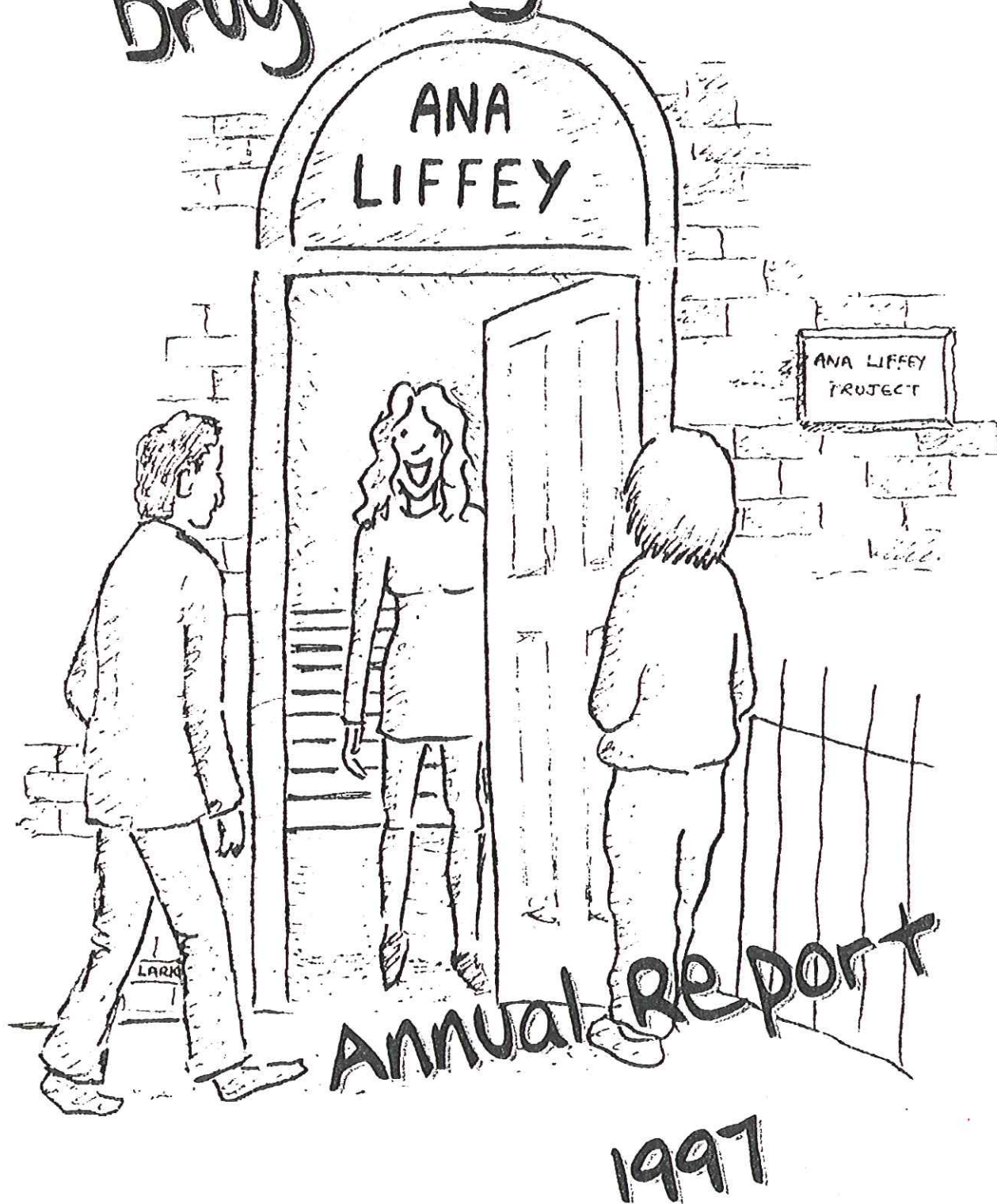


# ANA Liffey Drug Project





*Drug Project*

*Annual Report*

1997

Presented at the

*Annual General Meeting*

of the

*Ana Liffey Drug Project*

held on

*Friday, 18th September 1998*

# **Ana Ditty**

## ***Drug Project***

### Patron

**Dr. Maeve Hillery**

### Sponsors

**Mr. David Kingston**

**Mr. David Kennedy**

**Mr. Jack Hayes**

**Mr. David Went**

**Mr. Mick Lally**

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### Management Council

**Mr David Poole (Chairperson)**

**Mr. Christopher Robson (Secretary)**

**Mr. Frank Woods (Treasurer)**

**Ms. Patricia Conway**

**Mr. Michael Lacey**

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**Ms. Rose Toal**

**Mr. Gary Broderick**

**Ms. Marguerite Woods - *Outgoing***

**Mr. Ray McGrath - *Outgoing***

**Sr. Ethna O'Donovan - *Outgoing***

### Staff

**Mr. Gary Broderick (*director*)**

**Ms. Rose Toal (*team leader*)**

**Ms. Susan Hopkins (*project worker/counsellor*)**

**Ms. Deborah Morgans (*project worker/counsellor*)**

**Ms. Emily Reaper (*project worker/counsellor*)**

**Mr. Richard Redmond (*project worker/counsellor*)**

**Ms. Gloria Kearns (*Clerical Officer*)**

**Ms. Vannessa Brennan (*locum project worker/counsellor*)**

**Mr. Bob Hodkin (*locum project worker/counsellor*)**

**Ms. Cecelia Slevin (*locum project worker/counsellor*)**

### Outgoing Staff

**Ms. Margeurite Woods**

**Mr. Danny Kiely**

**Mr. Ray McGrath**

**Ms. Jacinta Deignan**

**Ms. Brid Nic Aodha Bhui**

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# *1997 - Even More Change*

I was looking through old Ana Liffey Drug Project Annual Reports recently, acquainting myself with our recent past. I noted that most of them started with the concept of 'change' -

- "1990 - A year of Changes"
- "1992 - Change and Consolidation"
- "1994 - Changing world, changing work!"
- "1996 - A period of definitive change"

Not wanting to sound repetitive and certainly not following in the footsteps of tradition for tradition's sake, I find myself also beginning this Annual Report noting 'change'.

1997 has been a year of continuous changes for the Ana Liffey Drug Project. Changes in staff, changes in numbers of participants involved with the activities and programmes in the centre; and changes in the management council.

All of these changes meant that the participants and the remaining staff and management council had, themselves, to continually change.

During 1997 Marguerite Woods (director) and Ray McGrath (team leader) left to take up positions elsewhere; and Brid Nic Aodha Bhui (secretary) took a years leave of absence. New staff joined (Deborah Morgans, Susan Hopkins and Gloria Kearns), while Jacinta Diagnan and Rose Toal took on the responsibility of Directing the Project until a replacement for Marguerite Woods was found.

