & Shane Butler

School of Social Work and Social Policy, Trinity College Dublin, Dublin, Ireland

This article reviews and reflects on the Diploma in Addiction Studies: a 1-year, full-time programme taught at the School of Social Work and Social Policy in Trinity College Dublin since the academic year 1983/1984, which has recently had its external funding withdrawn. The programme was aimed at multidisciplinary classes, including students from backgrounds in community responses to drug problems and in personal recovery from alcohol and drug problems. Drawing on its status as a university-based programme, Addiction Studies saw its function as educational rather than training, and saw itself as having particular value against the somewhat dogmatic policy and practice background of the Irish addictions scene. This article sets out the background to the programme, as well as its teaching philosophy and its attempts to deal with the issue of transfer of learning.

INTRODUCTION

The Diploma in Addiction Studies, a 1-year, full-time educational programme aimed at enhancing the knowledge base and practice skills of those working directly with substance misusers, was started at the School of Social Work and Social Policy, Trinity College Dublin, during the academic year 1983/1984 and has been run annually since then. For its first 14 years, between 1983/1984 and 1996/1997, the course had an average class size of 12 students, but following increased financial support from the Department of Health (the central government department which provided full funding for this programme) the class size was doubled. Over the 27 years of its existence, 483 students registered for the Diploma in Addiction Studies, of whom 478 (99%) successfully completed the programme. However, financial support for the

Diploma in Addiction Studies has not been renewed by the Health Service Executive, the new statutory health authority to which practically all health-related funding responsibilities have recently been devolved, so that the class of 2010/2011 may be the last cohort of students to complete the programme in its current format. In these circumstances, it seems timely to reflect on the ambitions, achievements and limitations of an initiative which has been part of the addictions policy and practice arena in Ireland for more than quarter of a century.

In a previous commentary (sardonically entitled 'Doing Drugs from an Ivory Tower') on Trinity's Addiction Studies experience, its first director, Shane Butler, focused on what he saw as the ambivalence which characterized relationships between an academically-based educational programme and those outside the university who dealt, on a daily basis, with policy and practice in relation to substance misuse. Inhabitants of this 'real world', in Butler's view, while nominally welcoming of fresh, evidence-based ideas presented as an alternative to the somewhat dogmatic orthodoxies of the Irish addictions scene, could be simultaneously dismissive of ideas or innovations which challenged specific, deeply-held beliefs or practices: scepticism of this kind being expressed in terms of the abstract or 'ivory tower' nature of such new ideas (Butler, 2003). While this article will touch on some of the major policy changes which have occurred in the drug and alcohol sphere in Ireland over the past 25 years, changes to which the Diploma in Addiction Studies arguably made some contribution, it will not concern itself primarily with course content or curriculum. Instead, it will focus on the programme's pedagogic ambitions: its teaching philosophy and its attempts to deal directly with problems associated with the transfer of learning from an academic to a variety of workplace environments. The establishment of the

Addiction Studies programme coincided with the publication of Schon's (1983) influential book on 'the reflective practitioner', and from its outset core teaching staff were persuaded of the importance of not simply replacing one set of dogmas with another: harm reduction for abstinence, motivational interviewing for confrontation of denial, life skills for information-based prevention initiatives and so on. Instead, in line with Schon's conviction that professional practice of all kinds called for a continuous process of reflection rather than a mechanical application of infallible 'technical-rational' solutions, the teaching philosophy of the Diploma in Addiction Studies was one which was aimed at assisting its students to cope with complexity and ambiguity – in work situations where, realistically, there were no fool-proof responses or final solutions.

Methodologically, this article draws on the accumulated papers of the Diploma in Addiction Studies, its authors' experiences of directing the programme, and an ongoing qualitative study of students' perceptions of the intellectual and broader psychological challenges associated with completing this diploma. The remainder of this article will consist of three main sections: one presenting the origins and structure of the programme; the next looking in detail at its teaching philosophy (specifically at its explicit use of Perry's model of intellectual development) and the third focusing on the problems associated with the transfer of learning from academic to real-world and potentially hostile work environments.

