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Ana Liffey  
Drug Project

Annual Report  
1994

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Presented at the  
**Annual General Meeting**  
of the  
**Ana Liffey Drug Project**  
held on  
**Thursday, 25th May 1995**

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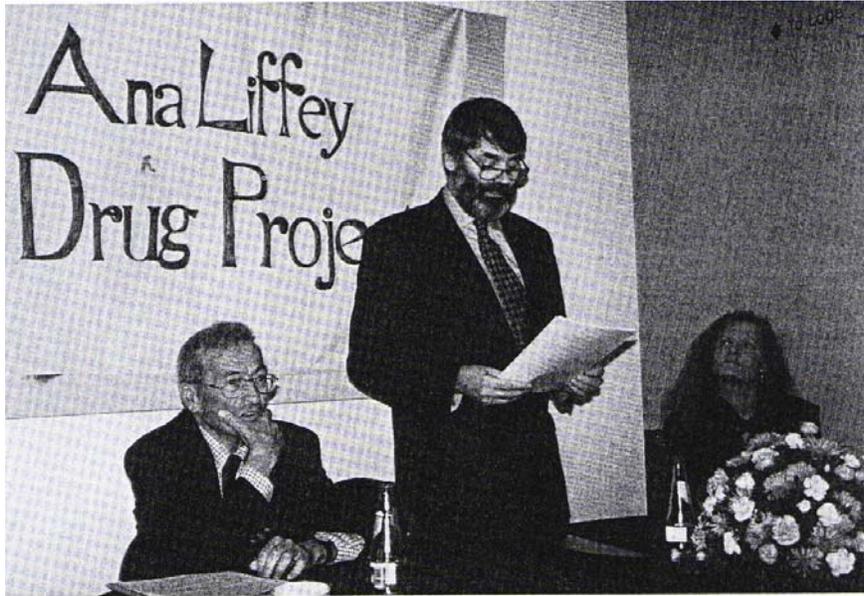
Ms. Rose Toal (project worker/counsellor)

Ms. Bríd Nic Aodha Bhuí (secretary)



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## **Speech of the Minister for Social Welfare, Mr. Proinsias de Rossa, TD at the launch of the Ana Liffey Drug Project Report 1994**

It gives me special pleasure to be invited here today to officially launch the Ana Liffey Drug Project Annual Report for 1994. I would like to thank the Chairperson, the Management Council members and the Staff of the Project for your kind invitation.

Since its inception in 1982 the Project has provided a range of services and supports that have had to be both adaptable and responsive to the constantly changing demands placed upon its services by the nature of the problems associated with drug misuse. The old thinking, that the solution to these problems was prosecution and custodial sentencing, failed to recognise the underlying social, medical and personal difficulties inherent in the situation. The work of the Project has gone a long way towards addressing these problems and, more importantly, helping to find solutions. It is to be hoped that you will continue to be as innovative in developing new strategies in dealing with future demands.

If I might just refer to some of the figures quoted in the Annual Report, I think you will agree that they make sobering reading. A total of 855 people attended the Project in 1994, an increase of 16% over the 1993 figure. But the most significant statistic for me, reading the Report, was the virtual doubling of people attending the centre in the period 1990 to 1994. This figure alone encapsulates the relevance of the Project to the people it serves and their families and the focus it helps to give to their lives. It also highlights the tremendous commitment of the staff to the job in hand. This report marks the culmination of yet another period of progress in what must still be regarded as one of the more demanding areas of social concern for Dublin. Hopefully, the successes of the past year outweigh the difficulties and will serve to galvanise your efforts in the year to come.

The Report also touches on the transnational dimension of the drug problem and provides an insight into the extent and management of the problem in the city of Frankfurt which was visited at the end of the year as part of the VISTA training project. It is hoped that through a sharing of experiences on an international scale new approaches and initiatives can be fostered to tackle the problem of drug misuse and the attendant problems of social exclusion.

I am sure that you are all aware that I have a keen interest in local initiatives and in the whole process whereby locally based groups tackle the problems facing their communities on their own terms - through harnessing local drive and knowledge and developing effective partnerships with each other and with statutory agencies.

We must, however, be aware of the limitations of local initiatives - they cannot solve underlying economic problems. We cannot expect local communities to solve problems that have defeated State and social partners.

To complement and augment local initiatives I recently announced at the "Putting Poverty 3 into Policy" conference that the Government had approved a proposal for the drawing up of an anti-poverty strategy by a high-level Inter-Departmental Policy Committee.

This strategy will require all Government Departments and agencies to target poverty and social exclusion in their policy-making. The Committee will likewise be required to provide for consultation with and participation by those affected by social exclusion through the organisations which represent them.