Participants had to cope with these changes, as well as make room for the extra numbers attending the project. In 1997, approximately 1350 clients (not including children) attended the Project with 14760 counselling contacts/interventions made - both figures pointing to an increase in activity when compared with the previous year.

While these changes were occurring, the Project continued developing its work in the following areas:

## **Prison Work:**

The Ana Liffey have been working in Mountjoy Prison for many years, and 1997 was no exception. We continue to be part of the detoxification unit programme, offering two groups per week in each of the six weeks of this programme. Individual and other group work continues to be provided in other areas of the prison.



## DRUG PROJECT

### Report on the Attendance and Participation of Client Groups in 1997

The services offered by Ana Liffey, as mentioned earlier, include a drop-in centre, a counselling service, prison counselling service; youth and drugs work, family support work, literacy training, newsletter (Anabanana) group, art group, community outreach and liaison, and a peer education programme.

All of these services are provided for drug users, their partners and families and are conducted in a manner that is accessible, challenging, supportive. We hope that it is also affirming, respectful, empowering and non-judgmental, whilst also being responsive to the changing needs of the client group.

We try to help the drug user reach a level of management and control of their problems in a way that emphasises the drug users', their family's and their community's use of their own skills and resources.

By drawing out the clients' ability to achieve using their own resources and skills, then that experience, we believe, will equip them for the future.

- We do this by providing a safe place for drug users, their children, partners and families to come and examine issues affecting their lives;
- We do this by trying to stay alert to the ever-changing needs of the client group, initiating new developments when appropriate;
- And we do this by promoting a better understanding and awareness of the issues of drugs and HIV/AIDS.

The services offered are actively attended and participated in by a large client group. The following statistics for 1997 (unless otherwise noted) are extrapolated from our figures for May 1997 to December 1997. These interim figures will be updated to include the whole year's statistics in a later publication. It is therefore not possible for us to report the exact number of separate individuals who attended the project in 1997.



