



Drugs Project

Annual Reports
1998/1999

Ana Liffey Drug Project Annual Reports,

1998 and 1999

Presented at the Annual General Meeting of the Ana Liffey Drug

Project held on Friday 17th November, 2000

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In Brief:

Ana Liffey Drug Project is an independent project organised as a company limited by guarantee

Based in North Dublin City centre, accepting clients from all areas of the city without discrimination.

Offering support for drug users and their families based on an understanding attitude and a harm reduction policy.

Aim (1) to provide a safe environment in which drug users and their families can look at issues affecting their lives;

Aim (2) to promote a better public understanding and awareness of the issues of drug use and HIV/AIDS and Hepatitis;

Aim (3) to take account of and initiate responses to the ever-changing needs and developments in drug use

Employing a professional and well-qualified staff, including social workers, addiction counsellors and child-care workers.

Funded by a combination of state funding and grants and donations from Trusts, businesses and individuals

Services: **Drop-in centre** with a programme of events including literacy, music and art therapies, parenting and women's/men's groups. Open mornings and/or afternoons, five days per week

Peer Support Training Programme aimed at enabling clients to acquire life skills, education and understanding that they can then share with their peer groups

Children's Project, developed to address the problems of the children of drug affected parents

Prison Work: Programme of support, education and training – with particular involvement with detoxification programmes and with people who are HIV positive

Developing a wider programme of money management, outreach and skills training within the community.

Chairpersons Report

The Management Council of the Ana Liffey Drug Project is composed of members who give freely of their time and expertise to ensure that the project runs as smoothly and efficiently as possible, is financially sound and is operated by a well qualified professional staff. As chair of the Council I am grateful for this support and commitment of all the present members of the Council, as well as to those who retired during the recent past.

This report covers a period of progress for the Project in consolidation of the existing programme and its expansion. The projects work involves interaction with many people, including colleagues in other organisations and of course our clients in the city. It is by co-operation and understanding that the best service can be made available to those whose needs are considerable. Changing social habits and patterns of drug use make constant reappraisal of the programme and its guiding policies a challenge that has to be met by all of us in this Project.

Reference is made in this report to the opening of the new Children's Project which we all find very exciting and for which we have high hopes. There are several new areas which we are actually considering. One such would be a Drug Awareness Training Programme for workers in related areas of social outreach who recognise their need to be able to relate more effectively to the issues arising from drug use. Our Peer Support Training Programme has been very successful; we are seeking support for a further opportunity for those who have completed this course to go on to a Peer Graduate Training Programme. We are aware, also of the special problems in relation to drug use faced by some Ethnic groups in our city and we believe that a dedicated outreach to such people is very desirable.

In all this, we rely heavily on our Project Director who has our support in the exercise of his responsibilities, to Gary and the whole Staff Team in thank you for your dedication and for the very professional work throughout the period covered by this report.

Director's Report

It's been a busy and demanding time for the Ana Liffey Drug Project since the last annual report – indeed so busy that we have to combine 1998 and 1999 together to produce one report in order to make room for all of our other work! This annual report will outline much of that work, and hopefully give a flavour of what lies ahead for Ana Liffey in this new phase of our development.

We have in the past two years continued to develop our drop-in service, get the Children's Project underway, expand our work with Probation and Welfare in Mountjoy Prison, continue to cement the role of the Peer Support Training Programme and open a new building.

Demand for services increases with every passing year. Between 60 and 100 people use our service daily; there were over 14,500 visits made to the service by our clients in 1998 and over 14,300 visits made in 1999. Over 1,500 different clients made these visits in 1999, with an attendance ratio of 1.3 males to 1 females. Average attendance by individuals was 2.5 visits per month, but this was as high as 24 visits per month by certain service users (i.e. every day).

Visits by children amounted to only 2% of total visits but amount to over 220 different children. Increased attendance and increased quality of interaction is noted due to the opening of the Children's Project; however, one team member, a social worker has been working specifically with this group since December 1998 (as discussed below).

