

# alp

Ana Liffey Project



4th ANNUAL REPORT  
1986  
13, Lr Abbey Street  
Dublin 1  
Tel: 786899

PATRON

Mrs Maeve Hillery

BOARD OF SPONSORS

David Kennedy  
Jack Hayes  
David Kingston  
Mick Lally  
David Went

## INTRODUCTION

The Ana Liffey Project was established in 1982 to supply what was missing in the range of services for drug users in the Dublin area. The history of the drug user has been one of repeated attempts and failures to break the cycle of dependency. These attempts and failures, however, can be capitalised on and contribute to success. For this success there has to be a number of services, both specialised and general, linked together to meet the individual needs of the drug user at different times. After more than four years the Ana Liffey Project has clearly identified certain services needed. The services thus identified, their workings and their approach, which will be spoken of in this report, are the fruit of experience, reflection and expert advice.

## HISTORICAL DEVELOPMENT

The only ongoing state funding available to us over the last four years to staff our services were temporary schemes for the young unemployed. This service consisted initially of a day programme based on activities and on peer counselling by non-addicted young people trained by ourselves. There was also a small drop-in service and an out-reach to the streets and into the prisons.

The temporary nature of the government sponsored employment schemes, while overcoming the problem of staffing the Centre, posed several problems for the particular needs of the Centre. The nature of the schemes did not lend themselves to establishing a stable staffing situation and imposed heavy administrative and training demands on the permanent staff employed from our own funds. The under twenty-five age limit prevented more experienced people being employed by the project.

The physical structure of the building did not lend itself to an activities-based day programme and we ourselves became aware, that though successful, this was not the most therapeutic structure for our clients.



Over the past twelve months we have discovered that a flexible drop-in and appointment based facility with our outreaches is more suited to their needs. This concurs with the expert advice of Dr Michael Kelly formerly of Jervis St. and advisor to the government. Since September 1st 1986, under the careful guidance of Mara de Lacy and Joy Mitchell, we have moulded the framework of the Project to comply with the specific needs of our clients. This reorganisation coincides with a marked and substantial increase in the number of drug users participating in our programme.

#### RESPONSE OF THE DRUG USER - CENTRE

Our drop-in/day Centre, where the core of our work takes place, has been consistently in demand from old and new clients. Ours are people who have a

long history of drug use, normally between five and nine years but some longer, a history of many attempts to break their dependency in hospitals, in prisons and with doctors. For more and more of these people we appear to offer them the support they need for another attempt. However, it is not an endless cycle. A significant number of our clients are already living in society without recourse to drugs. We can count approximately thirty people. These former clients will be followed in the near future by others whom we are seeing regularly now and who are seriously intent on breaking the drug cycle.

#### THE ENVIRONMENT

Where this is a demand there will always be a supply. It is not easy to say what is happening on the streets, but drugs, normally heroin, are no more than a taxi ride away. This is the situation our people are recovering in, people who have abused heroin, morphine, diconal and physeptone by preference, but also tranquillisers, sleeping tablets, even at times amphetamines and cocaine, as well as hashish and alcohol. They are all available to them if they want them and have the money. This is the situation we meet them in. But the Centre is not the only place we are meeting the drug user half way.

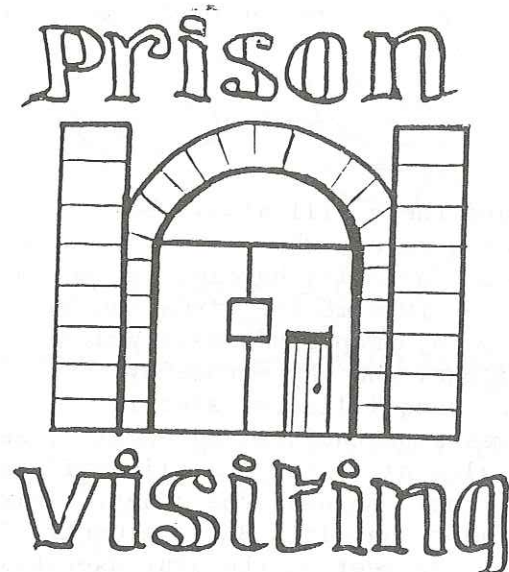
#### PRISON

The demand for our service, from both addicted prisoners and from prison personnel, is increasing all the time. We visit five prisons weekly; Mountjoy Mens and Womens Prisons, the Segregation Unit, the Training Unit and Arbour Hill.