We can however list the number of interventions/counselling contacts made from May to December 1997:

#### Contacts 1990-1997

| Month in 1997                         | May  | June | July | Aug  | Sept. | Oct. | Nov. | Dec. |
|---------------------------------------|------|------|------|------|-------|------|------|------|
| Number. of interventions with Females | 472  | 556  | 585  | 565  | 597   | 658  | 536  | 489  |
| Number of interventions with Males    | 574  | 647  | 661  | 665  | 732   | 815  | 661  | 633  |
| Total Number of interventions         | 1046 | 1203 | 1246 | 1230 | 1329  | 1473 | 1197 | 1121 |

This means that the total number of client interventions from May '97 to December '97 (inclusive) is 9845.

The average attendance, then, for each month is 1230 client interventions. Using this figure to estimate client interventions for the year, we arrive at a total figure of 14760, signifying a 4.73% increase in client contacts when compared with the 1996 figure:

#### Contacts 1990 - 1997

| Year   | 1990 | 1991  | 1992 | 1993  | 1994  | 1995  | 1996  | 1997   |
|--------|------|-------|------|-------|-------|-------|-------|--------|
| Number | 8759 | 10770 | 9995 | 12194 | 13692 | 12682 | 14112 | 14760* |

\*Figure estimated.

Counselling/intervention work with females continues to be very high - 45.28%. of all interventions in 1997 took place with females. Given that it is generally accepted that female drug user take-up of services is significantly less than that of their male counterparts, this represents a significantly high involvement of our female service users in this service.

This might be explained by the Ana Liffey Drug Project's acceptance of both female drug users and their children. Since 1993 we have been recording the number of children attending the project, as well as the number of contacts/interventions taking place with them:

#### Children

| Year        | 1993 | 1994 | 1995 | 1996 | 1997* |
|-------------|------|------|------|------|-------|
| Individuals | 126  | 183  | 220  | 230  | 172   |
| Contacts    | 909  | 1019 | 1133 | 1200 | 1029  |

\*Figures for complete year

# RECENT DEVELOPMENT IN IRISH DRUG POLICY

Although policy makers in Ireland have been concerned about illicit drug use and its attendant problems for the past thirty years, their concern has often appeared to lack focus and conviction. For much of this time policy makers seemed to be unconvinced about the gravity of drug-related problems or indeed the permanence of these problems; it has taken Irish politicians and administrators a long time to accept that drug problems are not just a foreign phenomenon - something that occurs elsewhere about which we read or which we see on our televisions - but that they are now a well-established, if undesirable, feature of Irish life. Perhaps the most obvious example of this approach to policy making is the failure to establish a permanent or standing advisory body which would debate all aspects of this subject and issue periodic recommendations to Government, as is the case with the British Advisory Council on the Misuse of Drugs.

Since the mid-80s, when the link between needle sharing and the transmission of HIV first became apparent, treatment and rehabilitation services have changed considerably, away from the monopoly previously enjoyed by the abstinence model towards harm reduction. While harm reduction practices, such as needle-exchange and methadone maintenance, have

been introduced, there has been in relative terms a lack of written policy describing or defending these new forms of service. This is most plausibly explained in terms of the conservatism of Irish political culture; for public health purposes it seemed important to create harm reduction services, and international research supported their efficacy, but it also seemed to be prudent to do so quietly and without fuss lest public debate on this topic provoke a major ideological backlash.

During 1996 a number of significant developments occurred in the Irish drug policy scene. The first of these was the production of a development plan for drug services by the Eastern Health Board, the statutory health and social service authority for the Greater Dublin Area where the bulk of Irish drug problems are to be found. The position of the Eastern Health Board had always been equivocal in relation to drugs because of the existence in Dublin of the National Drug Treatment Centre, a body established by the Minister for Health with a specialist and a national remit. The service plan seemed to bring some clarification to the puzzling and unsatisfactory relationship between the Health Board and this national centre, and also introduced a new administrative structure for the Health Board's own drug services.



# Understanding Peer Support

The concept of peer support in the Ana Liffey Drug Project began and grew from the drop-in and the interactions that take place there. Workers were not the purveyors of all knowledge; often it was the fellow drop-iners that had the know-how on relevant situations and therefore they were the people to intervene in certain situations.

From this it was obvious to the workers that a natural 'untapped' resource was sitting in the building drinking tea and coffee - and as soon as the idea of a peer support group was mentioned, such a notion became obvious to everyone else in the project.



Hence peer support is an extension of what is already happening around us everyday in the project. The main difference is that the peer support training programme is more openly structured and focused than that which happens in the drop-in.

There are no concrete obligations

made of people who join the peer support programme - except that they attend and use the time well.

The expectation, however, is that change will occur for the participant. People are challenged by new ideas and new approaches and understandings. More than anything, peoples drug using life is challenged.