The Plan will involve:

- the selection of key themes which must be addressed if poverty and social exclusion are to be overcome;

- the setting of specific targets within each theme against which progress can be assessed;
- recommending the type of institutional mechanisms to be put in place to ensure that the issue of poverty and social exclusion is firmly on the agenda of all Government Departments;
- the use of the Strategic Management Initiative currently underway in the public service to reflect the Government's commitment to an anti-poverty strategy;
- the preparation of a statement setting out the nature and extent of poverty and social exclusion in Ireland.

The Committee's report, which is to be ready by the end of 1996, will form part of the National Report for submission to the United Nations. The Combat Poverty Agency will be asked to monitor progress in the achievement of targets set out in the Anti-Poverty Plan.

To conclude I would like to take this opportunity to wish the Ana Liffey Drug Project continued Success in the future. We have within our grasp an opportunity to tackle and solve the problems of disadvantage and social exclusion in our society caused through the misuse of drugs. I feel confident, with the commitment that has been demonstrated by the Ana Liffey Drug Project, and similar projects that we will succeed. I look forward to reporting that success at the launch of your Annual Report for 1995.

## **1994 - Changing world, changing work!**

It hardly seems like a year has passed since the last Annual General Meeting of the Project and the compilation of the 1993 Annual Report. At the launch of the Annual Report 1993, the then Minister for Health, Mr. Brendan Howlin, TD said "I note that the Project commenced in 1982 and since that time the range and level of services has been developed significantly. The Project was established at a time when the need for services for people with HIV/AIDS had not become apparent and it is a wonderful tribute to the initiative and talent of the people concerned that they managed to develop services to cope with the new demands placed on it not only by the problem of drug misuse but by the spread of HIV/AIDS."

1994 has been another busy year during which both the new and changing demands made on our small service and centre have increased once again. The continuing and changing effects of drug use and associated issues such as HIV have altered the nature of the service in recent years. Whereas essentially our services remain the same - the drop in centre, counselling programme, the prison counselling programme, the family support service, community outreach - the issues which arise and our response has changed and is developing all the time. The Centre has changed significantly since 1990.

During the year many exciting things happened. In January 1994 a delegation from the Horizon Programme, the Project staff and our French transnational partners visited the President at Aras and Uachtaráin. In February a group travelled to France where they spent two weeks participating in our French partner's retraining programme. In May the Annual Report 1993 was launched at a reception following the Annual General Meeting of the Project. In September a group of participants and trainers from Germany came on a transnational visit to Dublin. In October we participated in the European Drug Prevention Week Conference in Dublin and at the Cross Border Conference in Craigavon a presentation on Drugs and Community was given. In December a group travelled to Frankfurt for a week long transnational visit.

During the year the Ana Liffey Drug Project also worked along with several other voluntary and statutory agencies to provide a training programme to professionals and volunteers from both statutory and voluntary organisations with regard to children, HIV and bereavement. Another such course will be provided in May 1995.

We are also currently in the process of designing and implementing a service for drug using parents, particularly women, and their children in association with the Eastern Health Board. This service will be ground breaking in that its family support approach to the issues of drugs and HIV will be introduced to Ireland.

However on a day to day basis the on-going work of the Project carried on, the centre opening each day at 11.00 am and closing its doors again at 5.30 pm. As seen in the report which follows a large number of individuals used the services or participated in the activities of the Centre during the past year. Some individuals came to the service for the first time, others continued to participate in the activities of the drop in centre, counselling programme, prison counselling service, family support service and the retraining programme.

The Project often appears to be bursting at the seams. In a sense we are victims of our own success in outreaching to and attracting many individuals for whom illicit drug use is a problem. Space is limited and funding resources always problematic. However the staff team provides an excellent service and deserves to be congratulated. I would like to thank them.

