

Coolmine Therapeutic Community, Dublin: a 40-year history of Ireland's first voluntary drug treatment service

Shane Butler

School of Social Work and Social Policy, Trinity College Dublin, Dublin 2, Ireland

ABSTRACT

Aim To document the evolution over 40 years (from 1973 to 2013) of Coolmine Therapeutic Community (Ireland's first voluntary drug treatment service) against a background of broader drug policy developments in the Republic of Ireland and elsewhere during this period. **Methods** Data were gathered by means of archival research within Coolmine, complemented by semi-structured interviews with former clients, current and former Coolmine management and staff, and representatives of outsider stakeholder interests. **Results** Coolmine's history has three phases: (1) an early and uncontentious phase, in which external authorities provided financial support for Coolmine without questioning its work practices or outcomes; (2) a middle, controversial phase, in which Coolmine struggled for survival in an external policy environment now dominated by harm reduction strategies; and (3) a final phase in which, through the use of conventional corporate governance, Coolmine management sought to repair its damaged reputation by introducing evidence-based clinical practices. **Conclusions** Coolmine Therapeutic Community was established when drug treatment services in Ireland were in their infancy, and its changing fortunes over subsequent decades reflected changing perceptions of what constitutes appropriate addiction treatment—and in particular the role to be played by former addicts within addiction treatment systems—as well as changing perceptions of funding relationships between statutory authorities and voluntary providers of health and social services.

Keywords Contract culture, harm reduction, Ireland, therapeutic community.

Correspondence to: Shane Butler, School of Social Work and Social Policy, Trinity College Dublin, Dublin 2, Ireland. E-mail: sbutler@tcd.ie
Submitted 3 June 2015; initial review completed 21 August 2015; final version accepted 8 September 2015

INTRODUCTION

Although the United Kingdom had been involved in the provision of treatment services for drug addicts for much of the twentieth century and was aware of how its 'British system' deviated from treatment orthodoxy in the United States [1], it was not until the late 1960s that Irish health services became concerned about drug problems. In 1969, on the recommendation of a small ad hoc committee [2], a specialist addiction clinic was established at Jervis Street Hospital in Dublin's city centre. The decision to locate this clinic in a general hospital under the direction of a consultant psychiatrist was influenced by British policy developments of this period, specifically the creation of specialist drug dependence units or 'clinics' as recommended in the second report of the Brain Committee [3]. Irish mental health professionals were reluctant to accept responsibility for drug problems; and with the exception of the forensic mental health service, which found it difficult to avoid

involvement with drug-using offenders, psychiatric services in the Dublin area eschewed contact with drug addicts [4].

It was in these circumstances, where the only treatment facility was a hospital-based, out-patient detoxification unit and where the wider health system had little or no involvement with the rehabilitation of drug addicts, that Ireland's first voluntary drug treatment service, Coolmine Therapeutic Community (TC), was established in 1973. The history of Coolmine's first 40 years, presented here in terms of three chronological phases, is based on archival research and semi-structured interviews (22 in total) with former clients, current and former Coolmine management and staff and representatives of outsider stakeholder interests, from all three phases of the agency's history. Besides telling the story of Coolmine, this paper is reflective of overall events and trends in Ireland's evolving response to illicit drug problems, its borrowings from other jurisdictions and changing attitudes to the role of the voluntary sector.

1973–80: GETTING STARTED

The initiative for starting a voluntary drug rehabilitation project in Dublin came from an Anglo-Irish peer, Lord Paddy Rossmore, who although neither a health-care professional nor a recovering addict had become interested in drug rehabilitation as a result of observing a friend's struggle with addiction [5]. In early 1972, having begun to think about the desirability of creating a rehabilitation service to complement the work being conducted at Jervis Street, Rossmore visited Phoenix House, an American-style, 'concept-based' TC in South London, where two staff members (former addicts or, in TC parlance, 'graduates') expressed an interest in coming to work in Dublin should his plans come to fruition.