The drug users who take part notice this change and challenge - but so too (and sometimes more so) do the workers. The way someone works with people changes, their understandings of drug use and its role in someone's life changes and also change occurs in how workers relate to drug users who are now skilled co-workers.

Thus with members and workers of Ana Liffey being challenged, the project itself was challenged and changed. For example, project policy is now directly influenced by members through meetings and discussions held regularly.

There are certain aspects within peer support training that are so valuable that, no matter where our funding for this work comes from, should not be changed:

There must always be a mutuality of respect and listening to the shared

# The Art of Relaxation

As part of the Peer Support Training Course, I undertook to facilitate a Stress Management/ Relaxation class in a way that would be fun, informative, healthy and empowering to participants.

Firstly, we reviewed what knowledge skills and experience the group had to share with each other (while I was delighted as the variety of skills people had gathered i.e. aromatherapy, yoga, keep fit, many were unable to utilise these skills in their daily lives).

I wanted this course to be used in a practical way, so that the group could benefit in their daily lives.



In facilitating the group, I identified an issue around communication skills, i.e. poor listening skills, talking over each other, poor body language, disruption and lack of concentration. These issues were also identified by the group.

We worked around these issues through the use of role play, by looking at inclusions/exclusions and

communication skills. This process involved the dynamics of how it felt to be included or excluded by the group.

On getting feedback from the participants, the emotions evoked, our breathing patterns, how we carried our body posture and how we communicate with each other.

From these exercises the group realised stress was not just an external force but rather more-so about how we cope with situations, and the way we communicate.

We looked at examples from the group that highlighted stressful situations, what approach they took, and what skills could be used in the future to minimise stress and increase effective communication.

During relaxation exercises, we adopted a 'hands on' approach and experimented with various disciplines throughout the course.

One of the first techniques we worked with was a practice known as 'Do-In'. Do-In is a means of shifting energy through the body; it is a warm up exercise that stimulates the blood supply, allowing oxygenated blood to circulate to the extremities, fingers, feet, head.

This exercise proved fun and many said how they felt warm and good



# 'CHAOS, CONFLICT AND ORGANISED'

These were the words used by one of the project workers when I asked "What is it like at the An Liffey?"

The question followed a conversation late one night in a pub in Phibsboro' and I had just been told there was a vacancy for a locum at the project. I applied, was successful, and have been in the drop-in for 7 weeks. On the surface the above words do describe the Ana Liffey, but after 7 weeks I would add two more - Safety and Support.

For many people using the project, it is probably the safest place they know in what otherwise is a chaotic and confusing world. The support that people find, both from users and workers can never be measured either financially or in human terms. We all have bad days, but when your days are a constant struggle just to survive, and then you have to add to that the battle to move away from a life dominated by drugs then the Ana Liffey can quite literally mean the difference between life and death.

If evidence is needed to demonstrate the success of the project, look no further than the excellent peer group support programme held four mornings a week - where some users of the project are supported in understanding their own lives and encouraged to support other project users and people visiting for the first

time. The non-judgemental and confidential approach of the project allows people to talk freely and openly without the threat of being put down or condemned and unconditional support is given to anyone who makes the decision to try to change their lifestyle.

This work and philosophy is also taken out of the project to Mountjoy Prison. Unfortunately, I have not had the opportunity to be involved on this, but feedback from other workers leaves me in no doubt of its value.

I will miss working at the Ana Liffey when my short contract comes to an end in three weeks time, especially the support given to me by other workers and the friendships that I have made with all that come in every day.

I can only wish the Ana Liffey every success in the future and hope that the opportunity may arise which will give me a further chance to work again for the project.

*Bob Hodkin  
Locum Worker*





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What is the Ana Liffey drop-in? It's a place which is a buzz of activity, lively and atmospheric.

These were my first impressions of the Ana Liffey drop-in centre. Being relatively new to this field of work, I found that not only did it offer a support service to users and their families, but it also provided a safe environment for people to chat and meet with friends old and new.

Each day there are approximately 100 Service users accessing the service. The drop in is very much a lively social centre and at times can appear chaotic due to its invisible structure.

The idea behind the project is that it allows clients to choose what they would like from the service. For some it may be to drop in for a coffee and a chat, for others it may be to avail of one to one counselling, or find out about housing and welfare rights. In fact, for many it may be the only place where they are accepted and can be themselves.

It provides a very informal and relaxed atmosphere and service users are welcome to stay for as long as they wish. The project operates a low threshold service for drug users, and it is the only one of its kind in north inner city Dublin.

The overall aim of the Ana Liffey Project is one of empowerment, thus enabling the service users to have a better quality of life by providing support and companionship for many.