Our work in the prisons is two-fold. Firstly we develop individual treatment programmes with long



term prisoners based on weekly or fortnightly visits. Here they can discuss important issues and get an honest reaction from someone outside the system. Secondly, we prepare those nearing the end of their sentence for release - often under supervision to a treatment programme with Ana Liffey. All of this work is based on establishing a healthy, professional and trustworthy relationship with the prisoners which can be of benefit to them in or out of prison.



#### HIV OR THE AIDS VIRUS

The relationships that we have developed with our clients are going to be increasingly important in one area in the future - that of the Human Immunodeficiency Virus. The only prisoners tested positive for the virus are intravenous drug users, and they have been segregated. The incidence of the virus among drug users in general is high. 22% of all drug users tested by October 1986 were positive. The core of these people are of special importance to Ana Liffey. We believe that the strength of the

relationships we develop with them could be of crucial importance in the years to come. On it depends our ability to interact positively with them and to develop in them positive and responsible attitudes and behaviour regarding their addiction, their health and the health of the whole community. Our service is being increasingly looked at by those seriously addicted to drugs, particularly heroin, who wish to break the cycle of crime, prison and addiction. These people want to establish themselves in the community in a drug free life.

#### OUR CLIENTS

As we explained in previous reports, our clients are those with "minimal motivation and a history of recidivism". People this far down the social ladder are "possibly homeless, regularly used and abused by others, half the time "stoned", generally in bad health and often no longer having any contact with relatives", (Second and Third Annual Reports). Now, as we foresaw last year, all our clients are threatened by, and some have acquired the HUMAN IMMUNODEFICIENCY VIRUS.

The response of our clients to the opportunity to tackle their drug problem in their own environment is enormous. It is hampered, not so much by their own lack of motivation, as by our inability to respond totally because of lack of resources. The myth is often propagated that these are people who are in some way deficient and unable to respond to information regarding their health and their addiction. It seems to us that the difficulty is as much, if not more, our society's inability to pass on health and addiction information in a way that is understandable and caring, and the inability to target our treatment to meet the drug user where he or she is.

## STREETWORK

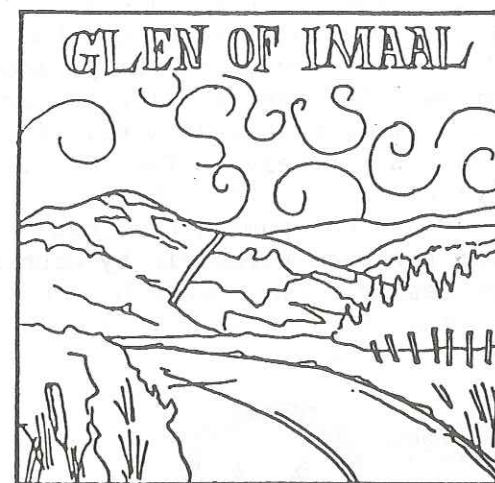
At the end of 1985 the young staff drawn from schemes for the unemployed, who comprised the Streetwork Team, ended their period of employment with the Project.



They were replaced on the streets by Frank Brady and a number of volunteers. This is fruitful work, if and when someone well known to the drug users has time to do it consistently. A number of very good contacts were made in the early part of the year which have since borne fruit. Unfortunately, pressure of work in other areas, including fundraising as well as work in the Centre and in the prisons, has prevented this part of our service being developed. We hope that, with a better funding structure for the Project, we will build on the foundations laid in the coming year.