Major issues for our service:

As ever, many issues face our service users and therefore, our service. Access to treatment, rising concern over Hepatitis C, continuing issues re: HIV, homelessness, cross addiction, alcohol use, tablets and overdose, access to work, poverty and social isolation continue to be high on the agenda.

Ana Liffey Drug Project continues to work with many agencies and statutory bodies in order to address these issues. This is a continual struggle but is one that is essential if we are to be able to look our clients in the eyes and say that we are trying to help.

Opening of Children's Project

Of great delight to all concerned was the opening of the Ana Liffey Children's Project. After years of 'development hell', the Project got

underway last Summer. The original idea was created by Marguerite Woods and Vincent Daly, and I am happy to say that, although a few changes are in place from their first plan, the energy, purpose and creativity of that first idea is now firmly in place and already making a difference in the lives of over thirty families.

New Building

The development of the Children's Project along with the needs of the Peer Training Project and our own administration needs have meant that we needed access to more room. Although we signed the lease in December, months of renovation and re-decoration meant that it is only in the last few months that we have been able to move several of our services to their new home.

Staff changes

Franz, Olwyn, Richie, Emily, Sé, Donal, Joe and Sue have all left since the last report – we know that they are doing well as they are still close friends of the Project. Aaron, Mary M., Mary C., Brian, Clodagh, Ruairi, Bairbre and Peter have all joined the team. I thank all of the above, along with the stalwarts who have remained for their dedication over the last two years. Budla bos to one and all!

Financial Position

It's never easy to be a Charity and Non-Government Drugs Agency but continued support and assistance from Health board, Task Force and Probation and Welfare, have meant that our core services have continued unabated. New sources of support have allowed the Ana Liffey Children's Project to be started; and the encouragement and support of our Bank (T.S.B.) alongside generous donations from several Trusts (including Roomkeepers Society, Odiums, Irish Youth Foundation and Gulbenkian) alongside private donations from companies (A & L Goodbodies and Aer Rianta) have meant that our new premises are looking well.

Sometimes valuable donations come in sources other than cash. The work of our builders (Cuddalore Construction) our architect, Vivian Cummings, and donations of furniture (from TSB, Ted Castle Oil Products and the Bank of Montreal), have all helped make significant steps forward for Ana Liffey's commitment to bring professional services to all of our service users.

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Management Council

I'd like to thank all of the members of the Management Council for their support and guidance over the last two years. Chris and Ray, whose combined years of commitment are too many to be counted, have moved on to other things and so I say thank you for your help. Others who have joined us are Sue, Deirdre and Catherine and we look forward to years of dedication! Welcome back to Frank who has left behind ill health to reclaim his role as Treasurer. Finally, a special thanks to David, our Chairperson, who's continued availability and insight have made my task much easier.

Gary Broderick,
Project Director,
November 2000

The Ana Liffey Drop-in - The Heart of the Project

The Ana Liffey Project Drop-in is accessed daily by up to 100 service users, five days a week. Since 1994 over 1000, different drug users attend the service, with this number rising to 1450 in 1999, and since 1998, they have visited the service on over 14,000 different occasions in any given year.

The Drop-in operates from a non-medical, harm reduction ethos. In other countries the busy, low threshold street agencies have been in operation for many years, and are accepted as having a valid and necessary role to play in dealing with drug issues. The Ana Liffey Project Drop-in, in operation for 18 years, is still one of the only services of its kind in Ireland, operating a model of intervention that is well respected but rarely copied.

Ana Liffey ethos is grounded in 'journeying with' people from wherever they are at. This requires that we understand and accept that people who use our service are active drug users, and, although we may nudge them in the direction of change, may be slow to do anything about their drug use.

Therefore, we have a particular role in reducing the potential harm that drug use can carry. By spreading a harm reduction message, we encourage people who choose to use drugs to do so as safely as possible.

The Drop-in provides a prime location for educating people in matters of harm reduction. Informal group settings allow staff to promote discussion and debate on matters of concern; the social element of the Drop-in allows for networking and support between peer groups; and the service users themselves play an important role in sharing practical and up-to-date information with each other based on the reality of this week's problems.