*Vanessa Brennan*



# GUINNESS, CIDER AND BAGPIPE

*A participants exchange visit from Zentrum Für Weiterbildung (Frankfurt, Germany) to Ana Liffey Drug Project.*

Nine months ago, when we were struggling with the rules of mathematics, the German language and EDP, Ireland, the aim of our dreams, was very far away. Meanwhile, not really realising, the date of our departure was nearer and nearer (16/10/96). the time was coming and our fantasies about the journey became more and more concrete. We learned English, looked at the map where we could find Ireland and Dublin and everybody had organised a lot. Of course we were excited and looking forward to going to Ireland.

Finally the day came. For many of us it was the first time travelling by plane and the other group members had some very old memories about flying. Before we started towards Ireland, we had many discussions about how to take our methadone. But no problem; in the bathroom of the airport we consumed the first bottle quite discretely and the other days in the hotel after breakfast. After the customs clearance, a last glance back and then we started just in time. The weather was really good and we could see the North Sea, England and Ireland from the plane before we landed in Dublin. Ray and Marguerite, who organised the Irish-German exchange programme

in Dublin, welcomed us heartily. We went to the hotel by bus. It was smaller than we guessed but very comfortable with friendly rooms. Our journey was not a pleasure-trip. First of all it was an exchange visit between two countries for persons on methadone treatment programmes.

The next day we met our Irish partners in the Ana Liffey Drug Project. The Irish were at least as nervous as we were. The atmosphere became relaxed when a man came playing the bagpipe. We took the first photos, asked the first questions and came along quite well. Everybody in Dublin wants to help you, especially when they hear you are a tourist. In Ireland it is absolutely necessary to have a phone card because pay phones are really rare. In the streets of Dublin you see many young people and also true poverty. The beggars have a good instinct for tourists and it is hard to get rid of them. We made some excursions with our Irish partners and we had a lot of fun together. The five days

DUBLIN THIS WAY!

were not enough to get to know Irish people and their country. But once you have seen Dublin, you will come back again to this lovely and lively town. For myself the trip to



# Open Dialogue

*Vienna is the incredibly beautiful capital of Austria, a country that has just recently joined the E.U. A Viennese Project, DIALOG, was one of the Trans-national partners in 'Needles or Pins'.*

Between June 11th - 19th 1997, two staff members of the Ana Liffey Drug Project visited Vienna, Austria as guests of the drug project, DIALOG. During these days we attended a three-day Trans-national seminar, at which all our partner organisations - from Austria, Germany, Netherlands, Scotland and Spain - worked on the evaluation of 'Needles and Pins'.

The remainder of our stay in Vienna involved a staff placement with our host agency. The schedule for our placement was intensive and we had the opportunity to visit six agencies, to meet the staff of the agencies and in several cases to meet drug users using the services on offer.

The agencies we visited ranged from harm reduction programmes such as a needle exchange bus (The Grey Elephant), and a drop-in centre (Street-work), a drop-in centre with hostel accommodation for homeless drug users (Gauzel wird), an occupational rehabilitation programme (Fiz und Fertig), a job/employment agency for those with a history of drug use and DIALOG, our host agency, a

programme extremely comprehensive in its nature, offering a methadone maintenance or substitution programme, counselling, psychotherapy and the Needles or Pins Puis Project, focusing on maintaining drug users so they could access employment.

Our placement visits were fascinating and very informative and stimulating. I will always remember the afternoon when we spent two hours in the drop-in, Streetwork in the Karleplatz train station. We met so many people using the service, both men and women of different ages. We just sat and talked with those coming for needle exchange and for a welcome break from the street.

About forty people visited in that two-hour period and the atmosphere was relaxed and welcoming. Those using the service were open to our presence and spoke English to us. I tried a little German but despite language difficulties a lot of communication took place. They asked us a lot of questions about Ireland, the drug scene, treatment and policy and told us of their life experiences in Vienna. The staff





## STAFF-EXCHANGE BETWEEN DIALOG (VIENNA) AND ANA LIFFEY DRUG PROJECT



In connection with the Horizon-project I had the great pleasure to visit the ANA LIFFEY DRUG PROJECT in Dublin. I both learned the work of the Ana Liffey and the Asterisk course and visited a lot of other drug projects. It was very interesting to me to see the differences and the similarities between Dublin and Vienna. At first glance, the different thresholds of drug work seemed very similar, for example, on low-threshold the drop-in centres, on middle-threshold advisory centres as well as the in-patient therapy stations on high threshold.

