

Ana Liffey

Drug Project

Annual Report

1996

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Presented at the
Annual General Meeting
of the
Ana Liffey Drug Project
held on
Monday, 30th June 1997

The Ana Liffey Drug Project

Patron

Dr. Maeve Hillery

Sponsors

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Mr. Jack Hayes
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Dr. Tara Conlon - *Outgoing*
Ms. Marguerite Woods
Sr. Ethna O'Donovan - *Outgoing*
Mr. Ray McGrath
Ms. Emily Reaper

Staff

Ms. Marguerite Woods (*director*)
Mr. Ray McGrath (*team leader*)
Sr. Ethna O'Donovan (*project worker/family outreach worker - resigned 31/12/1996*)
Ms. Jacinta Deignan (*project worker/counsellor*)
Ms. Emily Reaper (*project worker/counsellor*)
Mr. Richard Redmond (*project worker/counsellor*)
Ms. Rose Toal (*project worker/counsellor*)
Ms. Maura Seabrooke (*locum project worker/counsellor*)
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The Ana Liffey Drug Project

Patron Dr. Maeve Hillery

Addiction Studies, TCD
Dept of Social Studies TCD
Community and Youth Work, Maynooth

Positively Irish Action on AIDS
London (now disbanded)
The Cranstaon Project (Prisoners
Release Scheme) London

Trustees

Children's Centre, TCD
Children's Rights Alliance

Dublin AIDS Alliance
Cairde
Body Positive
Malais

Members of the Company

Community Action Network (CAN)
Glen (Gay and Lesbian Equality Network)
Nexus

Drug Treatment Centre
Baggot Street Clinic
Ashling Clinic
City Clinic
Rialto Community Drug Team

VEC

Executive (Chairman, Secretary, Treasurer, Director)

GUM/AIDS Units
St. James Hospital
Beaumont Hospital
Cherry Orchard Hospital
Mater Hospital

Community Care Social Work Teams
Community Welfare Officers
General Practitioners

Management Council

Dept of Health/EHB
Dept of Education (Disadvantaged Youth)
Dept of Justice
Dept of Social Welfare
Health Promotion Unit

Adelaide Hospital
Prisons
Probation and Welfare Service

Community Relations
Garda Siochana Training College, Templemore

Staff/Participants Drop In/Counselling/Asterisk Newsletter Group/Literacy Training Youth and Drugs: A Response Prison Work/Family Work Community Outreach

Health Research Board

SAOL Project
Soilse Project

Community Work

(NYP Blanchardstown/ICON
Community Response/ North Wall CE Scheme
Finglas Drugs/HIV Forum/Citywide Campaign
Community Response Dublin 15/Co-operation North
NYCI/Inter Agency Drug Project)

Voluntary Drug Agencies
(Ballymun Youth Action Project
Coolmine Therapeutic Community
Merchants Quay Project)

National Drug Treatment Centre Board
Eastern Regional Co-ordinating Committee on Drug Misuse
National AIDS Strategy Committee

North Inner City Local Drug Task Force

Horizon Employment Disadvantaged

Work Research Co-operative
Dept of Enterprise and Employment

Transnational Partners (HORIZON)

UNAD - Spain; DIALOG - Vienna;
Zentrum fur Weiterbildung - Frankfurt;
Project Pre-empt - Glasgow City Council;
PSW - s'Hertogenbosch, Netherlands

The Ana Liffey Drug Project - Fifteen Years Old

The Ana Liffey Drug Project is a Northside Inner City Project providing a range of services and supports to drug users, their partners, children and families from many different parts of Dublin, largely those which have endured unemployment, deprivation, poverty and social and educational disadvantage. The Ana Liffey Drug Project, established in 1982, was the first service of its kind in the Republic of Ireland and in its early years introduced innovative and different perspectives to working with people whose lives have been seriously affected by drug use and its associated problems. These perspectives have more been more widely adopted which demonstrates the impact the Project has had on changing drug policy and practice.

However today in 1997 the Project continues its work in an innovative manner providing educational, training and developmental opportunities and is currently developing a children's project alongside its other services.

On a daily basis as many as eighty individuals visit the centre, some spending time with staff and friends in the drop in centre where people can relax and chat in an informal manner while drinking tea or coffee; others come in crisis with a need to talk to someone or to deal with an immediate and urgent problem; some come for counselling and others to participate in a training programme for peer support workers. Once a week a literacy training group is facilitated and as a result of this a lively newsletter called the Ana Banana is produced by the participants. On another afternoon an art group takes place.

The Project is always a hub of activity, a noisy, loud and dynamic place where participants, and often their partners and children, attempt to make changes in their lives. The Project uses a motivational perspective and is prepared to work with any individual no matter what stage they are at in dealing with their drug problem.

As well as the work in the Centre the staff of the Project are also involved in counselling in the prisons, group work in the detoxification unit in Mountjoy Prison, family and hospital visits and community outreach.

There is currently a staff of eight individuals - a director, team leader, secretary, five project workers/counsellors - and a voluntary management council.

The Project receives funding from the Eastern Health Board, the Probation and Welfare Service, the Department of Education and the European Union. We have also received significant support from non-statutory trust funds and from the corporate sector.

The overall thrust of the Project is one of empowerment, increasing self esteem and confidence, challenging dependency and promoting participation and development.

1996 - A period of definitive change

Yet another year has slipped by and we find ourselves once again reporting on the work of the Ana Liffey Drug Project on the occasion of the Annual General Meeting. It has been an incredibly busy year for the staff and Management Council of the Project. It has also been a busy year for many of the participants involved with the activities and programmes in the Centre.

During 1996 the Project made contact with and worked with a total of 1,311 individuals. This represents a significant increase of the numbers of individuals attending as compared with 1995.

56.5
PER DAY

Counselling contacts or interventions totalled 14,112 during 1996. This represents an increase of 11.28% when compared with 1995.

1996 witnessed a number of important new developments for the Project.

Peer Support Training Programme

During 1995 we succeeded for the second time in accessing European Funding under EMPLOYMENT - Horizon Disadvantaged. As a result we were able to enter a Project Development Phase in order to plan an ambitious and new peer support training programme. With the support and acknowledgement of the Eastern Health Board which has provided 25% matching funding to this project we have implemented a series of three training programmes in 1996/1997. The first programme took place during 1996 and the second programme is currently underway.

Peer support is an important concept and acknowledges and recognises the skills and resources of the participants. Mainstreaming and developing this notion is crucial. Elsewhere in this report there is a detailed account of this programme and its outcomes to date.

Prison Work

The development and establishment of the new detoxification unit in Mountjoy Prison occurred during 1996 and the Ana Liffey Drug Project has had a part in this programme, providing two groups per week in each of the six weeks of this programme. The Probation and Welfare Service, the Medical and Nursing Staff, the Prison staff, Ballymun Youth Action Project and Coolmine Therapeutic Community are all involved in the delivery of this new and challenging programme.

The Children's Project

Alongside already existing services, a new initiative focusing on drug using parents and their children will be established during 1997. The proposal for this service was published in the Eastern Health Board's *Review of Adequacy of Child Care and Family Support Services in 1994* (EHB, 1995) and the service was again referred to in *Review of Adequacy of Child Care and Family Support Services in 1995* (EHB, 1996). An article encompassing the proposal and examining the context and the need for such a service appears in the 1994 Annual Report of the Ana Liffey Drug Project.

Although it is proposed that this new service will be separately run and managed, its principal contact point will be the Project premises and as a consequence the staffing level of the Project will need to be increased to meet the demands which this new initiative will make on staff time and Project resources.

This children's project has been waiting to come to fruition in the project since 1994 although intensive preparatory work was carried out during 1993. In 1996 we were able to enter negotiations with a non-statutory funder with regard to this much needed project. This has opened the door to other non-statutory support overseas. With the additional support of the Eastern Health Board we hope that this project will be up and running shortly with the adequate resources which it deserves. A programme which responds to drug using parents and their children is one that is necessary and preventative in nature. Matt Bowden, an independent research consultant has recently carried out a feasibility study and this study is reproduced in this report.

North Inner City Drug Task Force

1996 was the year in which the Ministerial Task Force on Measures to Reduce the Demand for Drugs was convened and produced its First Report, which led to the establishment of Local Drugs Task Forces in the Dublin area and in Cork.

The Ana Liffey Drug Project is represented as one of two voluntary agencies in the North Inner City on the Local Drug Task Force and since February 1997 has been working intensively with the Task Force and its three subcommittees. The North Inner City Drug Task Force has researched, devised and formulated its interim plans for the future and we look forward to continuing our work in this regard and co-operating and liaising with the statutory, voluntary and community groupings in addressing many of the social problems in this area.

SAOL Project

With the Eastern Health Board, FAS and the Inner City Renewal Group, the Ana Liffey Drug Project has been involved in the partnership management committee of the SAOL Project which was established in 1995 and is the first of its kind in the Republic of Ireland specifically targeting women drug users. It is a two year pilot programme for former and stable women drug users whose purpose is to move through development work and capacity building from addiction and dependency to self direction and self reliance.

The Project's commitment to working with this pilot programme is total and reflects our commitment to the recognition of women's issues, to the provision of quality services and support and to developmental approaches. In January 1997 I was proud to become Chairwoman of this new and innovative project.

Other Activities

The Project has also been involved in the delivery of training, specifically the co-ordination of a training programme on drug use for the Juvenile Liaison Officers in the Garda Training College, Templemore in 1996 and on-going tutoring and lecturing work on the Diploma in Addiction Studies Programme in the Department of Social Studies, University of Dublin, Trinity College.

Many students and professional workers have joined us on placement over the last year, including four social work students, two community and youth work students, four student nurses and in a new departure, a student Garda, who has kindly contributed an article to this report.

We also continue to work with other Voluntary Drug Agencies, HIV organisations and other community and youth groups throughout the Dublin area.

However each day in the Ana Liffey Drug Project the on-going work of service delivery and co-ordination of activities continues. The drop in centre opens each day at 11.00 am and closes its doors again at 5.30 pm. The Project is busy, noisy, vibrant and dynamic and we are limited by the fact that the building is small and we are bursting at the seams.

The staff provide a good and comprehensive service, welcoming each person who comes through the door and responding to need as it arises. I would like to thank them.