Staff encourage service users to "spread the word" on harm reduction, with the Peer Support Training Programme growing out of the need to clarify and correct information that may not be as accurate as people consider.

Service users will generally have more trust in one another than they may have in any drug service. The Ana Liffey, through the Drop-in, recognises this and attempts to use it positively, as a powerful source of intervention and change in people's lives.

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In the Ana Liffey Drug Project, we work from a belief that everyone has something positive to offer. Therefore, we choose to welcome and accept every individual who knocks at the door. This service is willing to work with individuals who have been excluded from other services. They are often “barred” from places that we take for granted e.g. shops, restaurants, pubs, even certain streets in Dublin which are closely monitored. We feel that we have a duty to provide even the most difficult and challenging individual with a place of safety, a friendly atmosphere, and a listening ear.

If we cannot provide services to people who do not easily fit into our image of ‘recovery’ then we write off such individuals, sending the message to all that they are unfit for care.

By welcoming and accepting an individual, it is hoped that their sense of themselves and the skills that they bring with them will be deepened, leading to the possibility of future change. Decisions made by others tend to be ignored. If one has the power to make your own decisions, then change might occur. As William Miller asserts, ‘Acceptance facilitates change’.

The model of intervention that we base our approach on is humanistic, client centred and motivational, taking motivational interviewing as a central way of working. This type of intervention requires workers to be highly skilled in brief solution therapy and motivational work along with being professionally trained in addiction.

Flexible and Fun

It is impossible to write accurately about the drop-in service without mentioning the hours of fun that are had by both service users and staff. The Ana Liffey strongly believes in a balanced approach that includes humour. There have been times where we have had great singing sessions with everybody taking a turn in displaying their vocal talents. Credit for these moments has to go to staff and clients alike in promoting fun and laughter in the serious world of “drug rehabilitation”.

As for the future of the drop-in service, we will continue to try new and creative ways of working with our client group. We have inherited the drop-in from the past 18 years, and indeed the drop-in has become an institution with our client group; but when change is needed, we are not slow to rearrange. The Ana Liffey Drop-in has to adapt within the climate of current drug use and to work with and affect change where possible.

This means that we have to develop more focused drop-in work in order to appropriately provide for the diversity of individuals who attend. We as staff have recognised that more and more young people are

attending the drop-in, which has not been as big an issue in the past. These young people continue to attend the service regardless of our referrals to other agencies, and so we must provide a service that is more suited to the needs of young people without excluding our older clients. An outline of some of these responses is presented below.

The Ana Liffey Drop-in is a very creative way of attracting drug users into the Project. It is designed to meet them where they are at, and so far, we are happy that that is what it is doing.

Sub-Groups from the Drop-in:

Art Group

The Art Group had been running for several years, but our artist moved on to greater things and the painting stopped. Aaron re-started the group last year, and since that time, Wednesday afternoons have seen the creation of numerous masterpieces.

The group allows people to express their feelings and frustrations through a different medium, as well as providing a space for the gifted artists among our group. It also provides a space for group discussion as all painters work together in one room.

Music Group

As mentioned above, music and singing has long been present in our Drop-in, but not in a formal way. Ruairi began this group as a way of developing the musical skills of our group and since then a regular group of musicians come to play the guitar and sing. It adds a very pleasant feel to the Drop-in and highlights that good fun can be had through the use of mind-altering music rather than substances!

Literacy Group and the ‘Ana Banana’

Miranda has been running the literacy group for several years, providing service users with the chance to up-grade their reading, writing and spelling skills. The work is focused on the needs of each individual, often centring on the person’s desire to express themselves to others; be that officially through letters or more personally through poetry and story telling.

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To facilitate the latter, the 'Ana Banand' is published by the Project. It's an in-house newsletter that is compiled by the service users and includes anything that they want to say.

Open Forum

The Drop-in staff facilitate a regular meeting with service users, so that everyone involved with the Ana Liffey get to talk about their needs, concerns and wishes. The meeting allows staff to hear first-hand exactly how service users feel about certain issues; but it also ensures that service users get to hear about developments to the programmes and the reasons behind decisions that are made.