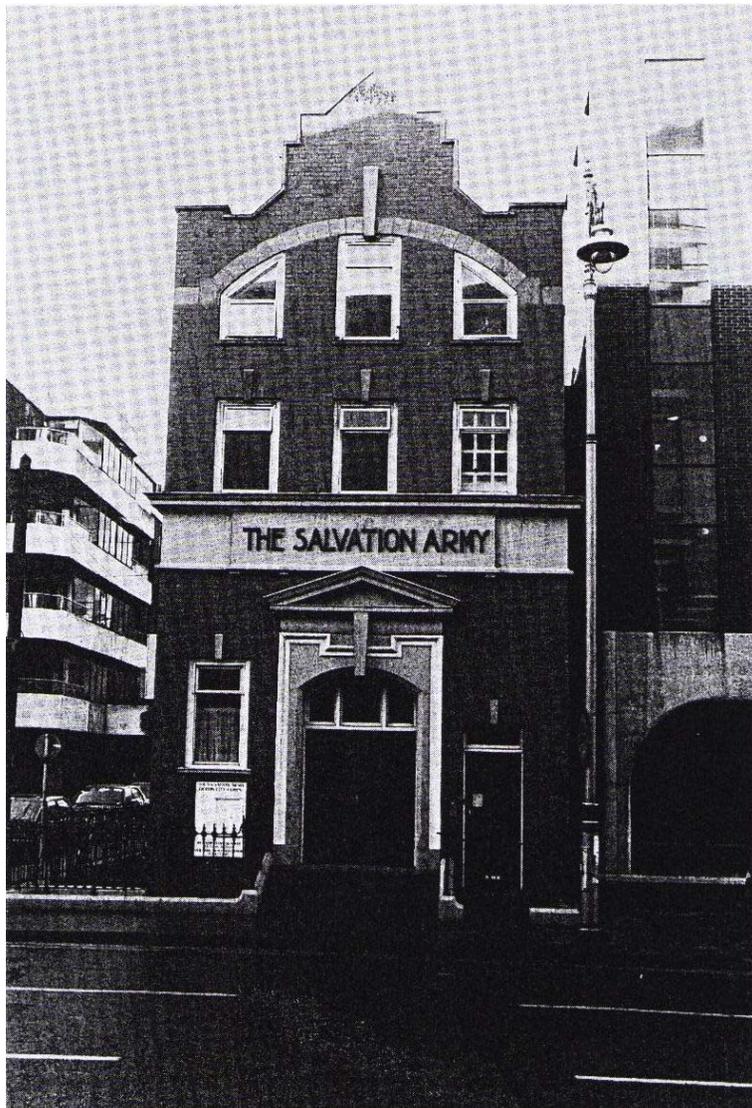
We are convinced of the vital role which the Ana Liffey Drug Project, as a voluntary drug agency, is playing. We are also aware of the creativity of which we are capable in the

provision of alternative services. We acknowledge and welcome the recently published “Shaping a healthier future: A strategy for effective healthcare in the 1990’s”. Any strategy which describes one of the strengths of the healthcare system as “a strong voluntary sector which provides an integral part of the public system without foregoing the benefits of independence and flexibility” will indeed be welcomed by the Ana Liffey Drug Project. The strategy acknowledges the role voluntary organisations have played in identifying and responding to the needs in the community.

Another year lies ahead and we would like to renew our commitment to promoting and serving the interests of all those who use the Project. It is they who continue to make it all worthwhile.

Unfortunately, each year as we reflect on our achievements, we are reminded yet again of those who have died during the last year and in previous years. Once again we have the sad task of offering sympathy and support to their partners, children, families and friends.

Marguerite Woods  
Director  
May 1995



## Reporting on work 1994

### Aims and Objectives

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

In order to achieve this aim the Project works to:

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

In 1994 the service presented major challenges to the staff of the Project. During the past year the Ana Liffey Drug Project has operated with a staff of seven individuals - a director, secretary, and four project workers, who are employed to carry out the aims and objectives of the Ana Liffey Drug Project, and the HORIZON programme coordinator. The HORIZON Programme has now been completed and we have returned to a staff of six workers. This actually represents a decrease in the staffing levels with which the Project operated during the previous three years. During the next year we hope that this situation will be improved with the employment of an additional worker. The use of staff time is effective and a majority of each staff member's hours are spent in direct service.

We are seeing more and more individuals under the age of twenty years, many people are presenting with crises, health problems have increased and the effects of AIDS/HIV related illnesses lead to the emergence of new needs and demands.

Our attendance demonstrates that drug users will present to services if they are accessible, user friendly and meet the individual "where they're at". In using a motivational perspective we work with people who are at various stages in dealing with and challenging their use of illicit and other drugs.

Much of our work is about making contact, developing relationships, providing options, exploring options, encouraging participation and focussing on increasing the self-efficacy, resources and skills of the individual.

As demonstrated below, the number of individuals using the service is increasing significantly. While each year the number of individuals with drug problems increases steadily, the number of family members remains almost the same. The increasing attendance of women drug users is currently a particular feature.

### Attendance/Participation

During **1994** the Project made contact and worked with a total of **855** separate individuals. This represents a significant increase of the numbers of individuals attending as compared with 1993. It is important to reflect on the attendance since 1990.

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

### Individuals 1990 - 1994

Year	1990	1991	1992	1993	1994
Number	445	631	681	739	855

Between 1990 and 1991 there was an almost 42% increase in the numbers of individuals attending. This was the most dramatic percentage increase witnessed in any one year. Between 1991 and 1992 and 1992 and 1993 there were percentage increases of 8% and 8.5% respectively. 1994 attendance represents an increase of almost 16% on that of the previous year. Comparing attendance during 1990 with that during 1994, there has been almost a doubling (92%) of the numbers of individuals using the service.

### Contacts

Counselling contacts or interventions totalled **13,692** during 1994. Again this represents a considerable increase on the 1993 figure.