But in detail there are big differences, like the community-based kind of work one can find in Dublin but not in Vienna. The communities seem to have a big political influence, so the inhabitants themselves can demand the kinds of projects they need or want. The drug projects which are settled in the problem areas know the difficulties and the possibilities the inhabitants have and are part of the area's social life.

The other big difference is the key word 'empowerment' which one won't find in this way in the

Viennese drug-projects, but which we could learn from our partner. Empowerment is supporting self-esteem, the self-responsibility and is very different to the social-worker and client setting I am used to.

In connection with the re-integration into labour-market, there is one project in Dublin, which is called S.A.O.L., that offers vocational training and the possibility of re-integration to former stable female drug users. S.A.O.L. offers a second chance of education and literacy and it raises the self-confidence of the participants. Other smaller projects take place in drug projects like the Ana Liffey Drug Project and the Rialto Community Drug Project. In Vienna, there are more possibilities for drug users with methadone maintenance to take part in a vocational training course or to get employment for one year. These projects are not only drug projects but also projects for long-term unemployed men or women or the handicapped etc.

Other differences can be seen in the HIV-infection rate: since harm-reduction was introduced very early in Vienna, the HIV-positive rate among drug users is not as high as in Dublin. But the Hepatitis C-

## From Local Drop-in to National Policy

Working in the drop-in for the last two and a half years was a very valuable experience. It allowed me the opportunity to gain knowledge about drug users, drug use and the effects of drug treatment provision from the drug user's point of view. The Ana Liffey's policy of working with drug users at all stages of their drug use gives a fuller picture of the complexities, problems, strengths and abilities of drug users today.

The work of the Ana Liffey is an extremely important part of drug service provision in Dublin in the 90s. There are some indications that funding may become increasingly difficult to access in the coming years. It is suggested that service provision may be becoming increasingly medicalised and drug-free oriented. Should this be so, concerns have to be raised noting that the wider social, economic and environmental issues around problem drug use will become minimised and this will have serious implications for individual drug users, their families and the areas within which they live - and indeed for the medical services that are being offered to them.

I believe therefore, that there are many challenges ahead in national and local drug policy

initiatives. At a local level, the partnership structures, via the local task forces, remain a crucial area. However, it will be interesting to see in process, effectiveness and outcome, how they evolve.

At a national level, it appears that the "War on Drugs" ideology is creeping back in. Fianna Fail's policies both on methadone maintenance (cut off points at certain stages of treatment if abstinence is not achieved) and its 'zero tolerance' position on law and order issues do not augur well for open debate or pragmatism.

There have been improvements in service provision over the last five years. This has been mainly in the area of increased places on methadone treatment programmes for problem drug users. 'Normalisation' of both medical treatment, and rehabilitation programmes remains an under-developed area. The implementation of the 1993 Methadone Protocol is welcome, but progress is slow. The possibility of mainstreaming problem drug users into generic social services and progression routes through 'normal' education and employment training is an important area for analysis and debate.

At a treatment level, there is a



## A WORD OF FAREWELL TO THREE ANA LIFFEY 'INSTITUTIONS'

As the new director of the Ana Liffey Drug Project, I will no doubt have many unusual tasks to engage myself with over the coming years. The task of noting the accomplishments and importance of the workers who left the project in 1997, however, will I feel, remain one of the most difficult.

How does one measure the impact of people like Marguerite Woods, Ray McGrath and Brid Nic Aodha Bhui on a project like Ana Liffey? Their years of commitment alone stretch out to over 24 years. Programmes that are still being developed bear the stamp of their work and deliberations. And, of course, many of the letters coming here still carry their names!

Marguerite Woods worked as

director for over five years and before that as team leader for three years. She took the project through a time of uncertainty to a time that the project could engage with Europe, offer support to the local community and work with three times as many drug users as were presenting when she started. Initiatives like the Asterisk training programme (that now runs as the Peer Support Training Programme) tell of her commitment to the needs of our client group.

The continued emphasis on the need for a street agency drop-in, for those clients not yet ready for mainstream projects, highlights her understanding of the process of change within addiction, an understanding difficult to find in many of Dublin's drug services.