Women's Group

The women have asserted themselves well in our Project. They have their own Drop-in which is discussed below, but they also have their own group, which meets every Monday afternoon.

This open group allows participants to explore their own issues arising with the women designing their own education and craft programme (including painting, poetry and health issues).

Men's Group

The men required a space to work with their issues also. A group began but was poorly attended. It emerged that the men really wanted their own Drop-in (like the women). To date we have not been able to facilitate this, but as demand for it continues we are trying to find a space for it.

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The Peer Support Training Programme

Operating for well over 3 years, and coming from initial pilot programmes developed during the early and mid 1990s the Peer Support Training Programme (PSTP) is one of the most successful programmes Ana Liffey has ever run.

Working from the premise that the best people to influence drug users is drug users themselves, the PSTP attempts, through adult education and group dynamics, to create a programme where participants can upgrade their skills and become more aware of best practices in drug use.

By sharing relevant information about treatment agencies, about HIV and Hep. C., and drug information, we aim to create a better understanding of the issues of concern to our drug using participants, so that they can influence the behaviour of their peers.

The programme runs for 12 weeks and participants attend four mornings each week. They do so voluntarily, without payment; and they must attend regularly or they will not graduate.

The course covers many topics, including:

- Treatment options
- Safer injecting
- Safer sex
- HIV and Hep. C.
- Healthy Eating
- Listening skills
- Art work and self-expression
- Literacy
- NCVA in personal development.

The course doesn't focus attention on getting on a course or employment afterwards, but has had a number of members moving on. In 1999 for example, 27 people graduated and they moved on to the following:

- 6 Other Training courses
- 3 Working
- 6 Working on C.E. Schemes
- 3 Working in peer activities in Ana Liffey Drug Project
- 1 Other
- 5 Awaiting confirmation of further courses or work
- 3 Choosing not to engage in other activities at the moment..

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The course is fun and involving and leading to the development of a longer course that will be able to focus on future possibilities.

Our thanks to all the participants who make the course so easy to run. Encouragement to the many others who haven't tried it yet – it will benefit you enormously!

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Prison Work at Mounifoy

The current detoxification and treatment programme, established by the Minister for Justice, commenced in the Medical Unit, Mounifoy prison in July 1996. It is co-ordinated by the Probation and Welfare Service, and includes inputs from various organisations including Ana Liffey, Coolmine, Ballymun Youth Action Project and staff from the Medical unit itself.

Having inputs from the various organisations offers the participants choice of the different approaches and philosophies used by the relevant agencies. As there is no one single "cure" for the complex issues of addiction, it is important that those taking part in the programme explore different schools of thought on these issues.

The programme accepts nine participants every seven weeks. Operating in a drug free wing of the medical unit, the majority of the participants come from the main unit in Mounifoy Prison; the programme is, however, also open to people from Wheatfield Prison. Participants who require a medical detoxification undergo a 10 day methadone detox prior to the start of the programme.

Two members of Ana Liffey staff facilitate the twice weekly groups. A strong emphasis is placed on group process and we try to facilitate a sense of team with the participants in the group, as an understanding of ourselves in groups can equip us with the knowledge and skills we need to recognise our strengths and weaknesses in life in general.

The Ana Liffey insists that fun is a normal and positive part of the programme and this is used effectively in the role play exercises, to encouraging the more creative side of the person thus building up self-esteem and self-confidence.

Due to the success of the original programme a second programme was launched earlier this year. Ana Liffey maintains its commitment to this way of working with a group of men trying to make a positive change to their lives, and is now working twice weekly with both detox groups.

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"Women's Things" - A Reflection on the Women's Drop-In

A number of our female service users requested a Women's only Drop-In. They felt that a space that allowed them alone to explore their issues was relevant; but that the structure of a set group would be unhelpful. If it was to happen, it needed to be in the morning and, even though male staff would be welcome (sometimes!), preference was for an all female space.

The north inner city has a higher ratio of women users to men users when compared to other parts of Dublin. Approximately, that ratio is 3:2 (three men for every 2 women), compared to 2:1 (two men for every one woman) elsewhere. Therefore, after consultation with the women and staff, a pilot period of six women only drop-ins was offered to the women, to see how things might go, starting on Thursday morning, February 4th 1999.