ORIGINS AND STRUCTURE OF THE DIPLOMA IN ADDICTION STUDIES

The primary stimulus for the establishment of the Diploma in Addiction Studies was the arrival of injecting heroin use into a previously low-prevalence, low-risk drug scene in Dublin in 1979. The Irish healthcare system had been slow to respond to what epidemiologists came to refer to as an 'opiate epidemic' (Dean, O'Hare, O'Connor, Kelly, & Kelly, 1985), and in early-1983 the then Department of Social Studies (subsequently to be renamed the School of Social Work and Social Policy) submitted a proposal to the Department of Health for the creation of an academic programme which might assist, both in relation to heroin and other – licit and illicit – substance misuse problems. The positive response to the Trinity proposal suggested, implicitly at least, that the Department of Health recognized that existing prevention initiatives and treatment and rehabilitation responses were not, in more recent parlance, entirely 'fit for purpose', and gave encouragement to the providers of the new Diploma in Addiction Studies to develop a curriculum which moved beyond the narrow confines of existing policy and practice in the addictions sphere. Funding for this new educational initiative came from the health sector, but it was agreed that

it should be run on a multi-sectoral basis, and students from a variety of professional disciplines – in youth-work, education, criminal justice, homelessness and other human service settings – were represented on the course from the beginning, alongside more conventional health and social service workers. While a majority of its students had prior university or other professional learning, Addiction Studies was created as an undergraduate programme, since it was agreed between the university and the course funder that there was a value in mixing non-traditional students (including, for instance, community activists from areas worst affected by heroin use or people in personal recovery from drug and alcohol problems) with nurses, social workers, police officers and others who might otherwise have qualified for a postgraduate course.

At this point in the early-1980s, before strategic management and 'service level agreements' had become a feature of the Irish public sector, negotiations were relatively informal and the funders gave the course providers a high level of autonomy in decision-making about the overall ethos of the new diploma and the detail of its curriculum. The ethos to emerge was one which broadly reflected the culture of social work and social policy: an emphasis on structural or environmental factors as influences on individual lifestyle choices and associated risk; an interest in human rights in relation to social policy and a critical approach to the evaluation of policy implementation – with a particular openness to the possibility of unanticipated, negative consequences. In addition to this applied social science ethos, however, students of the Diploma in Addiction Studies benefited from the location of the programme in a university setting, which allowed for exposure to teaching from a range of other disciplines, such as the health sciences (including pharmacy, microbiology and community health), law, education and psychology. The programme was committed to enhancing the counselling skills of its students, and college-based teaching and skills workshops were complemented by a substantial fieldwork placement in a drug or alcohol agency. In the absence of any formal discussion as to whether students were intended to work in specialist or generic work settings on completion of the programme, the course team took the view from the outset that it should cater for both settings – drawing on research (Shaw, Cartwright, Spratley, & Harwin, 1978) which argued for more therapeutic commitment to addiction problems by generic health and social service professionals.

Structurally, the Addiction Studies year was based on three traditional terms – two 8-week academic terms which were placed each side of a 10-week fieldwork placement – rather than on the semester system; and students usually began in October and finished the following May. In recent years, Addiction Studies has been deemed to be a Level 7 programme under the National Qualifications Framework, attracting 60

ECTS (European Credits), and the curriculum was modularized as follows:

- Theory and Practice of Addiction Counselling
- Addiction Policy
- Addiction Research
- Contemporary Issues in Addiction
- Addiction Practice/Fieldwork Placement

While this repackaging of the course content in line with the Bologna Process obviously makes the curriculum intelligible in a comparative European perspective, it seems important to point out in retrospect that the original course design proved remarkably robust but flexible. Over the past 28 years, the Diploma in Addiction Studies course has developed reflexively in response to emerging and newly identified needs. Almost from its initiation, it had to adapt substantially to the advent of HIV/AIDS, and later it dealt with other specific issues – for instance, Hepatitis C, homelessness, the needs of drug-using parents and their children – which came to preoccupy the minds of policy makers and service providers.

