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1 Introduction

The year May 89-May '90 was a period of major change for the Ana Liffey Drug Project. Most of these changes arose from the conclusions of a commissioned management consultant's report which was circulated earlier in January 1989. The primary recommendations of this consultant's report were that the management committee be restructured in order to facilitate clearer and more decisive decision-making; that a new director be appointed; that a review be undertaken of the project's services; and that a new fund-raising strategy be developed. Over the past twelve months, considerable progress has been made in each of these areas, and the Project has consolidated.

This report demonstrates that much progress can be achieved when an organisation takes seriously the business of its own review, evaluation, restructuring and change. The Ana Liffey Drug Project has changed: it has progressed; building on those features that make it unique and innovative, while at the same time, incorporating new mechanisms to make it more effective in its external relations. The Project is proud of its achievements in the last twelve months, and it is with great confidence that it announces these to its main funders.

This document is a Special Report to the Main Sponsors, Trust Fund, Corporate and Statutory Funders of the Ana Liffey Drug Project, and covers the period, June 1989-May 1990.

2 Management Restructuring

The position of Project Director was advertised in March 1989. Interviews took place in early April and the new Director was appointed to take up office on a full-time capacity from August 1989. In the period May-August the Director undertook duties in a part-time capacity.

During an EGM of the project held last summer a number of proposals were agreed which have resulted in constitutional amendments to the project's Articles of Agreement. Effectively these changes have achieved the following:

(i) They put in place a management council which takes direct and overall responsibility for all of the project's activities, and thus removed the burden of this responsibility from the Project's full-time counselling staff
(ii) They provided for staff representation on management council
(iii) They tightened up management decision-making.

At its AGM this year the Project also incorporated a name change making it now known as the Ana Liffey Drug Project.

The current membership of the Project's Management Council are: Caithrina Gahan (chair), Joe O'Rourke (secretary), Marie Keating (treasurer), Shane Butler, Caroline Harrison, David Poole, Michael Lacey, Marguerite Woods (staff representative), Ethna O'Donovan (staff representative) and Barry Cullen (director).
3 Service Development

Between July and November 1989 the Ana Liffey Drug Project engaged in a service review which involved a series of staff and management meetings, workshops and discussions with various personnel who are engaged in the funding and operation of drug treatment services. This review asked and sought answers to the questions: What does the Project currently do? Why does the Project do what it currently does? In what way is the Project effective? What are the Project’s shortcomings? How can the Project improve and develop for the future? The main outcome of the service review was the project’s restatement of its commitment to a pragmatic, user-friendly response to problem drug users; the consolidation of the drop-in counselling service as the primary form of intervention; the introduction of client-access records; and the exploration of new and innovative methods for the self-development of problem drug users and their families. The service review was completed, and its outcomes approved by Management Council, in November 1989. A new leaflet which summarises the Project’s main services and approaches has been prepared and is in current use.

Since November, Project staff have undertaken appropriate adjustments in the organisation of project work which reflect the detail of the service review.

Graph 1. This graph shows the total no. of counselling interventions by the Project in the years 1988 and 1989.

As is clear from accompanying tables, since April 1989 there has been a steady increase in the level and frequency of client use of the Ana Liffey Drug Project’s service. In November 1989 this increase was quite dramatic and has continued since. A table of counselling figures for the first quarter of 1990 is included in this report. This current level of client use of the Project exceeds all previously available figures. Its magnitude reflects positively on the Project’s decision to review its work and on the decisions which it has taken in order to improve and develop its work. It also reflects positively the increased willingness of problem drug users to make greater use of counselling services. It has been our experience that problem drug users, once provided with a good range of quality supports, are willing to come forward and deal with their problems in a responsible manner. The challenge for this Project, for other services, and for those charged with the responsibility of developing drug policies, is to ensure that a comprehensive range of drug treatment and rehabilitation services are fully available to respond to problem drug users.

Project Staff: Barry Cullen (director) Frank Brady, Marguerite Woods, Mara de Lacy, Brian McNulty, Eithna O'Donovan (project counsellors), Brid Nic Aodh Bhui (secretary).

Ana Liffey Drug Project - Report, June 1990
4 Policy Development

Drug services cannot and should not be allowed to develop in a policy-making vacuum. Over the years the Ana Liffey Drug Project has had an important impact on the drug problem. It has engaged in innovative responses, with positive results, and at times when few others dared get involved. It is essential that the lessons of these experiences be channelled into social policy making. Unfortunately, there is no statutory body with responsibility for airing, developing and formulating national drugs policies. There is no mechanism with which voluntary agencies, like the Ana Liffey Drug Project, can be consulted in relation to policy changes and developments. In recent years, in fact, there have been quite dramatic developments in drugs policy, without much, if any, public debate.

The Ana Liffey Drug Project is committed to informing and influencing the drugs policy-making process, through open public debate and dialogue. In recent months we have contributed to public dialogue and discussion on these issues as follows:

(i) In April the Project organised a Public Discussion Forum on Drug Treatment Policies in Trinity College which was attended by over 150 persons from the social, medical and legal services. The guest speaker was Dr. Judy Greenwood, consultant psychiatrist at the Community Drug Problem Service, Royal Edinburgh Hospital. Dr. Greenwood's contribution focused on the importance of harm minimisation techniques in responding to problem drug use and HIV in the community (her views had earlier that day been given a wider airing with an interview on the Pat Kenny Show). Two speakers responded to Dr. Greenwood - Shane Butler, Director of the Addiction Studies course in Trinity College, and Dr. Fergus O'Kelly, chairperson of the AIDS subcommittee of the Royal College of General Practitioners. Both speakers discussed Dr. Greenwood's contribution in the context of what were very clear similarities between the drugs and HIV situation in Edinburgh and Dublin. The response of the audience at the meeting was very enthusiastic and encouraging and generally the view was that it was a very successful forum. The speeches at this forum were tape-recorded and currently the Project is in the process of publishing them in a pamphlet.