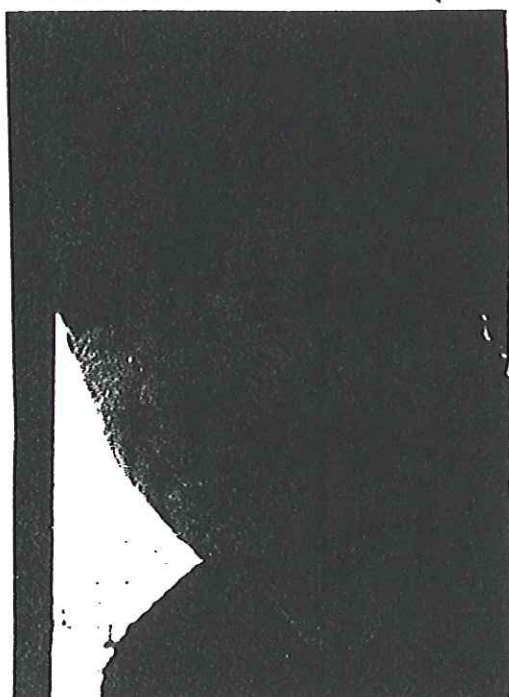




Her work with women and children (Marguerite started to record all children visiting this project as individuals and not simply adjuncts to their parents) birthed the concept of the 'Children's Project'. As well as this, her continued promotion of the debate about the specific needs of women within the drug treatment services in Dublin has supported the women only development services like SAOL.

It is with the thanks of the clients, staff and management council that I record these few words, wishing her well in her new work training and educating in Trinity College.

Ray McGrath, worked closely with Marguerite during six of the above mentioned years. He brought with him an insight into the community and a community understanding of addiction for which this Project is indebted to him.



What Ray also brought was a sense of humour, that offered a skill to his work with the client group that is great to watch. He can work in the midst of arguments, difficulty and anguish, bringing to it a light-heartedness that created an atmosphere of fun and insight.



Brid worked in the office for almost ten years. She finally decided it was time to take a break. Many of us work for many years learning the skills of counselling - Brid had such skills naturally. She worked with clients in ways not found in any text book, assisting and helping anyone who dropped by her desk.

All three have left behind the legacy of taking the ethos of the Ana Liffey Drug Project, that of client-centredness, respect and patience, and worked to make it come alive. It is now left to the staff, clients and management council to continue their work.

*Gary Broderick*

# Mahon & Co.

Chartered Accountants &  
Registered Auditors

**John Mahon**

## 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 1997

|   |                |
|---|----------------|
|   | £              |
| <b>Income and Expenditure:</b>          |                |
| <b>Operating Income</b>                 |                |
| <b>Grants From:</b>                     |                |
| Statutory Authorities - General Purpose | 195,000        |
| Statutory Authorities - Horizon Project | 43,667         |
| Other fund raising and donations        | 3,305          |
| Bank Interest Income                    | 945            |
| Fee Income                              | <u>2,000</u>   |
|   | <u>244,917</u> |
| <b>Operating Expenditure</b>            |                |
| Staff salaries & PRSI                   | 162,180        |
| Operating Overheads                     | <u>62,827</u>  |
|   | <u>225,007</u> |
| <b>Operating Surplus for the Year</b>   | <u>19,910</u>  |

### Balance Sheet:

#### Total Assets

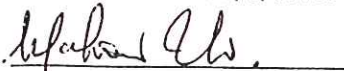
|                                |                 |
|--------------------------------|-----------------|
| Fixed Assets, at Net Book Cost | 15,129          |
| Net Current Assets             | <u>85,007</u>   |
|                                | <u>£100,136</u> |

#### Funded From Cumulative Reserves

|                      |                 |
|----------------------|-----------------|
| General Reserve Fund | 67,468          |
| Capital Reserve Fund | <u>32,668</u>   |
|                      | <u>£100,136</u> |

### Auditors Report

The above is an extract from the accounts on which we reported on without reservation on 12/6/1998.



Mahon & Company  
Chartered Accountants  
& Registered Auditors  
24 Lansdowne Road  
Dublin 4

12/6/1998



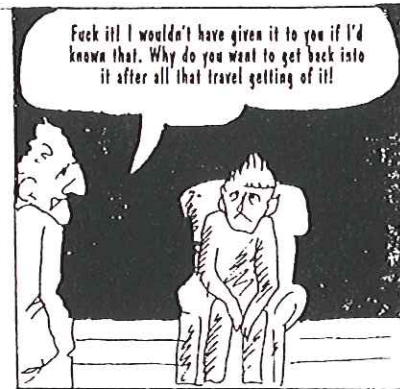
This cartoon was designed and produced by the first Asterisk Group: Lydia, Paula, David, Brian, Guillermo, Vanessa and Tommy Larkin (trainer)



- "NO HE TERMINADO CON TODO ESO, AUNQUE PENSÁNDOLO MEJOR, ¿POR QUÉ NO?"