The fieldwork component of Addiction Studies, a 10-week placement during which students worked under the supervision of an experienced practitioner in an addiction treatment or rehabilitation setting, was primarily intended to provide students with an opportunity to integrate theory and practice. During the first academic term, students worked with the course director to identify their individual learning needs and to decide which of the available fieldwork options might best match these learning needs. Students were not allowed to complete placements in their employing agencies. Instead, they were encouraged to use the fieldwork placement to move outside their professional comfort zones, by undertaking work experience which offered them an opportunity to become familiar with models of care and practice not previously experienced by them – and perhaps ideologically at odds with their usual practice. For the first decade or so of the Addiction Studies history, when harm reduction agencies were relatively rare in Ireland, placements were arranged in British harm reduction agencies, and this proved to be a highly useful exercise both for the students who completed these placements and for the class groups as a whole – who benefited from post-placement discussion of a type of service still new to the Irish scene. Also for several years, however, placements were arranged in Minnesota (and some other American locations) for students who believed that exposure to the Minnesota Model in its place of origin might offer insights or advantages superior to those to be gained from completing a placement in one of the many Irish-based agencies using this model. While individual students and their classmates benefited from this comparative experience, it was generally concluded that differences between Irish and American agencies based upon the Minnesota Model were of little consequence. Finally, for a decade

starting in the late-1990s, fieldwork placements were organized annually in Melbourne, thereby allowing Irish students to gain work experience in Australian agencies with a highly-developed harm reduction ethos.

TEACHING PHILOSOPHY – PERRY'S MODEL OF INTELLECTUAL DEVELOPMENT

Healthcare policy in relation to substance misuse in Ireland at the time the Diploma in Addiction Studies began may, in retrospect at least, be characterized as somewhat conservative, both ideologically and practically. On the alcohol side, the state still funded a National Council on Alcoholism, reflecting ongoing support for American-style ideas about alcoholism as a disease: deemed to be primarily rooted in the biological vulnerabilities of individual drinkers and most usefully addressed therapeutically by admission for inpatient detoxification and rehabilitation. From the late 1970s, existing ideas about alcoholism as a disease had been reinforced by the advent of the Minnesota Model, a variant of the disease concept which appeared to be even more dogmatic than earlier versions of this American import – especially through its insistence on the necessity for confrontation of clients and on total abstinence as the *sine qua non* of recovery. On the illicit drugs front, as previously described, Ireland was struggling to come to terms with its new intravenous heroin phenomenon, in a policy climate dominated by uncomplicated adherence to a prohibitionist philosophy and with no tradition of critical debate or openness to alternative approaches to drug issues (Butler, 2002). A voluntary, harm reduction agency, the Ana Liffey Drug Project, had been started in Dublin in 1982, but this agency did not receive any statutory financial support for the first few years of its life, and its willingness to work with clients who were still active drug users was at variance with the existing orthodoxy of abstinence-based service provision. By contrast, Ireland's first voluntary drug treatment service, Coolmine Therapeutic Community, an American-style 'concept house' which had been established in 1973 with support from the staff of Phoenix House in London, had secure financial backing from a range of statutory agencies. There was little reason to believe that Coolmine, which at this time relied heavily on the use of harsh, confrontational styles of addiction counselling in the context of lengthy residential programmes, could attract and retain substantial numbers of young heroin addicts; indeed, early research into the management of convicted drug offenders suggested that, at street level, prison was seen by such drug users as a more sensible option than treatment in the therapeutic community (O'Mahony & Gilmore, 1982).

On the whole, therefore, students embarking on Trinity's new Diploma in Addiction Studies were

coming into this academic environment from a relatively restricted and somewhat dogmatic world of policy and practice in relation to societal management of drug and alcohol problems. This is not to say that those involved in planning and delivering the programme assumed that students would necessarily expect to have this conservative worldview reinforced by exposure to an academic perspective on addictions; in fact, it seemed just as likely that those who opted to register for Addiction Studies might come to Trinity in the hope that the ethos in this environment of 'academic freedom' would be critical of orthodoxy and open to alternatives. By and large, these latter expectations were fulfilled, in the sense that specific aspects of the curriculum – for instance, comparative drug policy, public health approaches to alcohol, the emerging harm reduction movement and outcome studies of addiction treatment systems – challenged the rigidity and narrowness of the early-1980s addictions scene in Ireland. However, as previously stated, those involved in delivering this new course were uneasy with the idea that Addiction Studies might degenerate, from the point of view of curriculum and programme outcomes, into a narrowly based initiative which was at risk of replacing one set of dogmatic ideas with another. On this basis, an attempt was made from the outset to identify and utilize a teaching philosophy which reflected broader concerns than the acquisition of specific knowledge or core 'competencies'. Given the small class size and the relatively generous resources provided for Addiction Studies, it was hoped that – through individual tutoring, skills teaching, personal development elements of the curriculum and not least through learning from one another in multidisciplinary classes – students could be assisted to return to their everyday work situations as reflective practitioners, with the capacity to cope and adapt to the complex and protean realities of substance misuse: rather than as diplomats now equipped with all the 'right' answers.