Each year as we look back on the achievements, success and progress of the previous year we remember those people who were central to the life of the Project who are no longer with us.

At the end of 1996 after ten years working with the Project, Sr Ethna O'Donovan left. Her contribution to the Project, specifically the development of Family Outreach Work and the Le Cheile group cannot be underestimated and she is sorely missed.

Once again the Project has witnessed the deaths of young people as a result of HIV or drug related incidents. We wish to remember and acknowledge those who have died this year while remembering all those who have died during the Ana Liffey Drug Project's fifteen year existence. We offer sympathy and support to their partners, children, families and friends.

Above all I would like to thank those who use the Project's services and activities. It is your belief in us and our approach that keeps us going. You continue to introduce us to your brothers, sisters, parents, children and friends, bringing them to the Project in the conviction that we have something to offer and contribute. It is also those who participate in the service who inform and inspire developments and in no uncertain terms tell us what should be done, how to do it and how to do it better. Another year is ahead of us and we renew our commitment to promoting and serving the interests and concerns of the drug using community and all those who are involved with the Ana Liffey Drug Project.

Marguerite Woods
Director
June 1997

Mission
Statement

The Ana Liffey Drug Project Approach

The overall aim of the Ana Liffey Drug Project is to provide a professional service to and work with drug users, their partners and families in a manner that is accessible, challenging, supportive, affirming, respectful, empowering, non-directive, non-judgemental and responsive to the changing needs of these groups. The service assists the drug user in reaching a level of control or management of their problems. In doing this there is an emphasis on drug users, their families and their community utilising their own skills and resources.

Our work is about outreach, making contact, relationship building, providing options, exploring options, encouraging participation and focusing on increasing the self-efficacy, resources and skills of the individual, families and communities.

In order to achieve this aim the Project works to:

- provide a safe environment in which drug users, their partners, children and families can choose to examine issues affecting their lives;
- take account of and initiate responses to everchanging needs and developments;
- promote a better public understanding and awareness of the issues of drugs and HIV/AIDS.

The Services

Currently, June 1997, the Ana Liffey Drug Project has a staff of eight individuals - a director, team leader, secretary and five project workers. We are currently anticipating the recruitment of a ninth worker in the coming months.

The numbers of individuals with whom we work and the numbers of interventions which take place in the drop in centre, the counselling service, the prison counselling service, family outreach (home and hospital visits) and community outreach for the years 1990 - 1996 are outlined below. These figures demonstrate that the Project's service is significantly cost effective.

The services provided at the Ana Liffey Drug Project are as follows:

- Drop In Centre
- Counselling Service
- Prison Counselling Service
- Youth and Drugs: A Response
- Family Support Work
- Le Cheile Group
- Literacy Training/Newsletter Group/Art Group
- Community Outreach and Liaison
- Project ASTERISK*

Attendance/Participation 1996

During 1996 the Project made contact with and worked with a total of 1,311 separate individuals. This represents a significant increase of the numbers of individuals attending as compared with 1995.

Individuals 1990 -1996

Year	1990	1991	1992	1993	1994	1995	1996
Number	445	631	681	739	855	1,194	1,311

In 1990 we worked with 445 separate individuals. In 1991 we provided counselling, support and home visiting to 631 individuals. During 1992 we worked with 681 individuals, in 1993 with 739 individuals while in 1994 and 1995, 855 and 1,194 individuals respectively used the service.

Between 1990 and 1991 there was an almost 42% increase in the numbers of individuals attending. This was the most dramatic percentage increase witnessed in any one year. Between 1991 and 1992 and 1992 and 1993 there were percentage increases of 8% and 8.5% respectively. The 1994 attendance represented an increase of almost 16% on that of the previous year while the 1995 attendance represented an increase of almost 40% on that of 1994.

There has been a percentage increase of almost 10% in the numbers of individuals attending during 1996 when compared with the 1995 figures. Comparing attendance during 1990 with that during 1996, there has been an increase of almost 195% in the numbers of individuals using the service.

Counselling contacts or interventions totalled 14,112 during 1996. This represents an increase of 11.28% when compared with 1995.

Contacts 1990 -1996

<i>Year</i>	<i>1990</i>	<i>1991</i>	<i>1992</i>	<i>1993</i>	<i>1994</i>	<i>1995</i>	<i>1996</i>
<i>Number</i>	8,759	10,770	9,995	12,194	13,692	12,682	14,112

In 1990 counselling contacts amounted to 8,759. In 1991, 1992, 1993 and 1994 there were 10,770, 9,995, 12, 194 and 13,692 counselling contacts respectively. During 1995 the Project made 12,682 interventions or contacts and in 1996, despite the complete closure of the drop in service for a nine week period between October and December, the Project's counselling contacts amounted to 14,112.

Cumulatively between 1990 and 1996 we have carried out 82,204 counselling contacts.

Drug users/Partners and family members

Of the 1,311 individuals who attended 1,221 (93.14%) were individuals with a history of drug use while 90 (6.86%) partners and family members used the support services of the Project. There was an almost 11% increase in the numbers of drug users attending while the numbers of family members attending remained the same when compared with the numbers in 1995.

Gender Breakdown

With regard to the gender breakdown of the 1,311 individuals who attended, 842 (64.23%) were men and 469 (35.77%) were women. There was a percentage increase of 11.52% in the numbers of men attending and a 6.83% increase in the numbers of women attending when compared with the 1995 attendance.

Of the 1,221 drug users, 827 (67.73%) were men, as compared with 746 in 1995, and 394 (32.27%) were women, as compared with 358 in 1995. This represents an increase of 10.86% in the numbers of men attending and an increase 10.06% in the numbers of women drug users when compared with the 1995 attendance.

Men attending - 1992 - 1996 (drug users)

<i>Year</i>	<i>1992</i>	<i>1993</i>	<i>1994</i>	<i>1995</i>	<i>1996</i>
<i>Number</i>	407	449	495	746	827

Women attending - 1992 - 1996 (drug users)

<i>Year</i>	<i>1992</i>	<i>1993</i>	<i>1994</i>	<i>1995</i>	<i>1996</i>
<i>Number</i>	186	203	272	358	394

Of the ninety partners and family members, fifteen (16.67%) were men and seventy five (83.33%) were women.

Children

<i>Year</i>	<i>1993</i>	<i>1994</i>	<i>1995</i>	<i>1996</i>
<i>Individuals</i>	126	183	220	230
<i>Contacts</i>	909	1,019	1,133	1,200

During 1993 for the first time we recorded the numbers of children who attended the Project with their parents and families. 126 individual children attended on a total of 909 occasions. During 1994 and 1995 183 and 220 individual children attended the Centre. During 1996 230 children attended the Project on 1,200 occasions.

It is important to point out that these interventions are not included in the total figures outlined above. We continue to record the numbers of children attending in order to examine the need for a child focused service, to highlight both the fact that children come to this Project and our concerns about children. Our views about the need for the development of services for children, which are discussed in detail elsewhere in this report, are informed as a result of our contact with women and our current limited involvement with children.

*Ana Liffey Drug Project/Project ASTERISK**



Needles or Pins

Background

Project ASTERISK* is a training programme for drug users, methadone maintained drug users and those with a history of drug use. It focuses on the training of participants as peer support workers and outreach workers in the area of drugs and HIV. Broadly speaking, the project's aim is to provide training to thirty drug users or ex-drug users in the area of peer counselling. The project utilises the participants' already existing knowledge and skills in this area and facilitates their development as trainers, thereby enhancing and strengthening their opportunities of accessing appropriate and paid employment. It also aims to impact on drug services and on existing drug policy.

Actions and Innovation

The main actions include: the planning, establishment, organisation and administration of the programme; a preliminary research project to establish training needs in regard to peer counselling; the delivery of training programmes; mentoring, after course follow-up, support and work placements; the development of transnational contacts and liaison, networking, information exchange, staff exchanges, participant exchanges and placements; and the evaluation of the project on an on-going basis.

Project Development, Information, Staff Training

Following the completion of the Project Development Phase (July - December 1995) the ASTERISK* programme - funded by EMPLOYMENT - HORIZON Disadvantaged/Eastern Health Board and promoted by the Ana Liffey Drug Project - commenced in January 1996 with discussions at team, participant and management level.

A preliminary research project was carried out during January and February with potential participants of the programmes. Staff training commenced and continued throughout the year with nine training days. Information groups, nine in all, were convened in the evenings and in drop in hours between February and April 1996 to deal with recruitment of participants for the first programme. An applications day was organised on a Saturday in April and interviews took place in May. In order to prepare for the second programme commencing in January 1997 a series of information groups were again convened in the months leading up to the start of the second course.

Evaluation

Evaluation was commissioned and the first evaluation session took place with the staff group in May 1996 following discussions with Community Action Network and the submission of an

outline for evaluation. Four half day evaluation sessions took place with the first group of participants during the programme. The evaluator interviewed the co-ordinators on two occasions, was present for a session during a visit from our transnational partners in Frankfurt in October and attended an open information session about ASTERISK* 2.

Several participants who did not complete the programme were also interviewed. The evaluator - Liz Hayes, contracted through CAN - has carried out individual interviews with staff, external consultants and participants with regard to a range of issues. Three evaluation advisory group meetings took place during 1996 and meetings continue in 1997. An interim evaluation report on the conclusion of the first year of the programme was completed in March 1997. Its recommendations have been invaluable in terms of informing the second programme and the development of peer support training.

Programme - Participants

The first Project ASTERISK* training programme started in June 1996 after a lengthy recruitment process. Thirty six individuals applied for the programme, twenty six individuals attended for interviews and sixteen individuals were selected and a panel of six individuals was drawn up in the event of selected participants not taking a place. Sixteen individuals commenced - fourteen originally selected from the first interviews and two from the panel - seven men and nine women. Six individuals - three men and three women - completed the programme and maintained their commitment and motivation throughout the six month period. The first twenty six week programme was completed in December 1996. The Project completed 130 days (520 hours) of course work.

Course work has focussed on group development, communication skills, listening skills, relaxation and massage, counselling skills, parenting skills and extensive inputs on drug use, harm minimisation and addiction studies type lectures.

Staff and trainer/tutor involvement has been intensive - the director and one project worker are acting as co-ordinators and are giving approximately two and a half days and two days a week respectively to the programme.

Director 2 1/2 Days.