### Contacts 1990 - 1994

Year	1990	1991	1992	1993	1994
Number	8,759	10,770	9,995	12,194	13,692

In 1990 counselling contacts amounted to **8,759**. In 1991, **10,770** counselling contacts were made and in 1992, **9,995** were made. In 1993 **12,194** counselling contacts were made.

Between 1990 and 1991 there was an almost 23% increase in the number of contacts. Between 1991 and 1992 there was a 7% decrease in interventions. However between 1992 and 1993 the numbers of interventions again increased by 22%. Our 1994 interventions represents an increase of more than 12.25% on the 1993 interventions. Cumulatively between 1990 and 1994 we have carried out **55,410** counselling contacts. Comparing the number of contacts during 1990 with those during 1994, there has been a 56% increase.

Both the increases in the numbers of individuals and contacts over the last five years merit comment. They also raise pertinent questions and issues not only for the Project in terms of service delivery but also in relation to funding and resources.

The 92% increase in attenders since 1990, viewed alongside the 56% increase in contacts, shows that although we are in contact with larger numbers of people we have in fact carried out fewer interventions with them. In 1990 the average number of interventions made with each individual per year was twenty. In 1994 the average number of interventions was sixteen.

Any organisation which is providing a service to individuals can deal with increasing numbers of people through the way in which it organises its work and delivers its service. However a serious question arises about resourcing and we are concerned by the fact that we are providing a service to almost twice the number of people we worked with during 1990 while our staff group has remained exactly the same size as that operating in the Centre during 1990.

### Drug users/Partners and family members

Of the 855 individuals who attended, **767** (89.70%) were individuals with a history of drug use while **88** (10.30%) partners and other family members used the support services of the Project. There was an almost 18% increase in the numbers of drug users attending

and a little over 1% increase in the numbers of family members attending as compared with the numbers in 1993.

It would appear that the numbers of family members have remained relatively static over time while the number of drug users is increasing significantly each year.

### **Gender Breakdown**

With regard to the gender breakdown of those attending, once again in 1994 significant details emerge. Of the 855 individuals who attended, **506** (59.18%) were men and **349** (40.82%) were women. There was a 9.05% increase in the numbers of men attending and a 26.90% increase in the numbers of women attending.

Of the 767 drug users, 495 (64.54%) were men and 272 (35.46%) were women. This represents an increase of 10.25% in the numbers of men attending and an overwhelming increase of 34% in the numbers of women drug users attending. During 1992 and 1993 women represented a little over 31% of those with a history of drug use attending in each year.

#### **Men attending - 1992 - 1994 (drug users)**

<b>Year</b>	<b>1992</b>	<b>1993</b>	<b>1994</b>
<b>Number</b>	<b>407</b>	<b>449</b>	<b>495</b>

#### **Women attending - 1992 -1994 (drug users)**

<b>Year</b>	<b>1992</b>	<b>1993</b>	<b>1994</b>
<b>Number</b>	<b>186</b>	<b>203</b>	<b>272</b>

Of the eighty eight partners and family members, eleven (12.5%) men and seventy seven (87.5%) women were involved with the family outreach service.

### **Children**

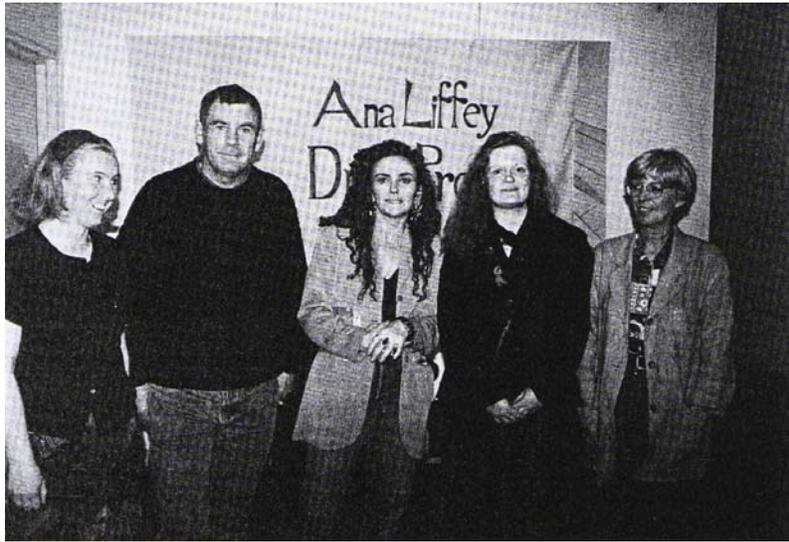
During 1993 for the first time we also recorded the number of children who attended with their parents. 126 individual children attended on a total of 909 occasions.

During 1994 183 children attended on 1,019 occasions.