Although explicit use was made, particularly during orientation sessions at the beginning of each academic year with new classes, of Kolb's (1984) ideas about personal learning styles, the teaching philosophy of Addiction Studies was most influenced by William Perry's (1970) model of intellectual development. This model, initially devised with a view to describing how students acquire knowledge, *and* how they come to develop insight into their own knowledge acquisition, over the course of a 3- or 4-year undergraduate degree, was applied to the 1-year Addiction Studies programme since it seemed particularly relevant to adult learning in a sphere characterized by almost constant cognitive and moral contention. Perry argued that intellectual development during college was not primarily about the content of curriculum or the amount of accurate information acquired by students, but rather about how students recognized and altered their own understanding of knowledge acquisition and their

relationship to authoritative teaching figures. He devised a stage model of intellectual development, which consisted essentially of progression from dualist to relativist epistemologies. According to Perry, students at the stage of dualism believe that the purpose of education is to allow them to learn the right answers to key questions in their field (with these answers being provided by good teaching authorities) and, equally importantly, to avoid being given wrong answers by bad teaching authorities. In Perry's model, students who progressed satisfactorily typically passed through four identifiable stages of development:

- (1) *Dualism*: a stage in which students have little tolerance of ambiguity, seeing the world dichotomously in terms of true/false, right/wrong, good/bad, where the teachers' role is to provide the correct answers to clearly framed questions.
- (2) *Multiplicity*: a stage in which students begin to recognize that in many, perhaps most, areas there is not just one right answer; that teaching authorities may disagree with one another; that conflicting views may all have validity; and that students' own opinions also have value.
- (3) *Relativism*: a stage in which students recognize that knowledge is contextual and relative.
- (4) *Commitment in relativism*: a stage (perhaps only reached after college) in which students realize that real-world work involves personal decision making, which draws on acquired knowledge and skill, is related to specific situations, and which does not claim to be uniquely valid or correct.

This model seemed highly suited to Addiction Studies, since students frequently came to the course with clear expectations that, having been exposed to the academic 'experts' or 'authorities', they would leave replete with correct answers: in this happy state they would then know all that they needed to know, whether this was in the field of addiction counselling, problem prevention, service management or whatever. The reality of the Addiction Studies experience was that students tended to realize from an early point in the course that there was conflict between various authorities on important subjects – as, for instance, in relation to the value of residential rehabilitation of problem drinkers or the ethics of methadone maintenance for opiate-dependent clients. Consistent with Perry's framework, students taking the Addiction Studies programme reacted in a variety of ways to the confusion engendered by conflict or disagreement amongst authorities: some expressing a preference for those teachers who provided clear factual answers to key questions; some hoping that eventually they might be given the correct answers to all questions; some questioning all the teaching authorities. It is also important to stress that Perry did not suggest that all students inevitably progressed across three or four stages towards relativism. Instead, his model saw progress as varying considerably from student to

student, and he argued that in some instances – particularly between Stages 3 and 4 – students who were personally challenged or frustrated by the lack of clear, unequivocal answers could retreat to the solace of Stage 1 and the dualistic certainties with which they had commenced their educational experience. This latter view was borne out in the Addiction Studies experience, for instance, when on occasion students who found the transition to relativism emotionally and intellectually difficult ended the year by regressing to the fixed truths which they had held at the beginning of the year.