Placements

Placements and developmental work, including the extension of mentoring and peer group support, are central to the programme. The first group of participants are currently doing their placements with supervision and support from the Merchants Quay Project, the Inter Agency Drug Project and the Ana Liffey Drug Project.

The Second Programme

The second training programme commenced in January 1997. We started with a taster course located in Community Action Network which ran for five working days over a two week period. The application and recruitment process was thorough and took into account the feedback from the the evaluation on the drop out rate from the first programme. Fifty one individuals, thirty four men and seventeen women, applied, twenty four attended for interview and eighteen participants, ten men and eight women, commenced the programme on February 26, 1997. A further focus on psycho- social stability has been incorporated. Several participants who have completed the first programme are involved in training as trainers on the second programme.

Other Activities

The Project is also involved with the special interest group of Horizon/Integra projects working on issues in relation to marginalisation of disadvantaged groups. This group is currently commissioning a piece of research funded by the HORIZON/INTEGRA National Support Structure. The Ana Liffey Drug Project representative on this working group is Rose Toal, Project Worker and she is the author of an article outlining drug users' experience of marginalisation and exclusion, which appears elsewhere in this document.

The Project hosted a transnational seminar in June 1997 and welcomed eighteen representatives of our transnational partner organisations in six EU Member States. We also organised a

seminar on arrest referral schemes with the in conjunction with the North Inner City Local Drug Task Force during which Tom Pietermans of the Dutch Project ESCAPE gave a presentation on the arrest diversion scheme operating in 's-Hertogenbosch, Netherlands.

Dissemination will be a key objective in 1997 through presentations, publication of the reports, discussions with Government Departments and through liaison with other agencies. It is also hoped that a seminar might be convened towards the end of the programme.

There is increasing interest from other drug agencies, Probation and Welfare Service and community groups.

We are looking forward to the continuation of the second year of the Employment programme and anticipate that our expected outcomes will be achieved. We also are convinced of the need for comprehensive peer support training and believe that we will be able to continue our work into 1998/9 with support from the North Inner City Drug Task Force and the Eastern Health Board.

DATs

Transnationality

The overall Objectives of the Transnational Workplan of the Needles or Pins Project, as agreed at our first meeting in Madrid in November 1995 towards the end of the Project Development Phase, were as follows:

1. To establish a network which will facilitate and support innovative approaches to work in this field and by the development of systematic evaluation ensure effective dissemination across Europe.
2. The identification and assessment of the commonalities and differences in the work of the partner organisations and thereby identify areas where the exchange of knowledge and the transfer of learning can take place.
3. To consider the impact of national and European policy in relation to drug use, unemployment and social exclusion and to use the experiences of the partnership to inform.

The first aim has been achieved in that we now have an established, on-going and supportive network of seventeen organisations working with the integration issues of those affected by drug use in six EU member states - two organisations in Austria; one organisation (a partnership project) in the Netherlands; eleven organisations in Spain; one organisation in Scotland, Germany and Ireland.

Systematic evaluation across projects has posed difficulties in that the variety of projects and approaches require different evaluative methodologies in different member states. The Austrian, Spanish and Dutch Projects are using a similar evaluation method while other projects are using diverse methods. We believe however that this will lead to an overall evaluation which will reflect the diversity and richness of the projects and lead to effective dissemination.

Through our activities and actions to date the transnational partnership is achieving the second objective and has been working with regard to the third objective at an individual national and international level.

The main features of the transnational project are:

- liaison
- networking
- information exchange
- staff placements
- participant exchanges
- comparative research and evaluation
- joint production of resource materials

- impact on policy at a national and European level

The following actions were agreed:

- The drawing up of a common framework document/organisational diagrams and information - common themes and differences
- A series of exchange visits by staff - practical experience of work in different projects, settings and cities
- Exchange visits by participants - transfer of skills and development of mobility and increase in self worth
- Exchange of course curricula
- A joint newsletter; evaluation - each partner is developing a local plan which will be shared with partner projects
- Two seminars per year - 1996/1997
- Two business meeting per year
- Contributions to appropriate journals
- End of project conference/seminar for dissemination

Progress

1. A common framework document was drawn up by February 1996.
2. A number of exchange visits by staff have taken place - two Project ASTERISK* staff have visited Project DIALOG/Needles or Pins, Vienna in June 1996, Zentrum fur Weiterbildung, Frankfurt in December 1996 and Project ESCAPE, 's-Hertogenbosch, Netherlands in November 1996. We have received visits from one worker from Vienna, four workers from Frankfurt, two from Scotland and in June 1997 are expecting to receive six workers from Spain and four from the Netherlands.
3. Exchange visits by participants have taken place - Project ASTERISK* hosted a visit of seven participants from Frankfurt in October 1996 and six participants visited the Frankfurt project in December 1996. Other visits are being planned. Not all projects are involved in participant exchanges.
4. Exchange of course curricula has occurred during staff/participant exchanges and seminars;
5. The joint newsletter has been published twice and another is due for publication shortly.
6. Evaluation is taking place in each member state. In June 1996 in Vienna we conducted a seminar on evaluation and it continues to be an item on agendas of business meetings.
7. Two seminars were held during 1996 in Vienna in June and 's-Hertogenbosch in November. Two seminars will be held during 1997 - in Dublin in June and Glasgow in October.
8. Two business meetings were held during 1996 in Vienna in June and 's-Hertogenbosch in November. Two business meetings will be held during 1997 - in Dublin in June and Glasgow in October.
9. Contributions to appropriate journals are currently in preparation and will be crucial towards the end of the two year project.
10. The end of project conference/seminar for dissemination is currently being planned for Glasgow in October 1997 or Vienna in early 1998. This will be discussed in detail at our next business meeting in Dublin.

The planned transnational products were a newsletter, conference report, a final report. Two issues of the newsletter have been published and individual projects are publishing reports about their projects, including transnational activity in their Annual Reports.

With regard to the organisation the contribution of transnationality in achieving the goals of the project has been significant. It has been extremely useful:

- to share information about our projects
- to share and exchange information about drug treatment in Member States
- to share the lessons learned over the one and a half year period to date
- to share curricula and ideas for further training and training methodologies, either formally at business meetings or seminars, exchange visits and workshops or informally through spending time with staff from other projects

- to visit the other projects participating in the Needles or Pins network and their colleague projects in the various European cities visited so far
- to examine the social contexts of different projects
- to examine the policy contexts of different European States and discuss differing ways of impacting on policy at a national level
- to discuss the different evaluation processes in different projects
- to discuss outcomes and progression of participants in the different projects

These contributions have affirmed our practice and methodologies alongside introducing us to a lot of new ideas about treatment and with regard to training and reintegration. It is significant for us that other projects were particularly interested in the ethos and philosophy underlying the peer support training project, the notion of community involvement of those with a history of drug use and the notion and process of empowerment.

In evaluation the participants have expressed great pleasure at having had the opportunity

- to travel to other member states
- to visit drug projects and see the different treatment/reintegration programmes in different locations
- to find out more about the cultures of the state visited and the lives of their partner participants
- to host a visit of participants to Dublin
- to prepare and facilitate the workshops and to present the information about their programme, participation and progress

All participants have had some involvement with transnationality and the actions involved, either travelling, hosting participants visits, meeting with visiting staff, preparing material for dissemination to the other projects and assisting staff to prepare for the transnational seminar in Dublin in June. Many have specifically stated that their involvement interests them, is exciting, different, increases their social and interpersonal skills and increases their self confidence.

Transnational activity is quite demanding, time consuming and at moments is very challenging alongside providing training, organising placements, establishing mentoring systems, providing after course supports, staff training, evaluation and on-going development.

In the main, however, the experience of transnational activity is an extremely positive one. We had an opportunity to meet during the Project Development Phase and as a result we were able to draw up a very clear set of aims and objectives and actions for the two year period. Working together at that early stage was very useful and constructive and as a result the actions as initially planned and proposed have occurred with few difficulties. Overall it has been a valuable experience and ultimately will be useful in terms of dissemination.

Report On The 'Children's Project - The Ana Liffey for Children' Matt Bowden, June 1997

1. Introduction

1.1. Background to the Report.

The Ana Liffey Project commissioned Matt Bowden, an independent researcher to undertake this brief feasibility study into the need for a project to address the needs of children of drug using parents. Over recent years, the Ana Liffey Drug Project has become increasingly concerned that the particular needs of children of their client group were not being substantially addressed by either the project itself or by mainstream services. The latter has in recent years, focussed on responding to child care crises and away from preventative or developmental intervention. In this context, the ALP has sought to address the emerging gaps by working closely with the Eastern Health Board (EHB) Community Care social work services in trying to address the needs of children of drug using parents. In late 1996, the Ana Liffey Drug Project submitted a proposal to the Irish Youth Foundation (IYF) to fund a children's project. The IYF responded favourably to this and requested that some additional work be undertaken to establish the need for the project and to clarify the objectives of a children's project.

1.2 Aims and Scope of the Report

This report sets out to examine the feasibility of establishing a programme within the ALP to respond to the developmental needs of the children of clients who present to the service. The report seeks to clarify the aims, objectives and strategies of the proposed project, and to advise on the resource implications of undertaking such an initiative. The report outlines the need for a children's project from within the ALP and in the contexts of the drug problem and service development in recent years.

2. The Drug Problem and Services for Drug Users

2.1 Public Policy in Ireland

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Policy making in relation to dealing with drug use and drug users in Ireland is based largely on the Government Strategy to Prevent Drug Misuse (1991). In essence, this policy gave responsibility for the development and provision of services for drug users to the Health Boards. As such, it allowed for the decentralisation of services. Moreover, it recognised that drug users were essentially part of the communities in which they lived and as such, service provision should be based at such a local level so as to reduce access barriers into treatment. Local drug services would be provided by district level clinics, general practitioners and backed up by community drug teams (CDTs). There are three arms of the strategy - treatment (methadone detoxification or maintenance), counselling and rehabilitation. Up to this, the emphasis had been on specialist medical intervention, largely involving consultant psychiatrists. The overall effect of this policy was to create a shift from a specialist intervention to a generalist / non-specialist mode and towards recognising that drug users were more normal than had heretofore been acknowledged. This thinking was influenced by that of the Advisory Council on the Misuse of Drugs (1982) in the United Kingdom who coined the term 'problem drug use' and 'problem user' which acknowledges that drug dependence is but one problem that those who use drugs face (see Bowden, 1996).