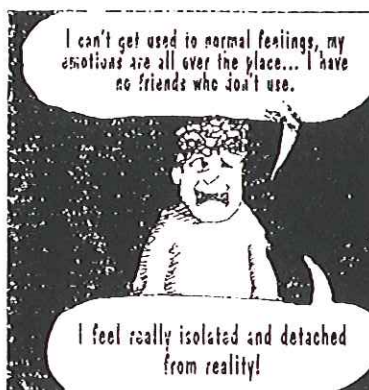
HUGH SE PONE UN CHUTE...  
- "DIOS, ESTE DE VERDAD ME GOLPEÓ FUERTE. NO LO HABÍA PRUBADO EN 6 MESES."



- "¿CÓMO! NO TE LO HUBIERA DADO SI LO HUBIERA SABIDO. ¿POR QUÉ QUIERES CAER OTRA VEZ DESPUÉS DE TODO LO QUE TE HA COSTADO SALIR?"



- "NO QUIERO VOLVER A CAER. SOLO ESTÁ VEZ PORQUE ESTOY HECHO POLVO."  
- "¿QUÉ QUIERES DECIR? HAS SALIDO DE ESTO. TIENES BUENA PINTA, ESTÁS OTRA VEZ CON TU CHICA ¿CÓMO PUEDES ESTAR HECHO POLVO?"



- "NO HE ACOSTUMBRADO A TENER SENTIMIENTOS NORMALES. MIS EMOCIONES ME DESORDAN. NO TENGO AMIGOS QUE NO CONSUMAN. ME SIENTO SOLO Y ALEJADO DE LA REALIDAD."



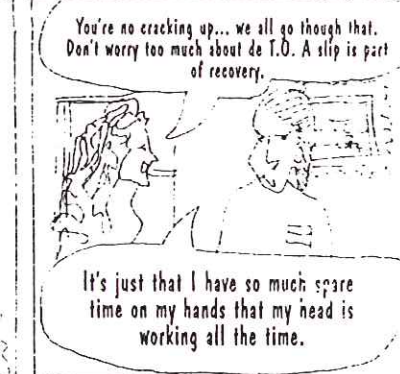
- "UN CHUTE NO RESOLVERÁ TUS PROBLEMAS. SOLO LOS BLOQUEARÁ. SI SIGUES ASÍ SOLO CONSEGUIRAS CAER OTRA VEZ, ¿POR QUÉ NO VAS A UNO DE ESOS TRABAJADORES DEL CENTRO QUE TAMBIÉN HAN PASADO POR TODO ESTO? ESTOY SEGURO DE QUE TE ENTENDERÁS CON ELLOS."



AL DÍA SIGUIENTE, HUGH SE PRESENTA EN ANA LIFLEY...  
- "HOLA MI NOMBRE ES ANA BANANAS. ¿PUEDE AYUDARME?"



ME TELLA HER ABOUT THE LAST SIX MONTHS...  
HUGH LE CUENTA LO QUE HA PASADO EN LOS ÚLTIMOS MESES...  
- "OLA, BLA... ¿DÉJAME QUE ME ESTOY VOLVIENDO LOCO... BLA BLA... ME PUSE UN CHUTE ANOCHÉ..."



- "NO TE ESTÁS VOLVIENDO LOCO. TODOS PASAMOS POR ESO. NO TE PREOCUPES POR LO DE ANOCHÉ. UN DESLIZ ES PARTE DE LA RECUPERACIÓN."  
- "ES SOLO QUE TENGO TANTO TIEMPO LIBRE EN MIS MANOS QUE MI CABEZA ESTÁ SOBRECARGADA."



- "ESTAMOS HACIENDO UN CURSO PARA TRABAJADORES QUE HAN PASADO POR TU MISMA SITUACIÓN. EL CURSO DURA SEIS MESES, 20 HORAS A LA SEMANA."  
- "¿CUÁNDO PUEDO EMPEZAR?"



EL PRÓXIMO EMPIEZA DENTRO DE 8 SEMANAS, HARRA PEUJONES PARA VER SI SIGUE SI ESTÁS INTERESADO. PUEDES VENIR ANTE MIENTRAS TANTO PARA RECIBIR ASESORAMIENTO, ARTE, GRUPO DE LECTURA Y OTRAS ACTIVIDADES EN GRUPO.



HUGH FIJA LA CITA CON ANA PARA EL DÍA SIGUIENTE...  
- "MUCHAS GRACIAS. ES CIERTO LO QUE DICEN DE QUE ES POSIBLE MANTENER EL MONO A BAY CON UNA BANANA."