The kind of intellectual progress described by Perry and explicitly pursued by the Diploma in Addiction Studies is obviously not without personal, emotional risks; and, conscious of this, staff always worked to provide a supportive environment for students who might otherwise be overwhelmed by the challenges associated with busy academic and fieldwork schedules. Because of small class sizes, the constant use of seminar-type teaching (with a large interactive component), group work, role play and a range of teaching methods which linked college work to real world policy and practice, the Diploma in Addiction Studies may be deemed to have largely succeeded in its ambitions to help students to progress towards the ideal of contextual relativism. The almost 100% completion rates may be taken as one indicator of success, but student feedback on their experience of the programme has confirmed that progression along the Perry continuum was not always easy. For example, one student, who came to the course with a strong commitment to school drug education, found herself seriously questioning herself and her presence on the course in the second half of the first term:

I came thinking I could stop it happening; so all this stuff about experimental and recreational use that I read for the first essay and the research paper about young people's drug use that we read for the critique essay has just done my head in. I'm worrying about my own kids. I don't know what I am doing here.

Similarly, feedback sheets which were filled in anonymously by students on completion of the course, describe experiences which may readily be understood in light of Perry's model of intellectual development. Student motivations for undertaking the course in the first instance varied greatly. For some in personal recovery from addictions or involved in community or voluntary activities, the course was intended to provide an initial education in these matters. For others with previous albeit non-specialist education or training in human services, the intent was to develop more specialist knowledge or skills. And some students, at the point of completion, acknowledged that they had undertaken the course, unconvinced that they had much to learn but in need for job purposes of a 'bit of paper'. From a pragmatic, job perspective, students valued the Trinity diploma which they saw as enhancing their

career prospects. From an intellectual and broader psychological perspective, however, overall assessments of the programme reveal a range of experiences or conclusions at this point of completion:

Initially I expected the course and the lecturers to believe in and follow the medical model, with complete abstinence as the only acceptable goal. I thought they would be liberal in attitude to a degree, only in so far as it would be politically acceptable and non-controversial. In a way I suppose my aim was one of wanting to show others who worked in the field that drug addicts are not a breed apart, that heroin addiction doesn't necessarily transform decent people into losers. I wanted to draw attention to this lesser known, more acceptable face of drug use and addiction... My preconceptions about the course and lectures were, thankfully, unfounded. Their logical objective attitude - as opposed to emotional - to the drugs issue gave me a sense of relief and hope.

I've learned that there is no one answer and that there is no one way of dealing with this problem. This I found disappointing; and in many ways [I] was probably better off when I thought that addiction was a disease and followed the disease model. When I only knew the disease model, I was able to work off some aspects of it; even when I didn't believe in it – there was a method to it and always something to fall back on.

While I may have a broader understanding of addiction after looking at different models of addiction etc., I still feel somewhat confused and unsure: which may change when the theory I've learnt is put into practice. I think the course succeeds in what it sets out to do which is to make the students question all their assumptions and realize this is a complex issue without easy answers.

I was very focused on the disease concept and the 12-Step programme. This was in relation to where I was coming from myself. The course forced me to broaden my focus and helped me become more objective.

No. I felt that after the course I would know everything about addiction: why people become addicted, what works for people when looking for recovery, basically that everything about addiction would be either black or white, but actually after finishing the course I found that the area of addiction is a very grey area and also a continuous learning process.

No. There was nothing definite. This has been positive as I realize there are always two sides to everything and there are often no definites. My thinking has changed – and I now challenge definites myself. As a nurse I was trained in 'definites'. I have found this new way of challenging 'definites' as liberating and exciting.

Yes in most areas my expectations were met. I expected more answers – until I realized there are no easy answers.

I believe I have met all my expectations basically. However, I'm realizing as I've just begun working in this area and started using my learning experience from Trinity, that I'm more aware and have been exposed to more than I thought I had been.

Largely my aspirations have been satisfied but learning is ongoing. It was stated... at the beginning of the year that we may finish the course confused. This was certainly true in my

case. It drives to further reading to attempt the task of understanding the many complexities and implications substance abuse has on society... When asked by my peers what did the diploma entail, I often find myself at a loss for words. The course is so diverse.

These quotes (from nine different students) purposively sampled from a large amount of data which is still being analysed, reflect a range of views and experiences which, in light of Perry's model of intellectual development, suggest mixed outcomes at point of completion of the Diploma in Addiction Studies. In general, however, all involved in delivering this programme would almost certainly be satisfied with the broad thrust of student responses, since its educational philosophy was influenced by Perry rather than by more narrow views about training students in individual competencies.