## GLEN OF IMAAL

After two years of negotiations with the state we received a grant from the Department of Social Welfare to purchase the cottage and garden in the Glen of Imaal. Given finance, we would put it into operation initially as a short term residential facility.



## SPECIAL AREAS OF CONCERN

As in previous years we are very concerned about the physical health of our drug users. Abscesses and liver infections are widespread. Septicaemia is not unknown, and now the Human Immunodeficiency Virus has been found in nearly a quarter of those drug users tested.

The health education message must reach and make an impact on all users so that even those who continue to abuse drugs change their behaviour and at least curtail the spread of infection.



They will respond to a well targeted message at least as well as the rest of society responds to the health education message on cigarette smoking. Every change of behaviour regarding the non-sharing of equipment among users will save lives in the long, if not also in the medium term.

Also of paramount importance to us, is the care of those who have already contracted the virus. It is a statistical certainty that some of the people we are working closely with currently will become ill in the next few years and some may possibly die. Our experience in the last year has taught us that these drug users will come back to us in the periods of remission from illness. But who will look after them when they are sick and dying? What level of compassion and care will they receive? The horrors of isolation and rejection that can be meted out within our institutions, and our communities can only intensify the deep personal pain felt by both the individual and the family.



#### THE WORKERS

At the moment there are four permanent and two part-time people staffing the Project. Joe Sheppard recently joined the permanent staff team as an addiction counsellor. We would like to take this opportunity to welcome him to the Project.

After three years of availing of Teamwork Schemes and after working with thirty of our unemployed

young people we can pass a complete vote of confidence in them. Without these young people this service for our most chronically addicted people would not exist.

Of the thirty-seven young people who worked with us on the Department of Labour Teamwork Scheme, we are sure that fifteen are employed at home or abroad. Apart from these, five are in fulltime education, ranging in scope from Clinical Psychology to Child Care and Community Work. We wish them well in their new careers and we hope the other who are still job hunting will soon find work where they can use their great qualities. Our gratitude must go to the Department of Labour with whom we have had a good working relationship over the three years, a relationship which we have every confidence will continue as we avail of the Social Employment Scheme for the over twenty-five's. National Manpower have been extremely co-operative and helpful in the administration of this scheme. Our gratitude also goes to the Department of Social Welfare for their capital grant already mentioned. We look forward to developing good working relationships with other departments in the coming year.

#### VOLUNTEERS AND OTHERS

Those who come to work for us in a voluntary capacity play a particularly important role in our work. We want especially to thank Mel Mercier this year and wish him well in his music course in University College Cork. We also want to mention Tom McGrath S.J., David Gaffney S.J. and Philip Harnett S.J. for their work on staff training.

## MANAGEMENT COUNCIL

The Management Council have borne the brunt of supporting us through the pressures of the year. In 1986 we welcomed Dr David Poole to council. David is a former Chairman of the Irish Council of Churches and his experience will be a very valuable asset to the Project in the years to come. He replaces Major Derek Dolling, formerly Officer-in-Charge of the Salvation Army in the Republic of Ireland. His departure is a great loss to the Project and we wish him well in his new position in London.

## MANAGEMENT COUNCIL 1986

Michael Mernagh O.S.A.	<b>Chairman</b>
Carol Matthews	<b>Secretary</b>
Michael Ryan	<b>Treasurer</b>
Bill Gentles	<b>Psychiatric Social Worker</b>
Frank Brady S.J.	<b>Director</b>
Mara de Lacy	<b>Administrator</b>
Joy Mitchell	<b>Project Leader</b>
Shane Butler	<b>Course Co-Ordinator, Diploma in Addiction Studies, T.C.D.</b>
Michael Gill	<b>Managing Director Gill &amp; Macmillan</b>

## THE MANAGEMENT COUNCIL 1986 cont.

Catriona Gahan	<b>Solicitor B.P. O'Reilly &amp; Co</b>
Mary Curran	<b>Accountant Irish Life</b>
Dr David Poole	<b>An Foras Taluntais &amp; Member of the Irish Council of Churches</b>
Joseph Sheppard	<b>Addiction Counsellor Ana Liffey Project</b>

Our company members had the opportunity to review our progress at our First Annual General Meeting which took place on 26th January 1987. We are grateful to those members who put themselves forward in order to take some of the burden off the Management Council's shoulders. We would like to thank all Company Members for their interest and support.