Over the last twenty years, commentators and activists on the drug issue have argued strongly that drug use is associated with social and economic disadvantage. This is clear from the concentration of drug use in areas with populations, which are low paid, or unemployed and live below the poverty line. The Ministerial Task Force on Measures to Reduce the Demand for Drugs (1996) was the first official recognition that opiate use in Dublin is associated with poverty, unemployment and exclusion. The problem, the report of the Task Force announced, is concentrated in 10 areas of Dublin City. The Task Force has now established a National Drugs Strategy Team and 12 Local Drug Task Forces (11 in Dublin and 1 in Cork) which will draw together local action plans for their areas.

2.2 The Drug 'Problem' in Dublin

The Health Research Board has produced statistics in relation to treated drug use annually since 1990. The most recent report (O'Higgins and Duff, 1997) noted that drug use in Dublin is substantially an opiate use problem as opiate users represent 87% of all treated drug use cases in 1995. Also in that year, there was a rise in the number of those in treatment of 21%, partly explained by an increased level of service provision.

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A persistent pattern in the HRB reports is the extent to which proportionately more women than men live with drug users. This raises a question in relation to the extent to which female drug use is explained by contact with male drug users. While there appears to be little difference for men who live with drug using partners, the reverse is the case for women. The ALP has itself noted that it is rare that drug using women would be living with a non-drug using male partner (Woods, 1994).

2.3 Drug Services

In the main, services which have developed have not been family focussed in orientation. As such, the focus of intervention is the drug use and the drug user. In the Eastern Health Board area, the activities of the Board have been largely driven by the provision of methadone (maintenance and detoxification), addiction counselling and rehabilitation.¹ In this context there are no family based units available where parents wishing to undertake a rehabilitation programme can do so while maintaining care over their children. In such situations, parents would have to opt either for placing their children in the care of the health board or not to undergo the programme.

This is a restriction on access as many drug users who provide care for children are fearful of losing guardianship of their children, even if only on a temporary basis. Residential places for parents and children have been slow to develop and as such this reflects a major gap in service provision.

3. The Ana Liffey Project

3.1 Background

The overall aim of the ALP is to

Provide a professional service and to work with drug user, their partners and families in a manner that is accessible, challenging, supportive, respectful, empowering, non-directive, non-judgemental and responsive to the changing needs of these groups. The service assists the drug user in reaching a level of control or management of their problems. In doing this there is an emphasis on drug users, their families and their community utilising their own skills and resources (*Ana Liffey Drug Project Annual Report*, 1994: 5).

This is a critical context for both the style, management and provision at the ALP. In essence, the programme is geared towards working with people 'where they are at' and engages in 'motivational intervention' to engage with people at different levels of ability, motivation and awareness. In order to achieve its aims the ALP works to:

- provide a safe environment in which drug users, their partners and families can choose to examine issues affecting their lives;
- take account of and initiate responses to ever-changing needs and developments;
- promote a better public understanding and awareness of the issues of drugs and HIV / AIDS.

¹ In practice, the EHB does not directly engage in rehabilitative programmes with drug users but is involved at management level and in a funding capacity with initiatives such as SAOL and SOILSE, and in a funding capacity with the Merchants Quay Project.

As such, the ALP service is not static. For instance, the drop-in facility offers an opportunity to meet with people in a non-threatening environment where new relationships are formed, new needs identified and from which new interventions can be mobilised.

Since 1990 the ALP has witnessed an upward trend in demand upon its services as in Table 1 below. The number of individuals attending the centre between 1990 and 1995 increased by 168% while the numbers receiving counselling has increased over the same period also.

Table 1. Number of individuals and counselling interventions, 1990 to 1995.

Year	1990	1991	1992	1993	1994	1995	Total
Individuals	445	631	681	739	855	1194	4545
Counselling Interventions	8759	10770	9995	12194	13692	12682	68092

The increasing demand placed on the organisation for service has not yet been met with any additional staffing resources. As such, the increase in service demand has lead to an erosion of the average quantity of interventions and has had implications for the quality of interventions. In 1990 the average number of interventions per client was 20. This reduced to an average of 16 by 1994 and further reduced in 1995 to an average of approximately 11 interventions. Thus, the ALP's capacity to innovate has been seriously restricted, given increases in demand on its generic services and the ever-increasing demand to respond to family and children's issues.

Of the 1194 individuals who attended the service in 1995, 1104 (92.5%) were individuals with a drug use history while 90 (7.5%) were partners or other family members who used the support services of the project. There was a 44% increase in the number of drug users attending and just under a 2.5% increase in the number of family members. The number of drug users tends to increase dramatically each year while the number of family members and partners of drug users remains static.

3.2 Gender of Client Group

The client group gender ratio is on average 67% males to 33% females in the period 1992 to 1995. Female drug users were 36% of the total in 1994. In that same year, there was a 34% increase in the number of women attending over the 1993 figure, as against 10.25% increase in the numbers of men drug users. In 1995 there was a 51% increase in the number of male drug users attending the service and an increase of 26% of females over the previous year as in Table 2 below.

Table 2. Drug Users Attending by Gender, 1992 to 1995.

Year	1992	1993	1994	1995	Total
Males Attending	407	449	495	746	2097
Females Attending	186	203	272	358	1019
Total	593	652	767	1104	3116

The increasing number of women attending and using the services of the ALP has had wider implications. Women drug users tend to be involved, in caring for others to the detriment of their own health and well being (Butler and Woods, 1992). An interview with the staff of the Project, revealed that in general, if children are being brought to the centre, they are more likely to be in the company of their mothers. As such the increased number of women attending has brought about a corresponding rise in the number of children attending the centre. The number of children is not included in the overall attendance figures (see 3.3 below).

In general, ongoing data collated by the HRB reveals that while the treated drug user population is substantially male, females tend to present later, as Woods 1992 has outlined:

More than three quarters of the 1991 treated prevalence population were male compared with less than a quarter female. However, the proportions were different when one looked at the figures for census and first treatment contact cases, where for example, one saw a marked predominance of male drug users in the first contact group while the proportion of women contacting treatment was only a fifth of the male

figure. A similar position was noted in the 1990 data, further substantiating the belief of many drug workers that women tend to present later for treatment, if at all (Woods, 1992).

It has been long accepted also, that the voluntary drugs agencies are seeing significantly higher percentages and numbers of women than the overall average reported by these HRB studies. In the North Inner City area, where the Ana Liffey is situated and from where it draws the majority of its clients, the ratio of male to female drug users attending for treatment at the City Clinic in Amiens Street is 55:45. This contrasts with the average 75:25 gender ratio (approximate for Dublin over 6 years) for the city as a whole. Hence, there would appear to be a greater flow of women into the voluntary agencies generally and at a local level a higher proportion of women in treatment than in other parts of the city. In this context, there are additional demands placed on the ALP vis a vis the children who accompany parents (largely their mothers) while attending the Project.

Intravenous drug users continue to be the group at greatest risk of acquiring the HIV virus, accounting for 49% of cases of HIV. Sexual transmission of HIV is more likely to occur from male to female than female to male. As a result women are not only more likely to be exposed to the virus, but exposure is also more likely to result in infection. The fact that the majority of drug using men have non-drug using partners with whom they are sexually active, as validated by the HRB data since 1990, may increase the number of women directly affected now and in the future.

3.3 Women and Children in the Ana Liffey Project

The number of children attending the centre has steadily increased since 1993² as in Table 3 below but as is revealed, the average number of visits per child per year has declined. This reflects an overall reduction in capacity, given current staffing levels, to deal with the excess demand placed on the service provided overall, and on the incapacity of the current premises being used for a whole range of services and activities. In order to provide a meaningful response to the children being brought to the centre with their parents, the ALP requires additional human and physical resources.

Table 3. Average Attendance of Children, 1993 to 1995

Year	1993	1994	1995	Total
<i>n Children Attending</i>	126	183	220	529
<i>n Occasions</i>	909	1019	1133	3061
<i>Average per child per year</i>	7.2	5.6	5.1	5.8

A survey of women attenders in 1992 was conducted by the Project. Of the 186, 142 or 76.3% were parents with 280 children between them, giving an average of approximately two children per client. Of the 186, 86 or 42.2% were HIV positive and 75 or 82% of those who were HIV positive had 176 children between them. Twelve deaths were known to the project to have occurred. Ten of these women who died had 36 children who were directly affected by HIV related death of their mothers.

Contrary to popular belief that children of drug users do not live with their parents, 89 of the 142 women (63%) were caring for their own children. Twenty six or 18.3% had children living with other family members, 9 or 6.3% had children in foster or residential care while 18 or 12.6% had children in combined care.

Overall, the children who attend the ALP with their parents are relatively well cared for in terms of their more basic needs. The demand is for developmental intervention and not for basic welfare such as housing or clothing. The children of drug users in contact with the project present with the following characteristics:

² Precise figures on children attending were only recorded from 1993.

- taking on parenting roles very early in their childhood by either displaying parenting or protective behaviour towards their own parents and / or other siblings;
- being quiet or introverted;
- either acting out (displaying aggressive behaviour or being disruptive) or acting in (absorbing, worrying, self-blaming).

Thus, there is a definite sense in which the children are presenting with inappropriate adult characteristics, which may pose difficulties later on in their development especially when limits need to be set on movement and behaviour. In this sense, the children are being potentially deprived of their childhood – of the space to develop, grow and learn without age inappropriate responsibilities.

Child care services which have developed out of the provisions of the Child Care Act (1991) tend towards dealing with cases of reported sexual abuse or non-accidental injury. Children not at risk in these categories or who do not display outward signs of neglect through physical health, dress or demeanour, may not come into contact with mainstream social work services. Moreover, as these services are biased towards crisis intervention, they are not in a position to engage in either preventative actions which offset the need for care interventions downstream. The Child Care Act places a statutory obligation on health boards under section 3.1 to identify children at risk and to promote the welfare of those children in its geographical area who are not in receipt of adequate care and protection. While the physical needs of the children are not necessarily immediate, their emotional and developmental needs in the face of adversity may not be met without adequate intervention.