Although we inadvertently make a number of interventions with children and work on child care issues, these interventions are not recorded as such and therefore the numbers of children attending and the attendances are not included in the total figures outlined above. They are mentioned here in order to highlight both the fact that; children come to this agency and our concerns about children which are discussed elsewhere in this report. Our views about the need for the development of certain services for children are informed as a result of our contact with women and our current limited involvement with children.

The increase in the numbers of children coming to the centre probably reflects the increased attendance of both men and women with a history of drug use. It is plain to see above that the attendance of women has increased dramatically.





## The Services

### The Drop in/Counselling Service

The Drop in centre is the focal point or frontline of the service where individuals can be introduced to the services of the Project in a relaxed and informal way. It is through this crucial contact point that the Project maintains informal but meaningful contact with problem drug users. Although many individuals also choose to become involved in other activities and services at the Project, this is an important place in its own right. Social networks of support can develop. Much motivational work takes place in this location. The Project also provides a professional counselling service which is motivational and focussed on supporting the individual drug user to achieve a level of management or control of his or her own life. Partners and family members also attend for counselling and support.

#### Individuals - Centre - 1990 - 1994

Year	1990	1991	1992	1993	1994
Number	390	558	595	667	774

774 individuals participated in the drop in and counselling services provided at the Centre during the past year. In 1993 667 people used this service. This represents a 16% increase in the number of individuals coming to the Centre.

#### Contacts - Centre - 1990 - 1994

Year	1990	1991	1992	1993	1994
Number	7,487	9,646	8,744	9,811	10,278

Counselling interventions totalled 10,278 during 1994. The corresponding figure for 1993 was 9,811. Therefore there was a 4.75% increase in the number of contacts here. Cumulatively since 1990 we have made 45,966 contacts.

729 (94%) of those who attended the Centre were drug users while forty five (6%) individuals had no history of drug use but are the partners and family members of those who have.

Of the 729 drug users attending the Centre, 464 (63.64%) were men and 265 (36.35%) were women. Of the forty five partners and family members attending ten (22.22%) were men and thirty five (77.77%) were women.

### The Prison Counselling Service

A counselling service is also provided by the Project in the Prison and it is an essential aspect of our outreach service.

Sixty six people with a history of drug use engaged in counselling in prison during 1994. This represents a 10% increase on 1993. Fifty three (80.30%) men in Mountjoy (the Main Prison, the Separation Unit, the Medical Unit, the Training Unit) and Wheatfield Prisons and thirteen (19.70%) women in the Women's Prison received counselling and support. It should be pointed out that the women's prison was only resourced during the last two months of 1994.

#### **Individuals - Prison - 1990 - 1994**

<b>Year</b>	<b>1990</b>	<b>1991</b>	<b>1992</b>	<b>1993</b>	<b>1994</b>
<b>Contacts</b>	<b>49</b>	<b>60</b>	<b>83</b>	<b>60</b>	<b>66</b>

Thirty three individuals (twenty six men and seven women) also used the services at the Centre before their prison sentences began or on their release.

Thirty three individuals (twenty seven and six women) used the prison counselling service only. Many of those are longer term prisoners.

#### **Contacts - Prison - 1990 - 1994**

<b>Year</b>	<b>1990</b>	<b>1991</b>	<b>1992</b>	<b>1993</b>	<b>1994</b>
<b>Contacts</b>	<b>684</b>	<b>796</b>	<b>358</b>	<b>255</b>	<b>265</b>

Interventions in the Prison amounted to 265 during 1994. This represents a 4% increase when compared with 1993. We have carried out 2,358 interventions over the five year period.

#### **Family Support Service/Le Chéile**

The family support service aims to keep contact and make new contacts with the family members of those affected by drugs and HIV through home visiting, prison visiting, hospital visiting, counselling and support. The family worker and other members of staff also maintain contact with drug users, known to the Project, who are in hospital,

Le Chéile is a support group for parents of adult persons who have acquired HIV infection as a result of intravenous drug use.

#### **Individuals - Family Support/Le Chéile - 1990 - 1994**

<b>Year</b>	<b>1990</b>	<b>1991</b>	<b>1992</b>	<b>1993</b>	<b>1994</b>
<b>Number</b>	<b>40</b>	<b>60</b>	<b>72</b>	<b>72</b>	<b>71</b>

Seventy one individuals used these services during 1994 as opposed to seventy two during 1993. Fifty one (71.83%) were the partners and family members with no history of drug use while twenty individuals (28.16%) with a history of drug use were visited at home and in hospital by the family outreach worker.

Of the fifty-one family members, one man and fifty women used the service. Eight of the women visited the services at the Centre while forty three individuals exclusively used the services of the family worker at home.

Of the twenty drug users, fourteen men and six women were involved. Fifteen, ten men and five women, also used the services at the Centre, while five individuals, four men and one woman, used this service exclusively as they were too ill to visit the Centre.