Staff at Jervis Street were encouraging, and practical help came from Professor Ivor Browne, Chief Psychiatrist for the Eastern Health Board, the statutory health authority for the Dublin area. Browne made available a large house (originally known as Coolmine Cottage but quickly changed to Coolmine Lodge) in west county Dublin which became the new agency's base and from which it took its name. The Eastern Health Board also provided limited financial support which, supplemented by voluntary fundraising, went towards staff salaries. In December 1972, a management committee was set up [6], chaired initially by a consultant psychiatrist from the forensic mental health service who was quickly replaced in this function by Jim Comberton, a journalist and public relations consultant whose wife was a social worker at Jervis Street. On April 2, 1973, Coolmine TC, a small agency with capacity for between 15 and 20 residents, admitted its first client [5].

Rossmore served as a full-time, voluntary administrator during Coolmine's early years, and the first two clinical staff—who had worked previously at Phoenix House in London—were Brian Delaney and Jackie Ballard. Structurally, the Coolmine programme consisted of three phases: a brief induction phase; a main phase which typically lasted 8 or 9 months; and a re-entry phase (lasting a few months) in which residents continued to live in Coolmine while working in outside jobs. It was accepted axiomatically that abstinence from illicit drugs was the only valid goal of treatment, and ideologically the Dublin programme replicated the American model which had been implemented at Phoenix House, London. Drug addiction was viewed as symptomatic of personality disorder, and its treatment consisted of a breaking down and reconstruction of the disordered personality, primarily through the use of confrontation and impulse control strategies [7]. Day-to-day running of the facility was performed by residents, all of whom occupied a definite position in its hierarchical structure, and all of whom—depending on their behaviour—could be promoted or demoted in a type of therapeutic snakes-and-ladders.

Rossmore, who was skeptical about medical models of addiction treatment [5], adopted an uncritical attitude towards the TC and was unaware of the tensions which had already manifested themselves at Phoenix House, London, between 'graduates' and staff from more conventional professional backgrounds. These tensions arose where graduates, on the basis of their personal experience of addiction and recovery, claimed unique therapeutic competence, and where conventionally trained staff regarded aspects of TC practice as abusive and professionally unacceptable [8]. During this first 7-year phase, Coolmine's management committee tacitly supported Rossmore's deference to the special position of graduate staff, and minutes of management meetings show committee members as concerning themselves solely with administrative issues, while shying away from any critical assessment of the TC model or its appropriateness to the Irish drug scene.

Annual reports from these early years indicate Coolmine's difficulties in attracting and retaining clients. It was reported that in its first year of operation it contacted 53 drug users, 16 of whom were accepted into the programme; but at the time the first annual report was being compiled eight of these 16 had left prematurely [7]. A later report [9] presented data for a 3-year period (1977, 1978 and 1979) showing that during these years Coolmine had made contact with 183 drug users; 60 of those contacted had entered the programme, but 49 of this number had left prematurely. The reluctance of drug users to embark upon and complete Coolmine's programme is not surprising, given that clients were expected to remain for between 12 and 18 months in a highly confrontational residential setting, cut off from family, friends and the wider society. Even clients who completed the programme and had positive outcomes were ambivalent about their Coolmine experience. One such client from this period recalled the confrontational style of its programme: 'They tore strips off you... I think it stopped me going down a road and that's a good thing... but how they got me there is questionable' [10].

During these early years before the establishment of systematic data-gathering on problem drug use, policymakers drew primarily on criminal justice statistics [11], which indicated that the Dublin drug scene consisted primarily of 'soft' drug use. Throughout this period the Eastern Health Board provided financial support for Coolmine without questioning any aspect of its programme. Furthermore, following the enactment of the Misuse of Drugs Act, 1977, ties between the TC and the criminal justice system were strengthened when the Director of the Probation and Welfare Service joined Coolmine's management committee; the annual report for 1980 [9] records Coolmine's first receipt of financial support from the statutory justice system.