As can be noted from the above the children are at risk in terms of:

- being exposed to drug use of their parents;
- having a parent who is a member of a HIV high risk group and the possibility of parental bereavement;
- having a parent whom while being able to provide for basic needs (food, shelter, clothing) may not themselves be in a position to provide for the emotional and developmental needs. This places a serious disadvantage on the children in social and educational terms.

3.4 *The Organisational Capacity of the ALP*

Despite the fact that numbers have increased and capacity to respond has been hindered by a freeze on staffing inputs, the ALP has managed to successfully design and implement two EU funded programmes. The project implemented a HORIZON (Disadvantaged) programme during 1993 and 1994 'The Vista Project', and is currently implementing an EU EMPLOYMENT HORIZON programme 'Project Asterisk'.

The 'Vista Project' focussed on the facilitation of drug users, who were drug free or in receipt of medical drug treatment, in increasing their skills, self esteem and self confidence in order to access more advanced drug specific training courses and mainstream training opportunities. Fifty individuals completed the programme and the project was successful in placing 52% of participants in employment, further education or training as in table 4 below. The programme had almost a 50:50 gender ratio.

Table 4. Vista Project Placements 1993 and 1994.

	m	%
Part-time Employed	5	10
Full-time Employed	1	2
Self-employed	1	2
Further Training	7	14
Further Education	5	10
C.E./ Back to Work	12	24
Unemployed	17	34
Other	2	4
Total	50	100

The ALP's ability to take on and successfully design and implement two EU programmes demonstrates its capacity to utilise external funding sources and to optimise training and educational outcomes for a target group which might otherwise be excluded from opportunities for personal, educational and personal development.

4. The Need for Action on Children's Issues – The Proposed Children's Project

4.1 The Need for the Children's Project

This report highlights the following:

- the extent to which the ALP has been dealing with women with children;
- the extent to which children have been attending the centre and where there has been no specific programme designed to meet their needs;
- the extent to which the drug problem in Dublin has escalated and been persistent over the past 15 years;
- services have focussed on the drug use and the drug user and as such have tended to ignore the needs of family members including children who require attention and care and grandparents who are involved in providing care;
- the extent to which children are placed at a disadvantage through the drug use of their parents through ill health, absence through imprisonment and hospitalisation;
- the fact that childcare services in general tend not to address developmental or emotional needs of children. These tend towards crisis intervention in cases of non-accidental injury and sexual abuse;
- the extent to which children of drug using parents are at risk because of their early exposure to drug use;
- the children of drug users who are HIV positive are potentially at risk given their parents potential health status.

In relation to the Ana Liffey Project itself, the report has highlighted:

- the extent to which the demand on the service has outstripped the ability of the organisation to respond innovatively, i.e. as that demand grows and staffing inputs remain static;
- arising from the above, the average number of interventions per client per annum has reduced from 20, to 16 to 11 from 1990 to 1995;
- the number of children attending with their parents (mostly their mothers) increased from 1993 to 1995 but the average number of visits has fallen over a three year period largely as a result of lack of adequate space and staffing to cope with children;

the extent to which the ALP has demonstrated the capacity to design, manage and successfully implement programmes using external funding and to achieve intended outcomes.

The need for the children's project comes about as conjunction between the external context where services are being developed without taking children's needs into account, and the context of the ALP which as a client centred agency which has come into contact with the individual needs of the children concerned.

4.2 The Opportunity

The 1991 Child care Act gave responsibility for the welfare and protection of children to the health boards. There have been rapid improvements in the provision of services. At the same time, the Eastern Health Board has, for at least the past year, been undergoing a dramatic restructuring of Drugs / HIV / Addiction Services.

The Children's Project represents an opportunity for inter-sectoral collaboration between the EHB a non-statutory health sector agency which would strengthen over time. Such collaboration is a cornerstone of current health policy in Ireland (Department of Health, 1994). The Eastern Health Board is at present committed to a project of this type. The ALP as a key catalyst for the service has taken the first steps in this direction (EHB, 1995).

4.3 Project Aims and Objectives

This section discusses the aims, objectives and content against questions which have arisen in conducting this brief study. The Children's Project has been conceived as being addressing both developmental and care needs. In the short term the project will be focussed on the former and will focus on the issue of alternative care later on in the development of the project. This stage will involve a close working partnership with the EHB as the statutory service provider.

4.3.1 Aims

- (1) To focus on the therapeutic, support and play needs of children of drug using parents affected by parental drug use and in certain situations HIV;

As already discussed, the aim of the project is not to deal with basic welfare needs such as food, clothing and shelter, but will have a developmental and therapeutic focus. Moreover, the client group from which the participants will be drawn, are relatively stable vis a vis their drug dependency. Also, the project is essentially about allowing the children the space for them to behave as children. Those presenting tend to be overprotective and parent their own parents and other siblings at inappropriately early ages.

- (2) To support parents in their parenting role and support alternative carers from within the extended families of the client group;

This is in keeping with the ALP's conviction to empower the client group and to work with them in meeting their needs. Moreover, the ALP is also concerned to develop with their client group, their own support systems through community and extended family. Support to children may be through their parents or grandparents as the latter act as alternative carers in the event of illness or absence.

- (3) To facilitate the development and enhancement of parenting skills with parents or grandparents;

The project will emphasise enhancement and will build on skills already there as well as introducing the client group to other skills and parenting methods.

- (4) To work alongside and in partnership with other agencies, particularly statutory child care services, in providing a comprehensive alternative care and family support service;

This is partly a method or strategy for developing the service. It is intended that this will be a longer-term outcome of establishing and implementing the project.

- (5) To support and work with children to enable them not to become drug users;

The project is essentially engaging in a preventative process with one of the most vulnerable and disadvantaged groups in Irish society whose specific needs are generally being ignored.

- (6) To carry out ongoing evaluative studies and research the development of this new service;

The ALP has a track record in developing innovative services well in advance of mainstream provision. Indeed, it is common knowledge amongst those involved in the drug services sector, that the ALP innovated with approaches which have now become part of provision in both the community / voluntary and statutory sectors. In keeping with this record, the ALP is determined to explore and examine the experience of establishing and implementing the Children's Project. The ALP have also discussed external evaluation with the Children's Centre, Trinity College Dublin which will raise the profile of the project and significantly impact on the status of the evaluation.

4.3.2 Objectives

- (1) To allocate a social worker, a child care worker to this programme and utilise the skills of the drugs workers currently working within the Project;

This will be a challenge to the ALP to construct a team which will have both specialised workers dealing with children and generic workers focussing on general project work. As discussed above, the specialised and focussed resources of child care and social work staff are required to meet the demand being placed on already overburdened resources.

- (2) To support parents in caring for their own children;

The emphasis of the project is on 'family support'. The project have noted, in reference to Gilligan, (1995: 61) that family support is about promoting children's welfare and normal development in the face of adversity. Family support activities seek to enhance the morale, supports and coping skills of all, but especially vulnerable children and parents. It seeks to bolster the resilience of both child and family in the face of stress by securing their integration into supportive institutions such as the extended family, the school and the neighbourhood. Thus, for this project, there are *sets* of target groups:

- children via the upskilling of their parents;
- parents through compensatory support to their children;
- children as end beneficiaries of direct interventions in their own right;
- parents as the beneficiaries of interventions and supports in their own right.

- (1) To assist in the negotiation of stable placements for children when all other options have failed;

In regard to this objective, the ALP will need to foster a strong and dynamic partnership with the EHB. Already the project has established a sound working relationship with the Community

Care social work service, who were closely involved in researching the need for the Children's Project.

- (2) To facilitate the speedy return of children to their natural parents;

There is an implicit ethic in this objective that the natural parents of children are necessarily better than foster or other parenting / care arrangements. At the same time the ALP's own values are based upon realism and the understanding that there are times when children cannot be in the care of their natural parents. The goal of the project is to complement those services which seek to support families in times of crisis so as their children can return to their care.

- (3) To provide for the emotional needs of children and develop understanding through individual and group work with the co-operation and active involvement of natural parents;

The success of this approach is dependent upon skilled and sensitive negotiation with parents and children. The Children's Project will have activities suited to the age and abilities of the children. For instance, in the 0 to 4 year age group the emphasis will be on interventions with parents and children. In the 4-10 age group the focus will be on activities with children and particular sessions between children and their families. In the 11-16 age group, the focus will be on interventions with parents and children and the building of linkages and networks at community level will be stressed.

- (4) to assist in the development of supportive relationships between alternative carers, local families, individuals and service users;

This is essentially an additional input into the care system while at the same time is a specialised and focussed input into the care of the children of the client group.

- (5) To assist in the development of long-term care plans in the event of a bereavement;

As already pointed out, drug users are at high risk of acquiring the HIV virus which causes AIDS. In some cases, those who are HIV positive will go on to develop AIDS related illnesses which may result in death. The Children's Project will be a critical resource in identifying the implications of an impending death and will be strategically positioned to initiate a care strategy in conjunction with the EHB.

- (6) Liaise with community groups and youth services;

The ALP is extensively involved in the immediate community in the North Inner City through the Inner City Organisations Network (ICON), is a member of the management committee of the SAOL women drug users project, and has developed networks with community and youth initiatives throughout the City. This will be a vital and critical asset in implementing the Children's Project as a whole but especially in creating supportive linkages for older children and their families.

4.4 Methods

The key methods for implementing the project will be:

- (a) A therapeutic / developmental support service which will operate on a daily basis and will be available to children and their parents at an appropriate premises. There will also be a focussed programme with a core group of children and parents. Nobody presenting to the service outside this group, will be refused contact with the service.

- (b) A family support service will underpin (a) above and will involve

home visits;

access visits.

Programme inputs will include the services of a social worker and child care staff which will complement the generic drug workers in the ALP services. Developmental inputs will involve art therapy, play therapy, one to one counselling and both therapeutic and developmental group work as appropriate.

4.5 Resources Required

The ALP has already costed and outlined the resources in its 'Proposal to the Irish Youth Foundation'. The main resource implications of taking on this project for the organisation are staffing and premises. As has already been pointed out, the project cannot proceed with existing staffing inputs. The project could not, at the same time, be implemented by any other agency at this point without the expertise which existing staff will provide.

In relation to premises, it is notable that the current premises are over burdened as it is. To implement the Children's Project successfully, the ALP will need either to shift other aspects of the service to another premises or that the project have its own premises. The possibility of using other space in the existing premises would, of course, be the most desirable option. Either way, the project will have to budget for the rent of additional space.