This group has become a great success, with the attendance of no more than 20 visitors on the Thursday Morning. The women themselves have created a safe environment and this is sustained by the ability of the women to create group discussions.

It has been said by the women that having men present in the drop-in impedes discussions of any feelings and shared experiences. The absence of men has allowed for a greater exploration of their own needs. This has resulted in us inviting several groups and speakers to the women's drop-in to offer inputs and support on safer sex, childcare and parenting issues, health and beauty and assertiveness.

A space for 'Women's Things' has been a valuable asset to the Ana Liffey. It's given us new ideas for how to make a Drop-in more active in creating ways forward for our service users. Indeed, it gave the impetus for the re-convening of the art group and the creation of both a music group and a women's group. The men are now asking that a men's drop-in and men's group also be considered.

The pilot period is over; and now the women's drop-in is an established part of the weekly timetable.

Ana Liffey's Approach to Networking

Due to the changing needs of our client group, we have to be up to date with all emerging services and all the existing agencies so that we can refer people for the types of specialised advice and support that we are not trained to offer.

Part of this process includes linking and liaising with other voluntary and statutory organisations allowing contacts to be made, so that a two-way referral system and a platform to engage in dialogue at local and government level can occur.

For example, being present Local Drugs Task Force meetings, prison meetings held by Probation and Welfare, being involved with the Voluntary Drug Treatment Forum and the Governments Advisory Committee on Drugs helps us to understand policy, while also have input on policy-making decisions that directly affect our clients.

As a Project Worker/Counsellor at the Ana Liffey Project, our work also entails a key worker system so that staff members are able to have regular contact with the Eastern Health Board clinics, Detoxification Units, Hospitals, Respite Care Centres, Social Workers and Family Support Workers.

It has been recognised that we currently have increasing numbers of clients who are homeless and so it has been necessary to build strong links with Charles Street, Focus Housing, A.I.D.S Housing Fund Project and Dublin Corporation.

Due to our continued and expanding prison work and court reports system, we are continually in contact with Probation and Welfare Officers and local solicitors, and indeed the local Garda Officers.

The Peer Support Education Programme that is run at the Ana Liffey programme has provided us with a strong network at local and European level; we are also the main Irish drug service involved in the European Forum for Children and families affected by HIV / AIDS.

Services that we network with locally are the D.A.A. , Pathways, Chrystalis, Cairde, The Crinan Project, Merchants Quay, and Macro.

Networking also happens at a very early level through student placements, particularly from students who want the experience of being part of the Drop-in service and the Children's Project. All student

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placements receive a great welcome from our service users. The Ana Liffey also welcomes student nurses throughout the year from the Mater and Tallaght hospitals, and we facilitate student Gardai. This gives us a great opportunity for both service users and Gardai to break down barriers and typical stereotypes, and to create a broader awareness and acceptance of one another. A list of the colleges who train here is included below.

I would like to conclude by thanking all of the agencies and organisations, both voluntary, community and statutory, as well as the colleges who send their students to us; I hope the mutual benefit of our continued networking and communicating is ultimately making life easier for our service users.

Thanks to: Eastern Regional Health Authority and all of its many services, particularly City Clinic, Domville House and Trinity Court, Castle Street and Cuan Dara; Department of Justice and the Probation and Welfare Services; Department of Education; Minister Eoin Ryan and his predecessor Chris Flood, T.D., and the Department of Tourism, Sport and Recreation; Advisory Committee on Drugs.

National Drug Strategy Team; North Inner City Drugs Task Force and its sub-committees; ICON.

Mater Hospital, St. James' Hospital, Cherry Orchard and Beaumont Hospitals. Community Services Area 7 and its many services and staff.

Merchants' Quay Project, Ballymun Youth Action Project, Coolenine Therapeutic Centre, Community Response, Dublin Aids Alliance; Cairde, Críon Project, SAOL and Focus Ireland.