### **Contacts - Family Support/Le Chéile - 1990 - 1994**

<b>Year</b>	<b>1990</b>	<b>1991</b>	<b>1992</b>	<b>1993</b>	<b>1994</b>
<b>Number</b>	<b>588</b>	<b>796</b>	<b>893</b>	<b>819</b>	<b>823</b>

During 1994 823 contacts were made. The family support service has made 3,919 meaningful contacts since 1990.

### **The Vista Project**

During 1993 and 1994 the Project implemented an exceedingly successful training programme for marginalised drug users who are long term unemployed. This programme, which was funded in part (65%) by EU funding - the HORIZON Disadvantaged Fund -focussed on the facilitation of drug users, who are drug free or in receipt of medical drug treatment, in increasing their skills, self esteem and self confidence in order to access more advanced drug specific training courses and mainstream training opportunities.

The Project operated a series of four pre-training programmes, each of sixteen weeks duration. The first training course and six weeks of the second training course took place during 1993 while ten weeks of the second course and the third and fourth courses took place in 1994.

During 1993 twenty nine individuals in all commenced the programmes, while, in 1994 thirty individuals commenced.

### **Individuals - Vista Project - 1993/94**

<b>Year</b>	<b>1993</b>	<b>1994</b>
<b>Number</b>	<b>29</b>	<b>30</b>

During 1994 thirty individuals took part in the retraining programme. All of those individuals also used the drop in and counselling service in the Centre.

### **Individuals - Vista Project - 1993/94**

<b>Year</b>	<b>1993</b>	<b>1994</b>
<b>Number</b>	<b>1,309</b>	<b>2,326</b>

During 1993 contacts amounted to 1,309 while during 1994 contacts totalled 2,326. A very high number of contact hours was achieved and there were additional demands for counselling and guidance made on the Project team.

The participation of all and the interest in the Programme was intense. Once again women's participation was very high considering they are a minority of Project attenders, albeit a large minority. In all, thirty two men and twenty seven women participated.

Fifty individuals, twenty six men and twenty four women, completed the programme. At the end of the programmes, one individual is employed on a full-time basis, five are employed on a part-time basis, one is self-employed, five have commenced educational courses, seven are on vocational training courses, twelve are on community enterprise employment schemes, seventeen are unemployed, one individual is now too sick to work and one participant has since died.

During the course of the Programme several transnational visits took place. The Project had partners in both France and Germany and we welcomed delegations from both to Dublin. We also made one trip to France with two participants and a trip to Germany with nine participants.

**Literacy Training/Newsletter Group**

A literacy trainer, Sue Esterson, is now working with the Project and provides several sessions each week to those who wish to avail of this opportunity. The group of individuals participating are producing a newsletter for and about the Project. This service is facilitated and financially supported by the VEC and has been a welcome new development in the last two years. 120 teaching hours were provided during 1994.

## **A Transnational Experience**

**Niamh Banks and Marguerite Woods travelled to Frankfurt at the end of 1994 for the VISTA training project's transnational visit. They profile the agencies visited and compare the situation with that experienced at the Ana Liffey Drug Project.**

As transnationality is an important component of European funded programmes, cooperation, networking and exchanges between projects in member states are an integral part of any programme. We were fortunate to find a German partner, a NOW (New Opportunities for Women) Project, based in Frankfurt. This project was working with women drug users, providing training and rehabilitation opportunities. In September 1994 thirteen participants and five trainers and staff travelled to Dublin to spend a week with our Project. In December we visited Frankfurt with nine participants and five staff members.

As workers in a drug project, we found the experience in Frankfurt extremely informative and useful. It was also wonderful to meet the staff groups of the Projects who were working together in order to provide various responses to the drug problem, particularly to women currently or formerly using illicit drugs.

In Frankfurt social problems like homelessness and drug use are very visible. Every day an estimated number of 10,000 problem drug users, many of them from regions around Frankfurt, come into the city to purchase heroin and cocaine. Among them are 4,000 women. Many women drug users are homeless and work in prostitution. A considerable number of women are directly affected by HIV and some have already developed AIDS.

Seeing the drug scene in Frankfurt was definitely a new experience and we found aspects of it very distressing. As homelessness is very closely linked to drug use in German cities, people seem to lack the often very supportive networks of friends and families which is characteristic of the Dublin situation. Our experience at the Ana Liffey Drug Project is that even where individuals are out of home they usually have a relative, friend or acquaintance who will take them in. So we rarely meet people who actually sleep rough. In Frankfurt many individuals have no contacts to fall back on and as a result spend their nights actually on the streets, usually working. Their days are often spent in various drug projects sleeping, eating and using various washing and laundry facilities which of necessity must be provided at these locations. We do not wish to minimise the severe problems of Dublin people with regard to the out of home experience through this comparison, but we wish to identify the differences between the Dublin and Frankfurt experiences of drug users and to highlight the differences in the services provided to them.