5. Conclusion

The Ana Liffey Project has demonstrated its organisational capacity to undertake innovative EU funded programmes with drug users. Since 1982 the Project has been to the forefront in piloting new approaches in making and maintaining contact with this client group. It has in recent years identified the need to engage the children of drug using parents attending the centre.

Policy, provision and practice in the drug use area has tended to be concentrated upon the drug use as behaviour and on the drug user. In doing so it has ignored the particular needs of those drug users who have children and the needs of the children themselves. Sadly, official data are not gathered on the familial status and characteristics of those in treatment which does not allow for more precise analysis of the problem.

An new and innovative initiative has been proposed by the Ana Liffey Project which will in time involve other actors, both statutory and voluntary, in responding to the needs of this particularly needy group. The organisation has experienced a steady growth in demand upon the service and has managed to stay afloat despite any subsequent increase in staff. The current premises occupied by the project does not allow for innovation and new initiatives will either displace generic activities or will have to be located away from the main premises.

The Ana Liffey Drug Project has clearly demonstrated the need for the Children's Project as a first initiative of its kind in Ireland.

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*Position Paper - Ana Liffey Drug Project to the Employment -
Integra Social Integration Interest Group on Social Exclusion -
Rose Toal, Project Worker*

- What does social exclusion mean to the organisation?

The people who use the services which the Ana Liffey Drug Project provides live on the margins of society. They are one of the socially excluded groups of Irish society. They are drug users; more specifically they are heroin users; more specifically again, they are injecting drug users. They are a group seen as being synonymous with self-inflicted failure and thereby are derided by media, politicians and some community activists.

When Irish society needs a group to act as the enemy, the epitome of evil, it is heroin users who are chosen as the obvious representatives.

So it follows that such an evil group of people must be discriminated against; must be rejected; must be seen as having nothing to contribute to society as a whole. Examples of how this happens are outlined below. Currently the work of some community groups or responses highlight one of the most alarming responses to our clients. Some have been threatened, evicted from their homes, even physically harmed and somewhere in 'ordinary' people's minds, this is seen as what is to be expected for such a group of people.

The clients who attend the Ana Liffey Drug Project are often seen and referred to as the 'no hopers' of a group with little hope. Some drug agencies view the people involved with the Project as those with whom nothing can be done. There is often a belief that they will never achieve anything.

- What does social exclusion mean in relation to the target groups?

In the Ana Liffey Drug Project we work with injecting drug users; those on methadone maintenance programmes; those who are drug free. We have emphasised work with women drug users and work with drug using parents. The following are just some of the examples of social exclusion facing the client group which we see on a daily basis:

1. Poor medical help because of prejudice from professionals working in a wide range of services. Drug using clients who present to casualties/accident and emergency departments because of overdose or in need of dressings for abscesses report continuously of the harsh attitudes of staff. Pregnant drug users often report that they are treated badly and believe that they are seen as women who should not have children.
2. Housing committees in some areas of the city reject drug users as unfit residents and this is often afforded official recognition and acceptance.
3. Although already excluded through poverty and deprivation, drug users are excluded from political and community processes, for example local committees so that they are silenced, and given no say, no opportunity to participate in community developments
4. The parenting skills of drug users or those who have in the past used drugs are often automatically questioned simply due to drug use.
5. There is a perception among our clients and many who work in the drugs services that services for homeless drug users are worse than for homeless people in general. Ana Liffey Drug Project is seeing increasing numbers 'hanging out' in the drop in centre because there is nowhere else for them to go.

- How is the project engaging with the concept of social exclusion?

The Ana Liffey Drug Project response to dealing with social exclusion is two-pronged. Firstly we work with individuals 'wherever they are at' in an accepting, non-judgemental and motivational manner and we attempt to empower them and encourage their sense of themselves, their rights and their plans for the future. Secondly we work with communities in an attempt to challenge

the image they have of drug users, encouraging them to look more realistically at their response to drug users.

This has taken the form of individual and group client work (which is discussed in more detail below) and also in involving ourselves with several groups:

- Neighbourhood Youth Project, Blanchardstown -
- Community Response
- Finglas Drugs and HIV Forum
- Blanchardstown Community Response to Drugs
- ICON and its subcommittees
- Inter Agency Drugs Project and subcommittees
- Participation on the recently established North Inner City Drug Task Force and its subcommittees
- Co-operation North and community based projects in Northern Ireland
- National Youth Council of Ireland

The Project also engages in working with the more immediate environment - that of the family. In working with partners, parents and other family members we can impact on the immediate circle of the drug user.

The Project encourages placements and visits from other professionals, volunteers and students to Ana Liffey Drug Project as this gives people a hands on experience of working with and interacting with drug users, challenges attitudes and allows our clients to examine and change their own attitudes.

The Project has also had extensive input into training programmes - The development of training modules in partnership with statutory and non-statutory agencies, including the provision of four week long training programmes to Juvenile Liaison Officers in the Garda College, Templemore during 1996 and Children, HIV and Bereavement Training programmes for statutory and non-statutory workers in the drugs, HIV and social work field and current lecturing, teaching and facilitation work in the Department of Social Studies, Addiction Studies Diploma, University of Dublin, Trinity College.

Annual Reports have been produced every year since 1989. These outline and document the work carried out on a daily basis by the Project. They also provide a forum for the publication of discussion papers and articles.

Submissions have been prepared by the Project for a number of Committees dealing with policy issues in relation to drugs, HIV, poverty, the prison services, women's health, etc. - National Coordinating Committee on Drug Abuse; National AIDS Strategy Committee; Women's Health Consultative Process; National Anti Poverty Strategy and the Ministerial Task Force on Measures to Reduce the Demand for Drugs First and Second Reports.

- *What innovative actions of the Project address the issue of social exclusion?*

The clients who come to the Ana Liffey Drug Project enjoy change and stimulation and so we find ourselves constantly challenged by them to come up with new and invigorating ways of interacting and learning. Our client group is so diverse that a wide ranging response to them is essential. In the past year some of the innovative actions we have been involved in are as follows:

Project ASTERISK*

This programme, funded by the European Union under Employment -Integra, works with clients who are willing and suited to participate in a structured peer support training programme. Here participants train in areas as varied as pharmacology, addiction studies, parenting skills, basic counselling skills, communication skills and group dynamics, relaxation and stress management and multi media. In the first two training programmes we have discovered a dedicated core of Ana Liffey Drug Project participants who are responding to and involving themselves actively in this training and its associated placement and work experience activity.

Prison Work

In a response to the opening of the new detoxification unit in Mountjoy Prison we have had the opportunity to work with drug users who are currently incarcerated. Within an overall therapeutic programme the Ana Liffey Drug Project is facilitating two groups on relapse prevention in each of the six weeks of the programme. Here we get the chance to challenge attitudes and prepare drug users for the difficulties of returning to their communities where a drug free life will not be easy.

Parenting Groups

We work with parents who often need to be encouraged in their work and role as mothers and fathers. Self esteem is already low in this group and self belief as parents is also low and needs to be developed, particularly through the enhancement of their own parenting skills.

Group Outings

These are particularly constructive and days out to either the cinema or the beach have been found to be enjoyable, group bonding sessions. Often a sense of belonging is absent for our participants and yet no-one can grow to maturity without feeling that they are a part of something.

Newsletter Group

This group and activity has brought out some forthright statements from participants! The *Ana Banana* Newsletter is now published regularly. This has allowed members to feel that they have a voice and can experiment with how they want to use it. It has also offered the chance of informal literacy training.

• *How do project actions help to achieve social integration?*

This is done in two ways:

- Working in an interpersonal way challenges our participants to look closely at the way they interact socially. By asking them to look at what they are doing, as well as take responsibility for their actions encourages them to act in ways that are more socially acceptable and thereby helps them to integrate themselves into wider society. Practically this is achieved through:
 - Challenging behaviour in the drop in centre
 - Through individual counselling
 - Developing a sense of belonging and ownership
 - Getting clients involved in different areas, for example by encouraging them to try other courses and opportunities
 - Giving clients an understanding of their rights - how to claim benefits or how to negotiate drug treatment, etc
 - Encouraging participants to support one another in their times of particular need.
- Working with communities allows us the freedom to challenge attitudes and prejudices and call on these groups to look at how they are excluding drug users and their families.
 - Education programmes are run for concerned people related to drug users
 - Workshops for community groups who are looking for a broader understanding of drugs issues
 - Workshops for fellow professionals
 - Annual Reports - which allow for greater accessibility of the Project's ethos to reach a greater (and newer) audience

• *What is the policy context of the Project/organisation with respect to social integration?*

The Ana Liffey Drug Project is based in the North Inner City of Dublin. It is a region of high unemployment, high rates of poverty, transgenerational educational disadvantage as well as high prevalence of drug use.

Drugs, however, are not the main problem of this area - they are just one of the many problems. The Ana Liffey Drug Project prepares its policies in order to attempt to help its client group

address the many issues facing them. The fact that they are drug users is a secondary (albeit unifying) point.

Our participants are already socially excluded. For us to focus on the reason for this exclusion (their drug use) would simply be an underlining of this factor, thereby helping to enforce this exclusion.

The context, then, within which all of our policy decisions are made is that of acceptance of our participants and challenge to those agencies and communities/groups who actively exclude drug users. It is hoped that by working within these two dynamics, we will empower clients and communities to work towards a healthier way of coming together.

- What are the possible policy lessons of the Project and to whom should these be addressed by?

The lessons the Ana Liffey Drug Project has learned by focussing on policies framed within the aforementioned context can be outlined into three general areas:

1. That drug users do change and are willing to work with us in facing their exclusion.
2. That communities, although slow in changing, do change and can adapt to new ways of responding to their drugs issues. However, inappropriate media coverage and scare-mongering by community activists can do severe damage to progresses made.
3. That constant review of policy is necessary by our agency to respond to a client population whose needs and experiences change rapidly.

Politicians, community leaders, media representatives, as well as project leaders and EC members should all be advised of such findings.

Communities and Drugs Issues - Ray McGrath, Team Leader

Once again the spectre of drugs and associated problems is being raised within some particular communities. The resolving of this issue continues to be at the top of the agenda with the focus being the achievement of a drug free (Heroin) society/environment. This aim, while being noble in aspiration, is unlikely to be achieved in reality.