Those we are welcoming onto the Council for 1987 are:-

Renee Ruttledge	<b>Matt Bowden</b>
Donal O'Sullivan	<b>Declan Burke</b>
Thurlo Butterly	<b>Paddy Malone</b>
Brid Nic Aodha Bhui	



## PATRON

We are very honoured to have Mrs Maeve Hillary as our patron from this year. We are grateful to President and Mrs Hillary for their interest and concern.

## FUNDING

Apart from the Teamwork and Social Employment Schemes which have paid our young workers, we have been entirely dependent on voluntary contributions to finance the operations of the Project. Thankfully we have a small but very hardworking Finance Sub-Committee who are assisting us in this and taking some of the burden of fundraising off the full-time staff. Financially we are solvent but only just and it is increasingly difficult to remain so. We are really grateful to those companies who have put their faith in us again this year. On them has depended the continuation of our work. So we want to express particular thanks to the following individuals and Companies who have supported us in 1986.

### **National Truck Rental**

Mr Leslie Buckley      Becton Dickinson

### **Gonzaga College 5th Years**

Amdahl      Avis      Bank of Ireland

### **Conference of European Churches**

Aer Rianta      Mr Robert Podger

Mrs Bassett      Lombard & Ulster

Brennan, Reynolds & Woods

## SUPPORT BODIES cont.

Cork Street Fund      Allied Irish Banks

A.C.C. Ltd      Mr Joseph Davy

Hoescht Ireland Ltd      Brennan Insurances

Glaxo      M.E.P.C.

Glorney's Charitable Foundation

Servier Laboratories

P.J. Carroll Plc      James Crean plc

Irish Youth Foundation

Kindlon Ryan      J.M. Ryan

Leo Laboratories

Frank Glennon Ltd      The Stanley Trust

John O'Brien Insurance

Hibernian Insurance      Mercantile Credit

Kapp & Peterson Ltd

Irish Shell      B.M. Browne Ltd

Irish Sisters of Charity

Educational Building Society

Holy Child School      Ben McArdle Ltd

T.P. Whelan Son & Co

Smurfit Corrugated Cases

Irish Life Assurance Plc      Mr David Kennedy

**THE ANA LIFFEY PROJECT**  
(Company limited by Guarantee)

Extracts from Audited Accounts  
for year ending 13/12/86

1986

OPERATING INCOME

(IR£)