1981–98: HEROIN AND HIV

During this second phase of Coolmine's history the policy environment within which it operated changed radically. From about 1980 onwards Dublin experienced a dramatic increase in the prevalence of injecting heroin use; referring to this as 'Dublin's opiate epidemic', epidemiologists [12] noted that the number of attenders at the Jervis Street clinic had risen from 294 in 1979 to 1,314 in 1983. Systematic epidemiological research, initiated during this phase, also confirmed [13] that injecting heroin use was concentrated largely in urban areas characterized by socio-economic deprivation, a finding that challenged the TC belief that addiction could be explained primarily in terms of individual psychopathology. As the Irish health system struggled to adapt to what, as it transpired, was not a temporary phenomenon, the advent of HIV/AIDS and awareness of the role played by shared injecting equipment in the transmission of this virus created a new sense of urgency about health-care management of drug problems. The statutory health-care system's newfound interest in drug problems manifested itself primarily through public health rather than mental health initiatives; and, while not always openly debated or publicly announced, these initiatives were generally of a harm reduction kind—consisting, for instance, of specific strategies such as a substantially increased provision of methadone maintenance and the creation for the first time of needle exchange programmes [14]. The locus of service provision was also rebalanced, in that there was a new preference for locally based 'outreach' services as opposed to previously favoured centralized service provision. It could be argued, from an organizational perspective, that the main task now facing Coolmine's management was to decide upon how best to position itself within this new dispensation, where core TC beliefs were no longer reflected automatically in health-care responses to drug problems.

Early in this second phase of its history, Coolmine management made two decisions which were to prove influential in shaping the agency's response to its greatly altered external environment. The first of these was the appointment in 1981 of Jim Comberton, previously unpaid chair of the management committee, to a new, salaried position of Executive Chair. This appointment was made at a difficult transitional point for the agency: Brian Delaney, its first director, had returned to London in early 1980; Paddy Rossmore was now spending more time in England; and a woman graduate of Coolmine served briefly as director before being dismissed by the management committee in a welter of acrimony and confusion [15]. Comberton's appointment to the new position of Executive Chair was noted briefly in the minutes of the management committee meeting for October 1981 [15]. This new post had not been filled by means of a competitive selection process,

but what was most unorthodox from a corporate governance perspective was that it rolled into one what would conventionally be seen as two important but separate functions—Chair of the Board and Chief Executive Officer. Effectively, the new arrangement put considerable power into the hands of the Executive Chair, while increasing the likelihood that the management committee would continue to play a largely nominal role in Coolmine's activities.

The second key decision was that Coolmine would end its historic association with Phoenix House, London, and align itself with Daytop Village, New York; the annual report for 1980 announced that 'we have developed a special relationship with Daytop Village, New York' [9]. Staff exchanges were arranged between Daytop and Coolmine, and in early 1981 an experienced Daytop staff member, Sam Anglin, spent several months in Coolmine, where he was appointed to the management committee, given the title of Programme Development Director and generally given a free hand in bringing Coolmine's programme into line with Daytop standards. In April 1981 Anglin reported to management on what he had achieved:

The programme is just now completing a significant developmental phase marked by the re-organisation and the introduction of clinical procedures new to Coolmine, and the reintroduction of several basic concepts that were employed in the past. The result of these changes is that Coolmine now resembles more closely the prototype therapeutic community as exemplified in Daytop Village [16].

Archival material suggests that Coolmine hoped for a general improvement in its clinical performance through direct contact with an American TC, while interview data [17] indicate that it believed specifically that the Daytop line on alcohol consumption by recovered drug addicts was more realistic than that practised at Phoenix House. Whatever the intention, the net effect was to link the Dublin agency to a rigid, fundamentalist American version of TC practice at a time when Irish health authorities were moving towards more flexible and pragmatic approaches to the management of drug problems. The combined effect of these two management committee decisions was to foster within Coolmine absolute loyalty to the American TC: a model of rehabilitation which was thought to be self-evidently valid and not to be questioned or criticized in any way.