Ann Daly and Marie Casey, NIC Literacy Organisers for the VEC for its continued support and funding of our literacy and group work

And to the colleges who sent their students: Addiction Studies, Trinity; Social Work students, Trinity and UCD, Youth and Community, Maynooth; Social Care Course, from D.I.T. Rathmines and Sligo, student Garda, student nurses from Mater and Tallaght Hospitals.

Ana Liffey Drug Project also works with the Children's Rights Alliance, HIV Services Network, UISCE (drug users forum), IAAAC (Irish Association of Alcohol and Addiction counsellors) and Comhlámh.

The Children's Project

Finally, after a long period of waiting the Ana Liffey Children's Project became fully operational in July 2000. The purpose of this article is firstly, to outline the history and the rationale for the children's Project and secondly, to highlight the services that the project offers to children and families.

The Children's Project is a joint ChildCare initiative operated between the Eastern Regional Health Authority (Community Services Area 7) and the Ana Liffey Drug Project.

The necessity for a project, which would work specifically with parents/children, was apparent to staff at the Ana Liffey since the early 90s. It was noted that a high number of parents were attending the project with their children; however there was no specific program to meet their needs.

In fact, looking at the wider child care context there seemed to be lack of services able to respond to the emotional needs of children from drug using backgrounds or, indeed, to address child/family needs in a preventive and proactive manner.

It was also apparent that a number of parents had concerns about contacting statutory services for support with child-care issues. It was hoped that if the Ana Liffey could work in partnership with the statutory bodies, some of these concerns could be partly alleviated.

In an attempt to respond, the Ana Liffey Drug Project contacted Community Care Area 7 with a proposal for establishing a Children's Project. In 1994, the Eastern Health Board agreed to fund the project. However due to number of difficulties it was not possible to proceed with the project until 1998. In December 1998 a Social Worker was employed to develop the service and in July 2000 the Children's Project moved to a newly renovated premises at 112 Middle Abbey St and employed a team of two social workers and two child care workers.

Elsewhere in this report the metaphor of "journeying with people" was mentioned. The Children's Project is also grounded in a similar ethos and we endeavor to "journey with parents and children together". In practice, this means working in partnership with children and parents/carers, helping them to explore and cope with the issues impacting on their lives.

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All services are united through a common objective "To promote and support high quality parenting and enhance the quality of life for children whose parents use drugs".

To date work with children and families, this has included:

- Family Support
- Counselling
- Art and Play Therapy
- Social Outings
- Life Story Work
- Summer Project
- After Schools Project
- Parenting Groups
- Advocacy
- Advice
- Training

On a daily basis, this means working directly with children, responding to their specific developmental needs. It also means working together with drug using parents supporting them in the task of caring for their children.

At a practical level we endeavour to respond to the complex issues which impact upon the lives of the parents and children who use our service, e.g. access to treatment, homelessness, concerns around HIV and Hep.C, imprisonment, anxiety about attending school, access to children in care, parentification.

The Summer Project and the After Schools Groups provide a safe space where children, through the medium of play, art, activities etc., can address specific issues: for example parents' drug-use, children rights, gender and personal safety – all conducted within a peer group context.

We accept referrals from a number of different sources in the area of Community Services Area 7, including Social workers, Public Health Nurses, Probation, Treatment Centres, as well as self-referrals.

We try to work in partnership with a number of community, voluntary and statutory organisations advocating in the best interests of the children and families who use the service.

As an agency we feel that ongoing service development should take into account the wishes and interests of children and parents who use the service.

We also try to ensure that the "voice" of service users is heard at the level of policy formation: to date we have sent submissions on behalf of clients to the National Children's Strategy.

The Ana Liffey Drug Project is the Irish representative agency for European Forum on HIV/AIDS for Children and Families. The forum works to ensure that the view and concerns of families living with HIV/AIDS is heard by those developing services and policy throughout the European Union.

As the project works quite intensively with families it is essential that we take on a limited and manageable caseload. However, to date the Children's Project has offered a service to 27 families and has offered therapeutic and group work programmes to over 20 children.

As Team Leader of the Children's Project, I am aware, that although the first proposal for the service was submitted in 1994, we are still a young project. We are still developing our service; but we look forward to the future with hope and anticipation.