Charitable Donations 33,543

State Grants and Youth Employment  
Schemes 30,415

Capital Grant 13,500

Other Income 1,952  
79,410

OPERATING EXPENDITURE

Staff Wages and Overheads 73,714

Overall Surplus after Capital Grant 5,696  
79,410

BALANCE SHEET

Fixed Assets 22,213

Net Current Assets 14,214  
36,427

Funded from Cumulative Reserves 36,427

AUDITORS REPORT

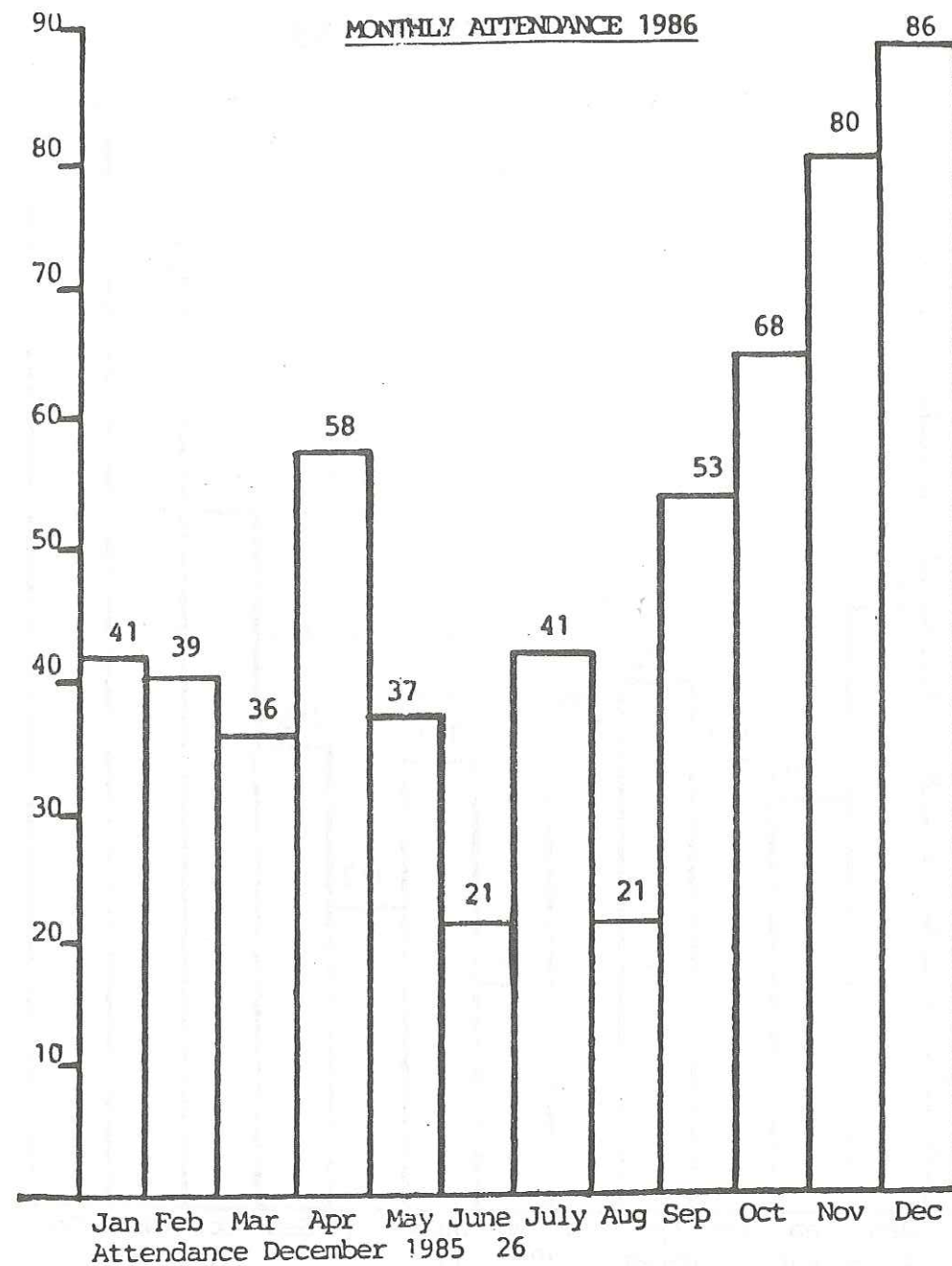
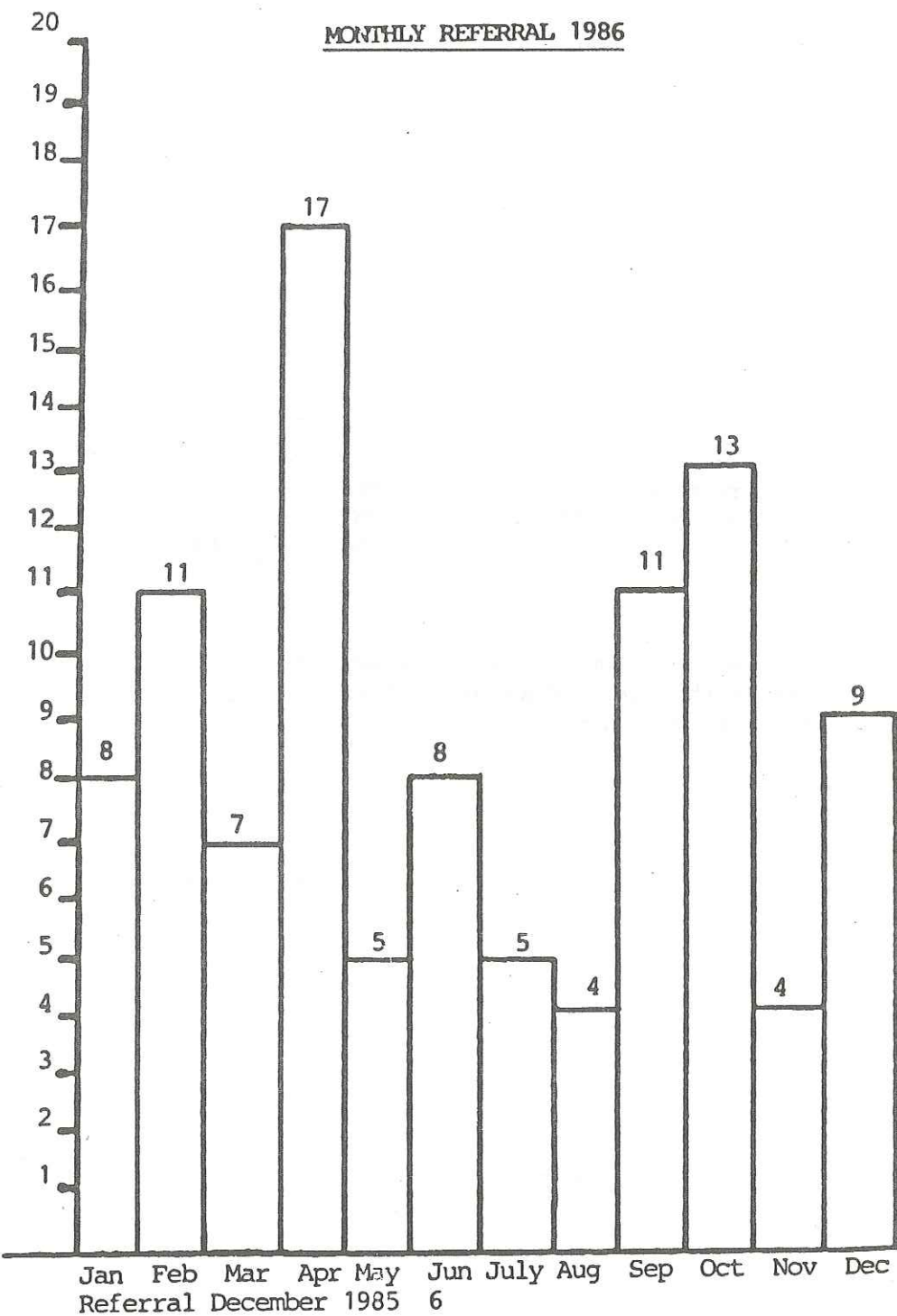
The above is an extract from the accounts on  
which we reported without qualification.