There were initial indicators that Coolmine was expanding and generally prospering; it acquired several new buildings in the early 1980s and started to play a prominent role in the European Federation of Therapeutic Communities. Beneath these indicators of success, however, its uncritical adherence to Daytop beliefs and practices was alienating potential clients and other stakeholder interests in the Dublin drug treatment scene.

Therapeutic practices at Coolmine became even more aggressively confrontational than heretofore. Residents, including women residents, deemed to have misbehaved now had their heads shaved—being subject to literal rather than metaphoric haircuts; the use of signs or other visual forms of correction was stepped up; and new residents or residents returning from outside the TC were routinely strip-searched. One former client from the mid-1980s suggested that under the American influence staff ‘became incredibly creative in their humiliation of residents’ [18]. A new style of admission interview compelled potential residents to literally scream for help before being accepted into Coolmine [19]. Another innovation, based implicitly on the idea that Coolmine offered the only chance of recovery for Irish addicts, was the creation of a ‘Splitee Committee’ which put parents under pressure not to offer support to their children who left against staff advice (‘split’)—in the hope that this lack of support would drive the ‘splitees’ back into Coolmine [20].

Predictably, the tougher regime affected the agency’s reputation among potential clients. As early as 1982, for instance, an official Department of Justice publication on drug addicts within the prison system reported that drug-using offenders across a range of prison types tended to prefer a prison regime to that of Coolmine: noting for juvenile male offenders that: ‘In general the boys’ negative feelings about Coolmine centred on the idea that freedom was greatly restricted there (more than in St. Patrick’s [prison]) and a strict and bizarre discipline was imposed, which often involved personal humiliation for the addicts’ [21].

Staff members who were not themselves TC graduates tended to remain at Coolmine for relatively short periods, citing not just uneasiness about confrontational practices or the fact that as non-graduates they were seen as having less to contribute, but also their discomfort at being expected to demonstrate blind loyalty to the TC model. One non-graduate staff member, Sean Cassin, recalled the difficulties involved in challenging any aspect of TC practice, and also the fact that when he started a harm reduction agency (the Merchants’ Quay Project) after leaving Coolmine he was blacklisted, being forbidden to enter any Coolmine facility, just as Coolmine staff were forbidden to have any contact with him [22].

Minutes of the management committee meeting of August 1983 make it clear that the Executive Chair had decided unilaterally not only that Coolmine would not work with clients on prescribed methadone, but also that it would oppose at policy level any proposals to have indefinite methadone maintenance introduced into the wider health-care system [23]. While there is no evidence to suggest that on an ongoing basis Coolmine campaigned publicly or to any great effect against harm reduction, annual reports and other documents emanating from Coolmine tended to present the TC approach in a holier-

than-thou style, while taking sarcastic cuts at the new policy direction being favoured by the health authorities. For instance, Comberton’s introductory remarks in the annual report for 1987 ended as follows:

The Drug Squad has done a magnificent job in severely limiting the quantity of heroin and other drugs available on the streets. Unfortunately, drug abusers are finding more people to enable them to stay addicted. In fact, the ‘help’ they receive from some legitimate sources is making it hard to estimate the true extent of the current problem [24].

Tensions between Coolmine and the Eastern Health Board had escalated during 1986 when the health board made its continuing financial support contingent on the TC’s acceptance of the services of a consultant psychiatrist, appointed by the health board to provide mental health consultation to Coolmine clients. The health board did not specify what reservations it had about the Coolmine programme, merely arguing that as a statutory funder it had a legal duty of care towards Coolmine clients [25]. Comberton complained to the Department of Health that this was an ‘attempt to intimidate and blackmail a reputable voluntary organisation’ [26]. The health board, which prevailed in this dispute, reduced its funding and Coolmine, struggling for survival in the second half of the 1980s, was forced to close its single largest facility, a residential centre called St Martha’s (some 20 miles from Dublin) which it had operated since 1983.