Many drugs users of both sexes are working in prostitution in Germany and although this is sometimes the case in Dublin it appears to be much more widespread in German cities. As a result they are very vulnerable and are constantly at risk of violence, rape and murder. One of the most profound experiences was reading the notice boards in a women's drug project where a whole range of warnings were posted. Women who had experienced violence with clients, while working in prostitution, had compiled details about the men and their cars so that other women might be protected from the ever present risks of violence.

In terms of child care and parenting there were also significant differences in that due to homelessness, absence of support systems, many women had children in care. Also many women are from cities, towns and regions far from Frankfurt and might rarely have contact with their families.

All in all drug users in Germany appear to be more detached from their families and communities than their counterparts in Dublin. However our visit to a project in Offenbach revealed a situation much more similar to our own experience, where many members of the

same families and communities were attending the project. Children also attended with their parents.

Seeing people openly injecting drugs on the street was also a new experience and again it was distressing. Our initial reaction was sadness at lack of dignity, respect and privacy afforded individuals currently using drugs. At the moment several shooting galleries or fixing agencies are being established to give people privacy in this regard. These agencies and facilities will also provide drugs workers with the opportunity to carry out harm reduction work.

We visited a number of projects in Frankfurt and one in Offenbach which were really outstanding and we were very struck by the care, concern and level of professionalism and advocacy achieved by these projects. The staff in each welcomed us and gave us much information about their work, their philosophy, ethos and practice. All but one of the projects were almost exclusively for the woman drug user.

We visited the following projects:

Zentrum Fur Weiterbildung (Centre for Further Education) - The Training Project

Cafe Kassandra

Projekt Camille

Calla

Frauenberatungsstelle (Women's Advice Centre)

Bella Vista, Offenbach

### **Zentrum Fur Weiterbildung - Centre for Further Education**

This training centre, based in Industriebhof in Frankfurt, provides a range of vocational training and education opportunities for women. A broad range of courses is available and the centre is well equipped to address the issues of long-term unemployment and need for retraining. Counselling, career guidance and personal development is also available. Within this context it was decided to locate the training programme for women drug users, currently receiving methadone maintenance. It was very interesting to visit this centre because their focus was on education and within that context the specific training needs of women with drug problems were being addressed. The Ana Liffey Drug Project on the other hand is a drugs agency which took on board the issue of retraining and education and based the programme within a drug service.

The **training programme** is financed in part and maintained by the city of Frankfurt. Further funds are received from the European Social Fund, and the Ministry of Youth, Family and Health in Wiesbaden. The task of implementing the programme was delegated to Calla, the organisation for the improvement of the living conditions of women with drug problems; Women's Advice Centre; Cafe Kassandra, advice centre for drug addicted women and girls, Frankfurt; Centre for Further Education. These organisations have worked together in implementing the programme and have brought together different experiences and skills. Their network, cooperation and coordination was highly effective and demonstrates clearly that organisations can come together and work very well together in the pursuit of common aims and objectives.

Whereas the programme provided at the Ana Liffey Drug Project was a sixteen week training course, this programme was a ten month long training course with a more advanced focus. The first three months of the programme, described as a phase of orientation, prepared the individuals for the five months of training and education prior to one month of placement or practical training. A month at the end of the programme focussed on the practice and the course conclusion.

In December the training programme was coming to a close and the thirteen women who had participated were planning to go their separate ways and aim for integration into the work force. Most appeared very optimistic about their future.

The future of this particular programme, although highly successful, is unclear and it was not known at that time if further funding would be available. Our own programme has the same unclear future and for the moment the programmes in both locations have ceased.

**Kassandra**, Advice Centre and cafe, is based on the first and second floors of a building in Moselstrasse, the ground floor housing Cafe Fix, an agency for both men and women. This centre is located in what is known as the red light district, only a stone's throw from the Central Station.

On the first floor it has an open plan drop in and cafe area with comfortable couches and chairs arranged around in groups. At a counter area, coffee and food is served. Condoms, needles, syringes and leaflets are distributed. There is also a disposal bin for used injecting equipment. Methadone maintenance is provided to twenty women at this centre in the mornings. The Advice Centre is open four days each week. The Women's cafe/drop in is open two evenings and one morning each week. Showering facilities, laundry facilities and second hand clothes are available. On the second floor counselling rooms and medical examining rooms are located.

The Centre has six social work/counselling staff, providing a range of services, many of them low threshold and harm reduction focussed alongside crisis intervention, motivational work, counselling, support and rehabilitation. During 1993 127 individuals, 120 women and seven men, came to the Advice Centre and 134 women attended the women's cafe and drop in on a total of 2,938 occasions. Five women who are stabilised on their maintenance programmes work at the project serving coffee and tea, organising the laundry and second hand clothes facility and making contacts with women visiting the centre.