(ii) In conjunction with the Liam Brady Testimonial Match, the Catholic Social Service Conference organised a Drug Awareness Day on May 15th last. This Awareness Day consisted of a number of sporting and other activities which were organised in Dublin with the theme "Give Drugs The Boot". The Ana Liffey Drug Project participated in the Awareness Day by organising a 90 minute discussion in the project's premises, involving a number of people who have been deeply affected by the Drugs and HIV problems, and which was broadcast live on the "Gay Byrne Show". The broadcast had a major impact on RTE listeners and there have been many requests for taperecordings of the programme to be used in educational talks. The project is currently negotiating with RTE to make such recordings available.

5 Funding

(i) Corporate Funds Without the enthusiastic support of many in the corporate sector over the last eight years the Ana Liffey Drug Project would simply not exist. Their generous contributions have been crucial in stabilising the Project's initial innovations in providing drugs services. Furthermore, this funding has, over the years, protected the Project's integrity and identity, and has also ensured that there existed, in the drugs field, capable and independent advocates. With changes in future drug policies and services now pending, it is essential that the Project's independent voice be strengthened through further corporate and voluntary funds.

Through a series of meetings held with its finance committee in October and November 1989 a review was undertaken of the projects voluntary fund-raising. These discussions focused on devising a strategy for future fund-raising ventures. The primary outcomes were that a new voluntary fund-raising group would be built up gradually; that it would meet as an ideas group twice per annum; that its initial primary focus would be mail-shot appeals; and that other fund-raising ventures would then be undertaken when the group had strengthened.

The current membership of this fund-raising group is: Michael Gill (chair), Paddy O'Sullivan, John O'Neill, Owen Morton, Philip Jacob, Arthur Lappin, Jim Lillis, Marie Keating, Caitriona Cahalan, Barry Cullen.

(ii) Statutory Funds Ultimately, the future development of the Project's services, depends on its capacity to attract an increased level of statutory funding. Over the years the level of statutory funding has been quite short of the Project's needs. Since August 1989 the project has had a number of meetings with officials from the Department of Justice, the Department of Health and the Eastern Health Board, and on each occasion we have outlined our case for a major increase in statutory funding. At these meetings the Project has impressed that the statutory sector must consult and fund voluntary bodies in order to develop a more cohesive and coordinated drugs service. In a recent meeting with the Minister for State at the Department of Health the Project was reassured of its role in the future development of drugs services and we look forward to an increased level of Department of Health funding.
for the future.

In relation to the Department of Justice, the Project has firmly reiterated its appeal to the Department to take more seriously the funding of the Project’s work in the prisons, which to date has consisted of small ex gratia payments. Through the Probation and Welfare Service, the Department has met the Project to discuss improvements in the overall coordination of services to drug users in the prisons. These discussions have taken place in the context of an increased level of funding. The Project welcomes these moves from the Department and is obviously hopeful that they lead to an improvement in our funding position.

(iii) Emergency Funds In order for the Project to undertake a comprehensive review of both its services and structures it was necessary for it to seek, as an interim measure, emergency funding from new sources. Two grants of £20,000 and £15,000 from the People in Need Fund and the AIDS Fund respectively were crucial in providing the Project with the necessary space to undertake its reviews, and to consolidate its position, in the last year. The Project is indebted to both of these funds and looks forward to a continuous working relationship with them, in the future.

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Audited Report
The Above is an extract from the accounts from which we reported without qualification.

Mahon & Co.
CHARTERED ACCOUNTANTS
9/4/1990

6 Conclusion

The primary achievement of the Project over the last twelve months has been that it has stabilised its service, and its short term funding. This achievement would not have been possible without the high level of commitment from Project personnel. In particular, Project staff have responded to a much increased demand on its service by Project clients, while at the same time they have engaged in the very demanding, and time-consuming process of service evaluation and review. Change is not easy in any organisation. Over the last twelve months however, the staff in the Ana Liffey Drug Project have undertaken the difficult process of change with remarkable commitment to the Project itself, and perhaps more significantly, with a unique dedication to the Project’s client group.

The change process has also been made easier by the skill and expertise which was lent to the Project by management and funding committee members and other friends of the Project, to whom we are very grateful. However, the space to undertake these reviews and changes would never have been possible without the support of the Project’s funders, particularly the People in Need Fund and AIDS Fund, both of which stepped in with substantial resources at a crucial stage in the project’s development.

In the coming year the priorities of the Project will involve the continued improvement and development of its service. In particular we will seek to extend our work to drug users who are not currently in contact with drugs services. We will also provide further support to the development of self-help groups and to strengthening our links with the families of drug users. To engage these challenges effectively it would be useful if there were more public debate and dialogue on drug treatment policies. We will therefore, continue and indeed, redouble our efforts, at highlighting public awareness, and encouraging debate, on the issues of problem drug use and HIV.