The period 1990–98 was, for Coolmine, one of survival and stasis. The Eastern Health Board, which had appointed a public health doctor, Dr Joe Barry, to head up its drug services, was still concerned primarily with preventing the spread of HIV infection. Although Dr Barry found it difficult to obtain meaningful statistical data on Coolmine’s success in attracting and retaining clients (and annual reports for this entire second phase were generally unhelpful in this regard), the health board provided limited financial support for the TC during these years [27]. In 1997, however, internal tensions erupted within Coolmine when a member of the administrative staff turned ‘whistle-blower’ and made a series of allegations of mismanagement against the Executive Chair and his senior managers. The whistle-blower started from the premise that management committee knew nothing of how Coolmine functioned, and that all levels of the agency’s activities were characterized by dishonesty and abuse [28]. The management committee, aware that it had been kept continuously at arm’s length from day-to-day issues, responded with alarm to this development, but was temporarily placated by the Executive Chair. In October 1998, however, a large number of Coolmine staff demanded a meeting with the management committee, and following this meeting and the submission of a detailed list of grievances about the way in which the agency was being run [29], Jim Comberton resigned.

1999–2013: OPENING UP A CLOSED SYSTEM

During the 1990s all Irish voluntary bodies came under pressure to rethink their approach to corporate governance, not least because, as in other jurisdictions [30], arrangements for statutory funding of the voluntary sector were moving towards a ‘contract culture’. What this meant was that the state was now insisting on more formal funding agreements with voluntary bodies, rather than assuming as in earlier times that all monies given to the voluntary sector would be well spent. A governmental Green Paper of 1997 [31] recommended that:

Government departments and state agencies should outline clear criteria and procedures for their funding arrangements for the voluntary and community sector... There should be openness, accountability and transparency in the work of the various organisations [15,32].

Therefore, while this account of the final phase of Coolmine’s history should obviously describe substantial changes which were made to its work practices, it is also appropriate to characterize it as a period when the management committee assumed control of the agency and moved it towards the kind of openness, transparency and accountability that was now being expected of the voluntary sector. Following Comberton’s resignation in 1998, it was decided to revert to conventional governance practice by appointing a Chief Executive who, through its chair, would be accountable to the management committee. Two board members, who assumed full-time, unpaid executive duties for almost a year while a new CEO was being recruited, were surprised both by the scale of the organizational dysfunction which they discovered and the hostility of graduate staff members who had never had their work overseen previously in this way. One of these board members commented:

But I think it was the... the abuse of power: that’s what did the damage more than the actual structure of the programme itself... I think the nature of them [TCs] is that they can be very secretive and it’s only when things come to an extreme kind of point that you find out that something had been happening [33].

The task of normalizing management processes at Coolmine was delayed by resistance to organizational change emanating from graduate staff, many of whom resigned in these early years of the post-Comberton era. Two CEOs served brief periods at Coolmine between 1999 and 2002, but it was not until the appointment of Paul Conlon in 2004 that a measure of organizational stability began to emerge. Conlon, who stayed at Coolmine until 2012, had considerable experience of working in the

addictions and homelessness sectors, but as a non-graduate was suspect in the eyes of many Coolmine workers. However, working closely with the management committee, he drafted a strategic plan which was approved by the committee and launched in 2005 by the Minister with responsibility for Ireland’s National Drugs Strategy. Coolmine’s strategic plan positioned the agency in relation to the National Drugs Strategy indicating, in Conlon’s words, that ‘we’re still into abstinence but we’re not going to attack harm reduction’ [34]; and, as its new chair saw it, it ended the period in which Coolmine had been in ‘splendid isolation’ [35]. From an internal organizational perspective, this development indicated that the agency would henceforth be run along lines laid down by the management committee—rather than on the basis of the charismatic authority of graduate staff.

While it retained the emphasis on peer support and ‘community as method’, Coolmine:

- abandoned the use of confrontation as a therapeutic method;
- shortened the length of its residential programme;
- insisted that all new staff—regardless of whether or not they were TC graduates—should have formal training in addiction counselling;
- provided training in the Community Reinforcement Approach (CRA) for all its staff, and sought to have this evidence-based method integrated into all aspects of its work;
- developed a new emphasis on outreach and on motivating potential clients to engage with its services; and
- worked with outside housing agencies on the provision of transitional housing for clients leaving residential care.