MAHON & CO. CHARTERED ACCOUNTS  
20th January 1987

1. Individual Clients	1986	-	237
seen	1985	-	129
per year	1984	-	127

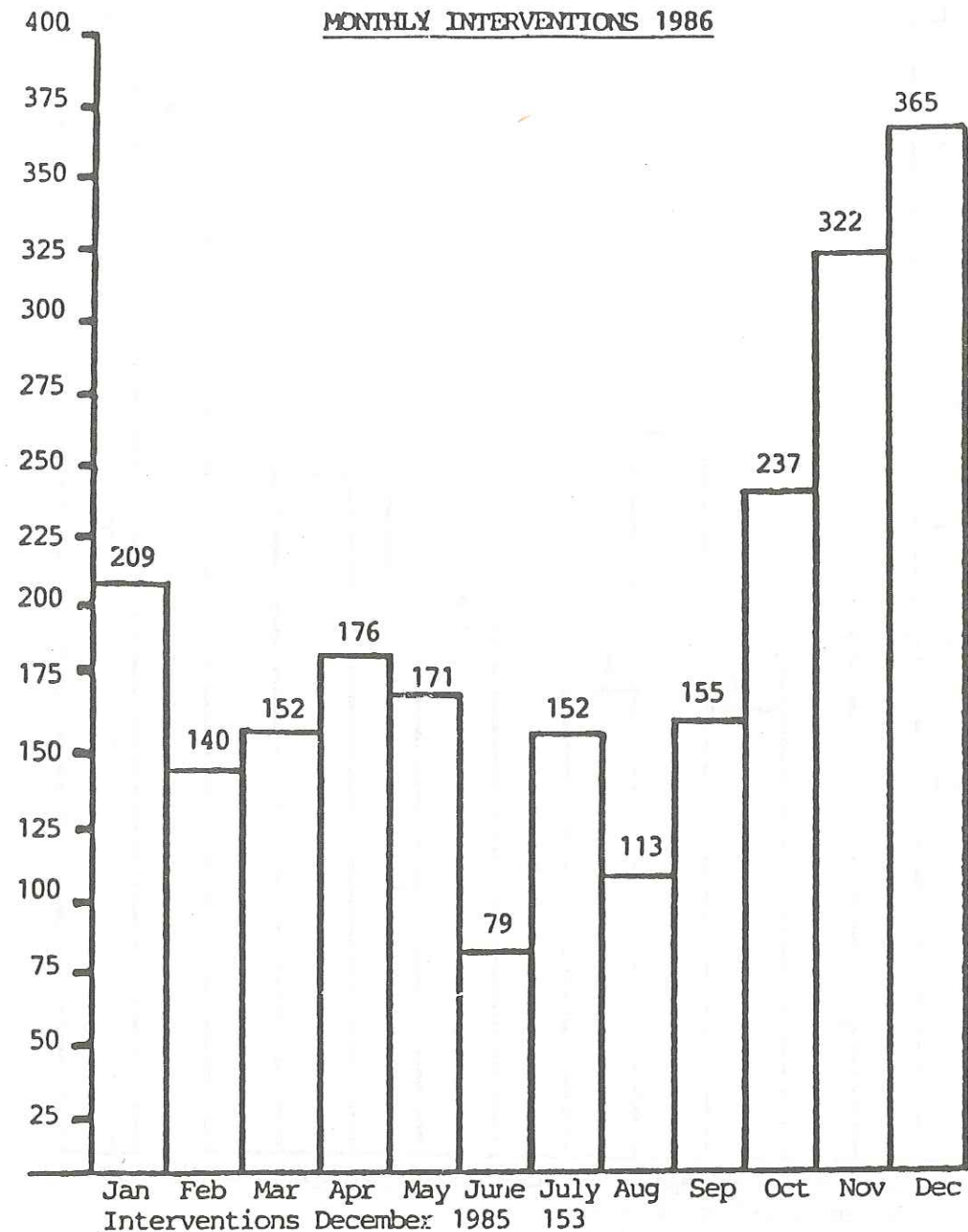
2. Referrals (i.e. new	1986	-	102
clients) to Ana Liffey	1985	-	62
per year	1984	-	113

3. The number of Counselling sessions with our  
clients that took place in 1986 was  
approximately 2,300.





# MONTHLY INTERVENTIONS 1986



" There seems to be an implied assumption that once you go for treatment, you are going to be cured. As we all know there are people who are not going to be cured at this moment, and they are not going to stop taking drugs just because the doctor won't perscribe them. We may not like their lifestyle, but they exist, and if they don't get drugs from legitimate sources, they will go to illicit suppliers ".

New Statesman  
17th Oct. 1986