



To Whom It May Concern:

April 2016

The Ana Liffey Drug Project Stabilisation Programme is a 16 week community-based service for people who wish to stabilise their drug or alcohol use. It is based on low threshold, harm reduction principles and offers a safe and supportive environment to participants wishing to address problematic substance use. By this we mean that we will do our best to be as inclusive and understanding as we possibly can of the person's individual needs while maintaining the boundaries and expectations which are necessary for all individuals involved to access this group in a meaningful and participatory way.

It would be helpful if you could, while discussing this programme with your client, run through a few details with them prior to sending in this assessment form. This will help them to understand both what they can expect from us and what is expected from them if they choose to engage in this process. It will also help the both of you to determine whether or not they will be a suitable candidate for referral.

We recognise that people come to this programme for a variety of reasons and from a variety of places. Also, we understand that everyone's motivation and goals are different and each participant faces a variety of external pressures which may affect them in many ways. We ask two things from the participant – to attend regularly and be present in that attendance. The commitment is for three afternoons per week (Monday, Wednesday and Friday), and for a one-to-one session at least once every two weeks. This may be a challenging process, but the facilitators will be there to support the individual at every step of the way. As a group and through one-to-one supports, participants will learn coping and problem solving skills. Communication skills, self-esteem, positive thinking, relapse prevention, triggers/cravings, and goal setting are all discussed throughout the 16 weeks.

We look forward to working with your client as we begin this process toward their eventual goals and hope to be able to assist them in those areas in which they feel they wish to make change. If you require any further details please contact either of the two facilitators (John Burke or Rachel Fayne) on 01.878.6899, or email directly on john.burke@aldp.ie or rachel.fayne@aldp.ie.



The Ana Liffey Drug Project Stabilisation Programme

Assessment Form:

The ALDP Stabilisation Programme is a 16 week community-based service for individuals wishing to stabilise on their drug or alcohol use. Based on the principles of low threshold and harm reduction, the programme offers a safe and supportive environment to participants wishing to address problematic substance use.

ASSESSMENT FORM

DATE OF REFERRAL:

PARTICIPANT INFORMATION:

First Name:

Surname:

Address:

Phone:

DOB:

Gender:

Nationality:

PPS:

Next of Kin:

Name:

Relationship:

Address:

Contact:

Referral details:

Referral Agency:

Contact person:

Contact number:

Reason for referral:

Current drug use:

Previously in treatment?

Health Status:

Any physical health issues? Please give details:

Any mental health issues? Please give details:

Prescribing Information:

Prescribing doctor/GP name:

Address:

Contact:

Currently on prescribed medication? Yes No

Currently prescribed methadone? Please give details:

Please provide details of all prescribed medication:

How long on prescribed medication?

Please outline goals applicant wishes to achieve while on stabilisation programme:

Participant's signature: _____

Referral agent's signature: _____

Date: _____

Please return via post or email to:

Ana Liffey Drug Project

ATTN: Stabilisation Programme

51 Middle Abbey Street

Dublin 1

01.878.6899

john.burke@aldp.ie

rachel.fayne@aldp.ie

**ANA LIFFEY DRUG PROJECT
RELEASE OF INFORMATION FORM**

Date: _____

Client name: _____

Address: _____

I give permission to the ALDP to share information regarding me with:

This communication can take place:

Please tick as appropriate.

In person

By telephone

In writing

By email

This communication can include issues relating to:

Please tick as appropriate.

Accommodation

Family

Childhood

Education

Work/Training

Legal Issues

Income and Finance

Physical health

Mental health

Alcohol use

Drug use

Independent living skills

I would / would not like to see any letters / emails concerning me before they are sent to the person(s) or organisation(s) mentioned above.

I confirm that I understand the ALDP's confidentiality policy, and the times when information may be shared without my permission.

Signed (Client) _____

Signed (Staff member) _____

Signed (Duty manager) _____

Review date _____