These changes were accompanied by a new interest in research, a tacit acknowledgement that Coolmine had no monopoly on wisdom or effectiveness and that it should be open to ongoing change.

DISCUSSION AND CONCLUSION

Broekaert’s argument that the European drug-free TC had readily ‘developed its own identity’ and generally managed to avoid the worst excesses of its American progenitor [36] is not supported by this history of the Coolmine experience. For the first 25 years of its history, Coolmine stuck rigidly to the ‘concept’ model of therapeutic community, despite the fact that this model was demonstrably not effective and was arguably abusive. An evaluation of Phoenix House, London, published in 1977, presented findings which were almost certainly reflective of Coolmine’s performance at this time—only a minority of its residents completed their treatment programme, and most of those who did complete either became staff members at Phoenix House or went to work in similar treatment agencies [37]. However,

Phoenix House was just one part of a wider tapestry of drug treatment and policy activities in London of the 1960s and 1970s, where remnants of the 'British system' were still to be found, and where some voluntary organizations—such as Release—represented a countercultural challenge to drug prohibition regimes [8]. In Ireland's smaller and more recent drug treatment scene, which lacked a cohort of professionals and policymakers experienced in these issues, it was possible for one-dimensional TC views to go unchallenged for much longer.

It was also the case that since the 1930s Irish social policy had been heavily influenced by Catholic social teaching on subsidiarity, which stated that important societal functions should be undertaken at the lowest possible level (for example, by families, community groups or voluntary bodies) rather than by the state [38]. This principle had contributed to a situation where the voluntary sector had benefited from 'the myth of goodness' [39], an assumption that voluntary activities were always based on altruistic motives and automatically deserving of state financial support. It was not until the emergence of the contract culture from the 1990s onwards that voluntary bodies such as Coolmine were compelled to engage in detailed negotiations with statutory authorities and receive payment on the basis of 'service level agreements'. It may be concluded, then, that the evolution of Coolmine over its first 40 years is reflective both of a gradual maturing of Irish drug policy and of a changed relationship between the Irish state and the voluntary sector.

Declaration of interests

None.

Acknowledgements

This paper is based on a history of Coolmine's first 40 years commissioned by its management committee in 2012 and completed in 2013. Dr Eoin Coughlan acted as research assistant to the project. The findings and conclusions are those of the author alone and do not necessarily represent the views of Coolmine's management, past or present. The author is grateful to all those who were interviewed for this history, but especially to Lord Paddy Rossmore, who not only agreed to be interviewed twice but also made available his own extensive archive on Coolmine's history.