I would like to thank the Children's Project team for their support hard work and commitment. I would also like to thank the Ana Liffey Drug Project Management and staff for their support and encouragement. A word of thanks must also go to Francis Chance, former Head Social Worker of Community Services Area 7 for his commitment to the Children's Project. Thanks to the numerous services throughout the North Inner City that have offered me advice and welcome.

Finally, I thank the families and children who have decided to use our service; we have taken encouragement from their strength and resilience.

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Something For The Head

: A Reflection on 'Tablets'

Before beginning this treatise on 'tablets', it is important to point out to the uninitiated reader, that the term 'tablets' refers to particular types of drugs; specifically benzodiazepines and tricyclic anti-depressants. This is no arbitrary definition, it is shared by our service users, and is therefore methodologically relevant. However, what follows is hardly a systematic analysis of tablet consumption, as it relies largely on anecdotal information.

'Tablets' doesn't mean Diconol or Physephone pills anymore, although the I.V. use of these drugs was of so much concern, that they were removed from the Irish market in the 1980's. Older clients tell me that Benzos were worthless in the drug economy at one time; they were generally given away; now many sell for at least £1 a tablet.

While methadone was difficult to access, prescriptions for Benzos were easier to obtain. The interplay between methadone and 'tablets' is an interesting one that has not gone unnoticed. Dr Ide Delargy, the G.P. coordinator of the methadone protocol 'declared war' on unscrupulous prescribing of Benzodiazepines.

The narrowness of our definition is analytically useful in that it lends itself to comparative studies, but this does not necessarily simplify matters. On the contrary, the issue is a highly complex one, not least because of the contradictions and anomalies thrown up by any comparative analysis.

At this juncture it may be useful to introduce some subjective factors. 'Tablet use' implies human agency, so it is imperative that we examine why our service users use tablets, how they rationalise what could be seen as irrational behaviour (particularly those who's tablet use exceeds the 'recommended dose'). Also significant here are the lines of internal differentiation that are drawn by tablet use, and the attitudes such divisions encourage. Unfortunately, systematic research into these behavioural patterns, and the internal tensions among drug users that tablet use engenders is lacking at present.

The political economy of tablet use is markedly different from that associated with street drugs like heroin or hash, but it is largely with reference to the use of such street drugs that the 'drug problem' is defined and acted upon.

Comparing the legal status of tablets with hash or heroin is insightful. Hash and heroin can only be obtained illicitly, with everyone implicated in the economy associated with these drugs acting in a criminal manner. We label the participants 'Pushers', and 'Junkies' and working in 'Drug Rings'. Those involved in the distribution of tablets are labelled 'Chemical Corporations', 'Businessmen', 'Doctors', 'Pharmacists', and 'Patients'. In such ways, social approval or disapproval of drugs is reflected in, and sustained by language.

As Thomas Szasz points out in 'Ceremonial Chemistry': The difference between someone using a drug and his being addicted to it is not a matter of fact, but a matter of our moral attitude and political strategy toward him. (Szasz: 1985: 53)

Szasz's central thesis is that society must generate scapegoats in order to maintain its legitimacy. For Szasz contemporary scapegoating, particularly of the 'mentally ill' and 'drug users' have come to replace the antiquated scapegoat of witchcraft. While Szasz can be accused of using the same argument in his writing, the analogies of the witch, and the mentally ill are illuminative.

Witchcraft and medicine once occupied the same social space, outside of the theocratic order, maintained by the church. The 'men of science' were considered heretical, as they represented rationality and scientism. With the secularisation that inevitably came with the rise of rationality came drug controls, hitherto unknown. This recent phenomenon dates back just over one hundred years. The 'Theocratic state' is subsumed by an emergent 'Therapeutic state', with doctors occupying roles once held by priests.