TRANSFER OF LEARNING

The concept of *transfer of learning*, which is concerned with the extent to which knowledge or skills acquired in one context have an impact on work performance in another, was one with which Addiction Studies was explicitly concerned from its inception. As discussed, the course did not see itself as providing students with a technical 'toolkit' with which to tackle alcohol- and drug-related issues. Nonetheless, it was important for course staff to consider how intellectual growth achieved in the academic setting of Trinity College might transfer either back to workplaces from which students had been seconded or new workplaces in which students might find themselves on completion of the course. Because of the contested nature of addiction issues and the dogmatism with which models of practice are expounded and implemented, it would have been foolish to assume that students returning to full-time work in this sphere would be welcomed and encouraged to apply new ideas or utilize new skills. Organizations, like individuals, can be resistant to change and it was not beyond the bounds of possibility that former students of the Diploma in Addiction Studies could, on returning to the workplace, come under pressure to abandon new ideas and new approaches to practice where such innovations were at odds with existing organizational culture.

Academic research on this topic has grown considerably in recent years (Leberman, McDonald, & Doyle, 2006) but early attempts at dealing with the issue of transfer of learning in Addiction Studies were practical and relatively atheoretical. It was recognized that because of the heterogeneity of Addiction Studies classes it was less easy to deal with the transfer of learning matters than if the class consisted solely of students from a single background (for instance: all social workers, all counsellors, all police officers or all nurses) returning to the same or a common workplace. The first strategy employed, and one which was used

for the first 13 years of the programme, was to make it mandatory that all students – as part of the continuous assessment process for Addiction Studies – complete a final, written assignment which was designated as a back-to-work project. This article, which was the most substantial of all the required written assignments, asked students to summarize learning from all elements of the course, and reflect on how they might best transfer this learning to their own workplaces. Students were also expected, when writing this back-to-work paper, to consult with line managers with a view to assessing the extent to which their new learning might, alternatively, be welcomed or resisted back in the workplace. For a number of years three-way meetings were held – consisting of student, line manager and course director – with a view to discussing transfer of learning; and in other years line managers were invited to an end-of-year seminar in which students did brief presentations of learning for their classmates and for any line managers who attended.

Later on, about 7 years into the programme and at the recommendation of an external examiner, the curriculum was adapted to include some teaching which dealt explicitly with organizations and organizational change. For many years this element of the curriculum was taught by a specialist in organizational behaviour, with a particular interest in human service organizations, from Trinity's School of Business. This teaching appeared to be particularly suited to Addiction Studies classes in that it explored and utilized the commonalities between therapeutic work aimed at facilitating change in individuals or in family groups and work directed towards changing organizational systems. For students this provided a theoretical framework, from outside the addictions sphere, which helped them to grapple with the fact that service systems might not always be willing to replace existing models of practice in favour of alternatives which were more clearly evidence-based. The use, for instance, of a theoretical framework (Rashford & Coghlan, 1994) which described four system levels of participation in organizations (individual, face-to-face teams, inter-departmental groups and organizational) made it clear that organizations could be viewed either from the perspective of the individual employee or from the perspective of management, as well as encouraging students to think explicitly about how change might be introduced across all system levels. In 1998, and reflecting this kind of organizational thinking, the Department of Social Studies established a 2-year, part-time MSc in Drug and Alcohol Policy which was aimed at influencing managers and policy makers, operating at higher organizational levels than those who took the diploma programme.

From a broader policy perspective, however, it would be misleading to suggest that the Addiction Studies curriculum was constantly going against the tide of official Irish alcohol and drug policy. On the