References

1. Strang J., Gossop M., editors. *Heroin Addiction and Drug Policy: The British System*. Oxford: Oxford University Press; 1994.
2. *Report on the Proposed Drug Addiction Clinic Sited at Jervis Street Hospital*. (unpublished report dated May 1969, given to the author by a member of the *ad hoc* committee which drafted this report).
3. Mold A. *Heroin: The Treatment of Addiction in Twentieth-century Britain*. DeKalb: Northern Illinois University Press; 2008.
4. Butler S. *Alcohol, Drugs and Health Promotion in Modern Ireland*. Dublin: Institute of Public Administration; 2002.
5. *Research interview with Paddy Rossmore*, 31 May 2012.
6. *Report of the 1st Meeting of Committee of Management of the Drug Free Therapeutic Community at Coolmine Cottage*, Held in Ushers Island on 14 December 1972 [personal archive of Paddy Rossmore].
7. *Coolmine Annual Report 1973–4* [Coolmine TC Archives].
8. Mold A., Berridge V. *Voluntary Action and Illegal Drugs: Health and Society in Britain since the 1960s*. Houndmills, Basingstoke: Palgrave Macmillan; 2010.
9. *Coolmine Lodge Therapeutic Community: Annual Report 1980* (also report for period 1977–1979) [Coolmine TC Archives].
10. *Research interview with Patricia (pseudonym), a Coolmine resident in the late-1970s*, 29 May 2012.
11. Working Party on Drug Abuse. *Report of the Working Party on Drug Abuse*. Dublin: Stationery Office, 1971.
12. Dean G., O'Hare A., O'Connor A., Kelly M., Kelly G. The opiate epidemic in Dublin. *Ir Med J* 1985; **78**: 107–10.
13. Dean G., Bradshaw J., Lavelle P. *Drug Misuse in Ireland, 1982–1983: Investigation in a North Central Dublin Area and in Galway, Sligo and Cork*. Dublin: Medico-Social Research Board; 1983.
14. Butler S., Mayock P. An Irish solution to an Irish problem: harm reduction and ambiguity in the drug policy of the Republic of Ireland. *Int J Drug Policy* 2005; **16**: 415–22.
15. *Coolmine Management Committee: Meeting held at Usher's Island on 28 May 1981*, at 1.15 p.m. [personal archive of Paddy Rossmore].
16. *First Report from Sam Anglin: Programme Development Director*, 23 April 1981 [personal archive of Paddy Rossmore].
17. *Research interview with Peggy Comberton*, 24 April 2012.
18. *Research interview with Rachel (pseudonym), a Coolmine resident in the mid-1980s*.
19. *Research interview with Andrew (pseudonym), a Coolmine resident in the mid-1980s*, 25 May 2012.
20. *Coolmine Therapeutic Community 1981–1984 Report*, 8 [Coolmine Archives].
21. O'Mahony P., Gilmore T. *Drug Abusers in the Dublin Committal Prisons: A Survey*. Dublin: Stationery Office; 1982.
22. *Research interview with Sean Cassin*, 28 June 2012.
23. *Management Committee Meeting Held at the Induction Centre*, 3 August 1983 [personal archive of Paddy Rossmore].
24. *Coolmine Limited: Report to Annual General Meeting Held on 14 January, 1988* [Coolmine Archives].
25. *Letter from Eastern Health Board to Coolmine's Executive Chair*, 26 November 1986.
26. *Letter from Jim Comberton to Assistant Secretary, Department of Health*, 3 December 1986 [Coolmine Archives].
27. *Research interview with Dr Joe Barry*, 12 July 2012.
28. *Research interview with former Coolmine administrator*, 4 September 2012.
29. *Declaration by Staff of Coolmine*, 5 October 1998 [personal archive of Paddy Rossmore].
30. Perri G., Kendall J., editors. *The Contract Culture in Public Services: Studies from Britain, Europe and the USA*. Aldershot: Arena; 1997.
31. *Supporting Voluntary Activity: A Green Paper on the Community and Voluntary Sector and its Relationship with the State*. Dublin: Stationery Office, 1997.
32. *Coolmine Lodge Management Committee Meeting*, Tuesday, 13 October 1981, at Usher's Island (1.15 p.m.) [personal archive of Paddy Rossmore].

33. Research interview with former Coolmine management committee member, 3 July 2012.
34. Research interview with Paul Conlon, former Coolmine CEO, 25 June 2012.
35. Research interview with Brian Ward, former chair of Coolmine management committee, 5 July 2012.
36. Broekaert E. What future for the Therapeutic Community in the field of addiction? A view from Europe. *Addiction* 2006; **101**: 1677–8.
37. Ogborne A., Melotte C. An evaluation of a Therapeutic Community for former drug users. *Br J Drug Addict* 1977; **72**: 75–82.
38. Fahey T. The Catholic Church and social policy. In: Healy S., Reynolds B., editors. *Social Policy in Ireland: Principles, Practices and Problems*. Dublin: Oak Tree Press; 1998, pp. 411–29.
39. Donnelly-Cox G., Jaffro G. *The Voluntary Sector in the Republic of Ireland: Into the Twenty-First Century*. Coleraine: Centre for Voluntary Action Studies, University of Ulster; 1999.