The image of the mentally ill is particularly poignant, if not ironic, considering we are primarily concerned with the use of what can be termed 'psychiatric' drugs; in many ways we are currently witnessing a vigorous psychiatrisation of drug use and drug users. This has protective or legitimating effects for our society. Psychiatrising dissent, especially if that dissent is expressed by the use of unsanctioned substances, locates

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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 1998

Income and Expenditure	1998	1997
Operating Income		
Grants From:		
Statutory Authorities - General Purpose	206,384	195,000
Statutory Authorities - Horizon Project	3,434	43,667
Other fund raising and donations	11,133	3,305
Bank Interest Income	1,702	945
Fee Income	-----	2,000
Vehicle Sale Surplus	347	-----
	<u>223,000</u>	<u>244,917</u>
Operating Expenditure		
Staff Salaries & PRSI	188,861	162,180
Operating Overheads	48,788	62,827
	<u>(237,649)</u>	<u>(225,007)</u>
Operating Surplus/(Deficit) for the year	<u>£114,649</u>	<u>19,910</u>
Balance Sheet:		
Total Assets		
Fixed Assets, at Net Book Cost	5,276	15,129
Net Current Assets	80,211	85,007
	<u>£85,487</u>	<u>£100,136</u>
Funded From Cumulative Reserves		
General Reserve Fund	52,819	67,468
Capital Reserve Fund	32,668	32,668
	<u>£85,487</u>	<u>£100,136</u>

Auditors Report

The above is an extract from the accounts on which we reported without reservation on 18th June 1999.

Mahon & Company
Chartered Accountants & Registered Auditors
24 Lansdowne Road, Dublin 4
18th June 1999

in many ways we
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the problem in the individual, not in the society. Vital to the authority of medicine is the fact that it is seen to be morally neutral with its associated vocabulary of 'treatment', 'diagnosis', and 'therapy'. In such a climate any interventions with drug users which may in other circumstances seem morally ambiguous, are beyond all moral ambiguity when labelled 'treatment' or 'therapy'.

Psychiatry has a tendency to personalise what is political, negating the individual's 'dissent', and invalidating their experience. Whereas, for the situation of drug users to improve, their personal troubles require politicisation, not psychiatrisation.

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 1999

Income and Expenditure	1999	1998
Operating Income		
Grants From:		
Statutory Authorities	265,081	209,818
Other fund raising and donations	27,353	11,480
Bank Interest Income	1,193	1,702
	<u>293,627</u>	<u>223,000</u>
Operating Expenditure		
Staff Salaries & PRSI	238,115	188,861
Operating Overheads	49,121	48,788
	<u>(287,236)</u>	<u>(237,649)</u>
Operating Surplus/(Deficit) for the year	<u>£6,391</u>	<u>£(14,649)</u>
Balance Sheet:		
Total Assets		
Fixed Assets, at Net Book Cost	2,825	5,276
Net Current Assets	99,053	80,211
	<u>£101,878</u>	<u>£85,487</u>
Funded From Cumulative Reserves		
General Reserve Fund	59,210	52,819
Capital Reserve Fund	42,668	32,668
	<u>£101,878</u>	<u>£85,487</u>

Auditors Report

The above is an extract from the accounts on which we reported without reservation on 26th May 2000.

Mahon & Company
Chartered Accountants & Registered Auditors
24 Lansdowne Road
Dublin 4
26th May 2000.

Ana Liffey Drug Project Management Council:

Ms. Catherine Bell (Secretary)
Mr. Frank Woods (Treasurer)
Ms. Patricia Conway
Mr. Mick Lacey
Ms. Susan Hopkins
Ms. Deirdre Canavan
Ms. Rose Toal
Ms. Deborah Morgans
Mr. Gary Broderick

Staff:

Gary Broderick, Project Director
Brian Melaugh, Team Leader, Children's Project
Rose Toal, Team Leader
Mary Callan, Childcare Worker, Children's Project
Sinead Harte, Locum Project Worker/Counsellor
Clodagh Henshaw, Social Worker, Children's Project
Gloria Kearns, Administration
Baibhre Kelly, Childcare Worker, Children's Project
Peter Lyons, Project Worker/Counsellor
Ruairi McAuliffe, Project Worker/Counsellor
Deborah Morgans, Project Worker/Counsellor
Mary Mulligan, Project Worker/Counsellor
Aaron Swift, Project Worker/Counsellor