The reality, from a supply reduction perspective and at a macro level, is that crop replacement initiatives in other countries are a long way away and it is doubtful if this endeavour can be achieved at all. At a national level, supply reduction will continue to be the concern of the law enforcement and customs and excise agencies. While they have been extremely successful of late it is unlikely that the seizures have made a sustainable impact on the importation of illicit drugs.

Therefore in examining this issue it is necessary that we understand the social nature of drug use and its impact. The issue of how we respond drug problems in our society is also important.

One question we can ask is - Does the drug problem belong to a particular section of society or to everyone? Another question relates to young people and how we are as a society concerned about them becoming drug users and getting caught up in a web of difficulties as a consequence. For the future also we have to look at what supports should be created either for the individual, family or community affected by drug use. Is there only one way of approaching this difficult issue or are there choices which we can avail of? Is there a reason for us to be optimistic about the future? What are the options? In answering these questions as well as looking at the other issues raised here we have to examine briefly what has happened in the past and relate this to the current situation.

History

The emergence of the drug problem in the late seventies, particularly the heroin epidemic as it was referred to, took most of us by surprise. In a general sense those communities which were most affected by it were slow to react. This was mainly due to the fact that there was no precedent on which to base any reaction or response. Awareness within the statutory sector was possibly greater at this time. Statutory authorities had been informed by a very small group of workers that there was an emerging drugs problem. The reaction to the developing situation was either to ignore it or deny its existence altogether. There was after all a statutory, as well as a voluntary, agency which would deal with the drug issue and these specialist services would be entirely responsible for recognising, as well as responding to any drugs problems emerging.

Heroin Panic

The question of why was there a moral panic around the heroin issue has continued even to this day to be raised by individuals and groups. This question, however, is not generally answered or if it is, the answer is lost in a cloud of moral judgement or panic and even denial. The concentration on the issue of heroin, however, has suppressed and created a vacuum of debate on the whole range of issues related to drug use, both legal and illegal.

For instance the approach to alcohol use and its concurrent problems for many people in Irish society continues to be raised but has not focussed our attention in the same way that heroin has. Alcohol and its effects are "pervasive throughout Irish society. . .[and] . . .personal expenditure on alcohol was 2.46 billion in 1994" (Central Statistics Office, 1995).

Conniffe and McCoy state that some of the costs in relation to workplace production losses due to absenteeism, illness and accidents attributable to alcohol, losses from road accidents, expenditure on health treatment of people with alcohol related problems, expenditure on social welfare payments paid out to drinkers or their dependants and expenditure of resources on police and social workers in dealing with alcohol-related problems would in 1995 be estimated to cost 325.6 million (National Alcohol Policy Ireland: Executive Summary, September 1996).

In contrast, in more recent times tobacco and its effects on the health of smokers and non-smokers is continually on the agenda. As a result the use of tobacco has been restricted either by price or confinement to smoking in specific areas. These are just two examples of the different

concerns which society expresses in relation to forms of drug use which are accepted or legal in society. These evidently do not cause the same furore which is associated with illegal and problem drug use.

Supply Reduction

Supply and demand reduction need to be defined in a way that makes it easier for those of us who work in the area to focus in on what is achievable. Supply reduction, mentioned in the opening remarks, refers to the importation, sale and supply of drugs up to a specific point, the drug user, who purchases it for his/her own use.

The responsibility for this aspect lies within the brief of customs and excise, law enforcement in a general sense and the drug squad in particular. In the international context, supply reduction means the replacement of crops, which can be manufactured into street drugs, more often with a less profitable commodity. In a broader sense then supply reduction and its effects are often immediate and tangible. When successful, responsible agencies through investigation, information, detection and seizure often come up with large hauls of illegal drugs. Headlines which appear on television or the newspapers from time to time make us aware of the supply reduction aspect of the wider drugs issue.

Demand Reduction

Before I commence this section I would like to quote from the Ana Liffey Drug Project submission to the National Anti Poverty Strategy in September 1995. Liffey Drug Project. In this submission, Marguerite Woods, Director of the Project states

Other research into the link between community development and drug prevention is necessary as is an exploration of why drug use appears to be an option in the absence of other choices for many young people in areas at risk.

Woods argues for a broader definition of demand reduction than that which is contained in the Government Strategy to Prevent Drug Misuse (1991) which essentially involves the following areas.

- Education
- Outreach
- Treatment and Rehabilitation

In broadening the definition of demand reduction she cites the Government Strategy document as having recognised that there are a number of areas particularly affected by drug use but that

there is no lengthy discussion of this aspect and no recommendations were made in relation to the underlying social conditions in the areas where prevalence is greatest.

She goes on to suggest that "tackling poverty, social exclusion, unemployment and educational disadvantage is in fact a form of demand reduction in the broadest sense" and that it should be "included as such and addressed in future strategies".

This element, the demand reduction side of the drugs issue, is less tangible and more process orientated. It encompasses a broader agenda and demands of us a better understanding and analysis of the issues. Demand reduction and its meaning is not confined to the concept that everyone ultimately gives up using drugs altogether. It does encourage individuals to look at their drug use and its effects not only on themselves but in a more systematic way on their families, partners, friends, community and society. Within this realisation individuals may choose to become drug free, and many do, but also they may reduce their levels of drug use so that it does not impact in a negative way on others.

This demand reduction approach as it applies to drug users is to be found in the way our particular voluntary drugs agency, the Ana Liffey Drug Project, works. Within this agency a number of objectives in relation to the individual drug user can be achieved, such as drug free lifestyle, stability through a methadone maintenance programme or the individual achieving a degree of manageability and control over their drug use by reducing their own demand for a

particular substance. This particular aspect of demand reduction relates specifically to drug users whose main drug of choice is heroin.

Another focus of demand reduction relates to those individuals who have not yet used or have only experimented with drugs. They will usually be young people who in terms of growing up and socialising will come into contact at some level with others who are using drugs. Diversion is a crucial concept in this matter and reducing their demand for drugs means that we have to be innovative and resourceful when it comes to meeting the needs of those young people.

Youth Work

There are many people who would agree with the notion that when we speak about young people it is usually with a degree of apathy (they are out of control) or other negative comments (they are the cause of our problems). The parents of these young people are in for equal criticism (it's the parents' fault - they should be made to pay). These general comments are the ones that are often spoken out loud and they are the ones that have an enthusiastic audience of listeners who will not only support them but will add to them also.

An example of diversion/demand reduction can be seen in an initiative I was involved with some time ago. It related to a significant number of young people between the ages of twelve and twenty years who owned horses and were concerned about their care and welfare. This was evident in the fact that upwards of forty young persons turned up to a meeting which was held about the care and welfare of horses in the local area. The reason why the meeting was held in the first place was twofold. One was that there was a considerable number of horses in the neighbourhood but the owners had very little knowledge about looking after them. There was also a considerable amount of misinformation on a whole range of issues relating to looking after the animals such as diet, grooming, bedding and general upkeep of these animals.

The second reason was that there was a danger to the local people because of the amount of horses that were roaming around freely or that their owners, when trotting or galloping around the neighbourhood, did not take due care or consideration for the safety of others. Tensions within the area meant that some action had to be taken and the result was that a number of meetings were held to resolve the situation.

At around the same time there was a piece of legislation going through the Dail and it related directly to what was happening in the local area. This legislation would look at punitive action being taken in relation to the whole matter. The impounding of horses was probably the most serious consequence for the owners of these horses. The net effect of this whole process was that the group - the Horse Project - was never established and the local community or at least some people within it were satisfied that they had stopped progress on this issue.

However the point I wish to make is that these young people, however much you agree or disagree with them, were in the first instance being diverted away from other more negative actions and there was evidence for this. If the project had succeeded and had the backing of the community as well as resources, then the large number of young people, who were detached, could have become effective participants in local community life. It is not possible to know without carrying out some research how many of these young people were using or experimenting with drugs before the horse project initiative or indeed if they were using at all.

It is however more likely that had the project been successful, then there would have been less attraction for some of these young people to develop a career in drug use. Within the context of young people and in terms of diversion and demand reduction, there is a need to take on board the issues of groups such as these. When consulted they will tell you where the gaps are, they will tell you why they feel what they feel and they will respond generously to being treated as equals. If we ignore their needs and treat them as less than equal then we do so within the certain knowledge that matters will not improve. For some young people being marginalised and not heard will continue to be the status quo and they will operate within this vacuum. As adults we will continue to suppress or not hear what they have to say.

Community Development Programmes

The notion of supply reduction, which is rightly the domain of the police, customs, etc and demand reduction, the area which concerns the majority of us, especially those working and living within those areas most affected by the use of drugs, is a useful way of looking at the overall issue. It is much clearer for an organisation or agency if they concentrate on an issue such as the idea of demand reduction, which is in itself a complex area, rather than get involved/submerged in the policing aspects of it as well.

Of course the overall issue of drugs, both in terms of supply and demand and its politics, will continue to overlap particularly at community level. But in terms of responding to it, it is important to be clear as to what issue an individual or agency is working on. For many groups, even those who are non drug specific, the issue of drugs and their implications continue to be included on the agenda. Community Development Programmes (CDPs) are among those groups which while being non drug specific are now finding themselves taking up an increasing workload around this whole issue.

As individuals, when we hear mention of the word drugs we panic. This panic is amplified within a community context. Organisations such as CDPs which are working at a community level are often presented with the manifestations of this fear and panic and are often paralysed as a consequence. Community Development Programmes, which were set up by the Minister for Social Welfare in 1990, are perhaps a good example to show where and how these particular organisations have come under pressure to either respond or have an answer to the current drug problems. It is, however, no coincidence that Community Development Programmes were initiated to respond to difficulties within certain areas, particularly around issues of poverty and disadvantage and that these are often the same areas or neighbourhoods where there is high incidence of drug use and associated problems.

On a recent visit to a small number of Community Development Programmes I tried to find out from their managers what were their current concerns in relation to carrying out work programmes and more specifically, how the issue of drugs in their communities was impacting on their work. Among the issues raised were training, resources, support, alcohol, intimidation, as well as prioritising of programme issues.

Training, although it was an issue for some Community Development Programmes managers and workers alike, it was not always possible to detail what exactly was required in relation to training needs. Skills which are important when working with drug users could be shown to already exist within CDP areas.