contrary, public policy – or at least public policy as expressed in formal policy statements – changed incrementally but significantly over the years that this programme was taught at Trinity College. On the alcohol side, a mental health policy document (*The Psychiatric Services: Planning for the Future*, 1984), which was launched in early 1985, explicitly abandoned the disease concept, both in terms of a total-population approach to the prevention of alcohol-related problems and recommendations for the creation of community-based treatment and rehabilitation services for those already experiencing problems. Implementation of these recommendations were slow to materialize in light of what Cullen (2011) has described elsewhere in this issue as an 'embedded' disease model; nonetheless the fact remained that Addiction Studies teaching which pushed students to think beyond the narrow confines of an individual disease framework was now in line with stated public policy. Similarly, within a few years of the establishment of the Trinity programme and following the identification of injecting drug use as the major vector for transmission of HIV/AIDS, harm reduction practices and more user-friendly styles of service provision began to be introduced into the Irish addiction treatment. Butler and Mayock (2005) have argued that the introduction of harm reduction practices, such as needle exchange schemes and methadone maintenance, was shrouded in ambiguity – with little or no public debate and certainly with no explicit announcement that Irish health policy was moving from its previous commitment to abstinence models of care to a more controversial goal of harm reduction. In short, the addictions scene in Ireland changed in quite a subtle and complex way over the Addiction Studies years: policy changes in the alcohol sphere were announced but were slow to be implemented, while changes of practice in the drugs sphere occurred with relatively little formal policy pronouncement.

As stated earlier, funding of Addiction Studies by the Department of Health was provided initially with almost total autonomy for the university in relation to the curriculum and general ethos of this new programme. It would be churlish not to acknowledge this liberality on the part of the statutory funder; but it would be equally short-sighted not to point out that expectations that the university might confine itself to 'training' its Addiction Studies students in specific competencies, which fitted into nationally approved service systems, would always have been unrealistic given that uniform policies and procedures of this kind for addiction treatment never materialized in Ireland over these years. For instance, as Butler (2011) has pointed out (also in this issue), addiction counselling as a specialist form of professional practice grew considerably in Ireland over this period, but this growth was as much driven by counsellors themselves as by statutory controls of any kind.

DISCUSSION

Trinity's Diploma in Addiction Studies was the first university-based programme of its type in Ireland. Its location within a university setting meant not only that it could draw on teaching contributions from a range of relevant academic disciplines, but also that it enjoyed a freedom to plan and deliver a curriculum which was intended to educate rather than to train. Particularly in its early years, it enjoyed a freedom to challenge orthodoxies in a conservative Irish addictions scene: a freedom which would have been difficult if not impossible outside the university setting. By now many of the programme's diplomates are managers and senior workers in a range of agencies in the addictions field, so that directly and indirectly the Diploma in Addiction Studies may be deemed to have had a wide and ongoing impact. However, with its explicit use of the Perry model of intellectual development, this programme was always adamant that its aim was not simply to repudiate one set of beliefs and replace them with another set of – however 'evidence-based' they might claim to be – equally dogmatic beliefs.

Arguably, another significant achievement has been that the diploma has facilitated many non-traditional students in their entry to the field as drug and alcohol workers and as addiction counsellors. Some came from a disadvantaged background, in many cases as mature students who had little formal education, others from a personal history of problem drug or alcohol use: generally these students performed well at this level and their Addiction Studies experience was a bridge to a new career in the treatment services. Because of its history and its continuing status amongst school-leavers, Trinity College Dublin is sometimes perceived as a particularly elite educational institution; however, its flexibility in recognizing the value of prior learning, both certified and experiential, in its admissions policy for Addiction Studies was a key feature of the enduring popularity of the programme since 1983/1984.

On a number of occasions over the years, during reviews of the programme with its funders at the Department of Health, the question of structurally changing the Diploma in Addiction Studies was raised. For instance, the question of changing from a full-time, 1-year course to a 2-year, part-time course was periodically mooted; such a change would have been acceptable to Trinity but invariably – given that applications for the existing course were still high – the decision was to leave this aspect of the course unchanged. Trinity has not, as yet at least, developed any distance-learning programmes, but this option was never raised by the funders in any discussion of the future of Addiction Studies. The decision of the Health Service Executive not to continue funding the programme was delivered to the university without prior discussion or negotiation. When discussion did eventually take place, the Health Service Executive simply announced that in its view there was no longer any

need for an academic programme of this kind, that other cheaper educational and training options had become available. While it was small comfort to those in Trinity coming to terms with this dismantling of a long-established funding arrangement, the words of one former student (commenting on how Addiction Studies diplomates were now themselves heavily involved in rival educational programmes) sprang to mind: 'The Diploma in Addiction Studies has been a victim of its own success'.

Declaration of Interest: The authors report no conflict of interest. The authors are solely responsible for the content and writing of this article.

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