Demand reduction and diversion are important aspects in terms of preventative work, especially when working with or looking at the needs of young people. For working with drug users, in general the skills required often have much more to do with our own personal attitudes, values and beliefs than they have to do with specialised training needs. Counselling and its different models and approaches has as much to do ultimately with the relationship between two or more people than it has to do with particular skills. Both are crucial and have to be learned and passed on in order to develop people's potential.

The 'relationship' factor in all of this is a crucial component and very necessary baseline from which to work. The skills required to build up relationships exist already within these communities and need to be identified, developed and utilised as a resource. In short if we are concerned with gaining skills and developing good models of practice they are more likely to be found within a community rather than on the front pages or highlights of the news media.

Resources, material or otherwise, continue to be an ever present issue. For an illustration of this issue we can look to how resources/funding have been allocated over a period of time to two equally important initiatives. One is the Community Development Programmes, and there are more than fifty of them throughout the country, which between them in 1997 had a budgetary allocation of £4,075,000. With an anti-poverty focus the CDP is charged with developing their local communities by acting as a support and resource for community activity. They are also

responsible for promoting co-ordination and co-operation between community, voluntary and statutory groups in their areas.

On the other hand, and with a much more specific agenda which is to develop tangible, practical strategies to tackle the drugs (Heroin) crises in eleven areas, are the Local Drugs Task Forces. Between these eleven areas, ten in Dublin and one in Cork, there is allocated £10,000,000. This allocation of funding for the Local Drugs Task Forces comes as a result of the establishment of the Ministerial Task Force which has recently presented its first report - the *First Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs* (October 1996). However in the same report it is noted that

the Minister for Social Welfare is currently examining ways in which the Department's Community Development Programme might be used to assist severely disadvantaged communities cope with and prevent problems which arise from drug abuse in their areas. (*First Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs*, 1996:82)

In conclusion, the recent well attended conference Drugs, Poverty and Community Development goes some way towards addressing this issue of resources, training and support in a collective way. It also showed the uniqueness of CDPs in terms of their community development role and their ability to take on some of the more difficult issues, such as drugs. The conference also examined the correlation between CDP areas and the implications for them of the First Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs.

Ongoing support for CDPs currently and into the future will depend on at least two developments. One relates directly to an element of training which examines less punitive, specialised or medicalised approaches to the issue of drugs and related problems. The other is around demand reduction and diversion. These, I believe, can be achieved by demystifying the whole nature of drug use while at the same time acknowledging its inherent problems. The community and individuals within it are a resource which should not be overlooked. This includes drug users themselves whose knowledge and skills should be utilised. In essence a final quote from the *Combat Poverty Agency* submission to the *First Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs*, sums it up.

Strategies which consult with and actively encourage the involvement of local people are most likely to lead to a reduction in the demand for drugs . . . local groups and individuals have a very valuable contribution to make to the development of national policy and can bring to the decision table a depth of local experience . . . some of these local groups have been involved in tackling the drugs problem in their respective areas over a number of years and, during that time have built up a considerable valuable experience which should be tapped as a resource.

Ana Liffey : A Student Garda's Experience
Student Garda Michael Byrne

It was a Tuesday afternoon in Harcourt Square when we were told the news. The North central Division of students had just completed the first three months training with the regular units on the streets and it was for the placements. The Sergeant handed each of us a sheet of paper and on it were details of where we would be spending the next three months of 'Phase 2' training. Excited, I scanned through it quickly, Drugs unit, Detectives, Fraud, JLO, Prison section, everything I had hoped for was there. It wasn't until the second glance that I saw the *Ana Liffey Drug Project* and I was curious to say the least. When I asked around the class what the Project was about, nobody really knew. Some had heard of it but nothing else. So I left it at that and assumed it was a needle exchange or a physeptone clinic, as I thought that was all there was for drug users in the city.

Almost two weeks later, on Monday 14th of April, I started in *Ana Liffey*. I was quite nervous, as I believed that anybody involved in drugs was 'anti Gardai' and would not accept me. The front door was answered by a friendly face who introduced herself as Brid, and she showed the way in. It was around 10am at this stage and everything was quiet. Brid brought me into a small kitchen and told me to help myself to some tea while I waited for the others to arrive. I was dying to ask her what they did here but I decided to wait. I made some tea and went into the next room which was warm and colourful from pictures which adorned all four walls.

Shortly afterwards a member of staff arrived and introduced himself as Richard, he was very friendly. he took it upon himself to tell me what I had been waiting to find out. I asked him a hundred questions, such as whether I should mention the gardai, what will I do and how will the service users react to me? He told me to be honest and tell them whatever I could. I thought this a dangerous move at the time, but looking back it was the best decision I made.

The first of the clients arrived at 11am and I sat back and watched as they chatted and made themselves tea. The most surprising thing I found was that no-one was shocked to see me - a stranger in their midst. In fact each and everyone that passed me took it upon themselves to say Hello to me. Eventually one of the clients sat down beside me and introduced himself. I was glad to have someone to talk to and we had a great discussion on home improvement out of which I got some handy tips! After a while I ventured to ask him about himself and why he was there. He was very open with me and told me everything I wanted to know. A while later he asked me about my job and when I told him I was a student garda he was curious as to why I was there rather than angry and annoyed which I had expected. He made the whole ordeal easier for me by telling others there about me, and that it was nothing to do with surveillance or information gathering. I really was glad to discover that nobody had a problem with my presence in the Project.

the next two weeks were a real eye opener. I heard some heart breaking stories which seemed unreal but had actually happened. I couldn't believe the strength of some of the clients and how they were able to go on living when family and friends had just died or discovered that they had the HIV virus. Not once over the two weeks did I fall out with any of the clients, they respected me for what I was doing and trying to be. This respect was also shown when I was asked by the clients one afternoon to join them in the peer support training course upstairs. I discovered when I went in that they had a list of questions for me and wanted to hear my views on the relationship between the Gardai and drug users. Throughout this period all types of questions were put to me. I found I was asked intelligent and interesting questions which made me look at my job in a way I never have.

Overall my experience in *Ana Liffey* was more than beneficial. I now have a greater knowledge of the suffering, misery and problems caused by drug abuse. I believe that this experience with the *Ana Liffey* will make me a better Garda. I hope that I will be sent back to the city on completion of my training, so I can use the experience I have gained to the best of its advantage.

Finally I want to thank all the staff of the Ana Liffey, Marguerite, Ray, Richard, Emily, Brid, Jacinta and Rose for their help and support over the two weeks I spent with them, they really made me feel part of the team from the first day. I also want to thank all the individuals who use Ana Liffey for supporting and encouraging me during my short time with them. I hope we can maintain the friendship and trust we built in two weeks over the years ahead.

Thanks!

We would like to acknowledge the support of the following:

EMPLOYMENT - Horizon Disadvantaged/Integra has provided the Project with an opportunity to run an essential and crucial programme. We thank Anthony Tyrrell, Department of Enterprise and Employment, and Carmel Corrigan and others in the Work Research Co-operative, for help and support.

The Department of Health, the Eastern Health Board, the Department of Education and the Department of Justice have resourced our work during 1996 and have been supportive of the direction it has taken. We thank Mr. Jimmy Duggan, Ms. Isobel Somerville, Mr. Brian Power and Mr. Martin Tansey for their assistance, support and advice.

The VEC has provided the Project with literacy classes and Sue Esterson has provided the training and co-ordinated the Ana Banana Newsletter group.

Our non-statutory and corporate funders continue to support the services and activities of the Centre.

Mr. Michael Gill has assisted us with the publication of our Reports over the years.

The Salvation Army has provided the Project with a home over the last fifteen years since 1982.

Pat Tobin, Catriona Nic Ghiolla Phadraig, Dave O'Brien and others in Community Action Network support, train and facilitate the staff of the Project. Liz Hayes has carried out the evaluation work on Project Asterisk*.

Dr. Des Corrigan, Mr. Shane Butler, Dr. Tara Conlon, Ms. Eleanor McGlorey, Mr. Tommy Larkin, Ms. Deirdre Foran, Mr. Eamonn Barrett, Mr. Fearghal Connolly, Mr. Dermot Gough, Mr. Robbie Byrne and Ms. Liz Hayes for their contribution to Project ASTERISK*

All the statutory, voluntary and community representatives on the North Inner City Drug Task Force and especial thanks to Ms. Liz Riches.

The staff groups of the Probation and Welfare Service; The Mater Hospital Infectious Diseases Department; St James' Hospital GUM Clinic; Ward 3, Cherry Orchard Hospital; The Drug Treatment Centre; Baggot Street Clinic; Aishling Centre; the City Clinic; Soilse and SAOL.

The many community addiction counsellors, community care social workers, medical social workers, community welfare officers and general practitioners with whom we liaise.

The voluntary AIDS/HIV organisations.

The Voluntary Drug Agencies - Ballymun Youth Action Project, Coolmine Therapeutic Community and Merchants' Quay Project.

Our transnational partners in Needles or Pins.

The students and professionals who joined us on placement.

ANA LIFFEY DRUG PROJECT**(Company Limited by Guarantee and not having a Share Capital)****Extracts from the Audited Accounts for the Year Ended 31st December 1996****1996****£****Income and Expenditure****Operating Income****Grants From:**

Statutory Authorities - General	156,209
Statutory Authorities - Horizon Project	48,084
E.R. D.F. Non-Capital Grants	2,151
Other fund raising and donations	1,790
Bank Interest	554
Fee Income	<u>10,065</u>
	218,853

Operating Expenditure

General staff salaries & PRSI	143,376
General Operating Overheads	<u>64,295</u>
	207,671
Surplus for the Year	<u>11,182</u>

Grant towards asset purchase	<u>2,347</u>
Transfer to Capital Reserve	<u>2,347</u>

Balance Sheet

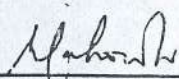
Fixed Assets, at Net Book Value	17,229
Net Current Assets	<u>62,997</u>
Total Assets	<u>80,226</u>

Funded From Cumulative Reserves

Capital Reserves Fund	50,052
General Reserves	<u>30,174</u>
	<u>80,226</u>

Auditors Report

The above is an extract from the accounts on which we reported on without reservation on 24/5/1997.



Mahon & Company
Chartered Accountants
& Registered Auditors

31/5/1997