Clients ranged from fourteen to forty five years and older, the majority in the twenty two to twenty nine years age group. Their drugs of choice were predominantly heroin and cocaine, many were homeless or out of home and the majority earned money through prostitution.

Of the 127 individuals who attended the Advice Centre, thirty seven had children, seventy had no children and no information was available about twenty individuals. The thirty seven mothers had fifty nine children between them. Of the 134 women attending the Cafe fifty seven had no children, no information was available about forty one and thirty six women had a total of seventy children between them.

**Camille - Therapeutic Community for Women** is a drug free treatment option for women. The residential centre is located in Konigstein, a country town outside Frankfurt and although it was unfortunate that we did not get an opportunity to visit the centre itself, its director came to meet us and spent an entire morning with us at the offices of Calla in Frankfurt. Again we had a very useful and productive discussion about the work of Camille.

This project, named after Camille Claudel, uses a feminist focus and has an eclectic and creative response to drug counselling. It was perceived that there was a need for such a project because of the different experiences of women and the need for different therapeutic approaches while working with drug using women. In generic treatment programmes mixed therapy groups often present problems for women who may have experiences of sexual abuse, prostitution and eating disorders.

A team of five colleagues work in the centre and provide individual and group therapy. There is an Open Group, a Job Group, a Mother's Group, Sponsors' Group, Clients' Group and Body Awareness Group. Its head organisation is Calla in Frankfurt.

Camille can cater for up to ten women at any one time and the women themselves run the residence, the staff being present only during the day. Clients pay their own rent, overheads and pocket money allowances through welfare payments or sick pay.

During 1993 eighteen women used the services of Camille, five stayed for less than three months, three stayed for longer than three months, four stayed for longer than six months and six for longer than nine months.

One was in the 18-20 years age group, six were 21-25 years, ten were 26-30 years and one was over thirty years of age. Only three of the eighteen women had children. The three women had six children between them.

**Frauenberatungsstelle**, the Women's Advice Centre, is a service for women in distress, particularly drug using women. The counselling service is located in the centre of Frankfurt and offers comprehensive assistance in the form of counselling, referral to detoxification and residential treatment units, emergency shelter and housing services and a methadone maintenance programme.

The counselling agency is open Mondays to Fridays. A mobile counselling service is also run by this project for five hours each night five nights a week from 10.00pm - 3.00am. for women working in prostitution. The outreach minibus is resourced by two workers who offer counselling and health education. Condoms, syringes and needles and some food are provided to the women. Women who make contact with the mobile service can be referred to other services if they wish.

At the Centre a methadone maintenance programme combined with an intensive psycho social assistance programme is offered to fifteen women. Housing is also an issue for many women and the Centre can offer accommodation to fourteen women. For women with HIV and AIDS support services are also available.

While we at the Women' Advice Centre we had a lengthy meeting with the women who were coordinating the training programme. We had an interesting, frank and open discussion about our projects.

**Bella Vista** is a drug project based in Offenbach which opens its drop in on Mondays, Tuesdays and Thursdays from 2.00 to 7.00 pm. In the mornings methadone and needle exchange are provided. Two hundred drug users use this service and during their opening hours between twenty five and forty five people visit their centre, about two thirds men and one third women.

We were very impressed by these services and by the empowering focus of their work and their recognition of the women participating as responsible, capable and competent. Their approach, being non-directive, non-judgemental and meeting drug users "where they're at", is similar to our own in many respects. It is important to remember that there is a clear ethos and practice underlying this approach. The intensity of the issues reminded us of the seriousness of our work. It is significant that we become accustomed to our work, our work-places and the problems which we see before us on a daily basis. As a result seeing an unfamiliar situation reminds us and provokes us to reexamine our involvement in and our commitment to this area of work.

We would like to express our sincere thanks to and admiration for the women staff, Gertrude Umminger and Marianne Glusing (Calla), Chris Hubner (Kassandra), Christine Heinrichs (Frauenberatungsstelle), Barbara Wagner, Sabina Roscher and Rita Bohnenberger (Centre for Further Education - The Training Project), Sona Yeghiayan (Camille), Meike Burat and Anya Aatz (Bella Vista) whose enthusiasm and commitment to the drug users of Frankfurt inspired our flagging spirits and enthusiasm. Our contact with them certainly reaffirmed the approach which our Project takes to the issue of problem drug use. We also came away from Frankfurt with renewed enthusiasm, commitment and ideas for the future. Our visit was a tonic, coming as it did at the end of a year which had sometimes been difficult and demoralising. We hope to keep contact with all of the

agencies and the workers we met and hope that new opportunities for working together will emerge in the future.







## **Drug Using Parents: The Child Care Issues**

**In early 1994 Vincent Daly, a social worker with the Community Care Team in Area 7, and Marguerite Woods, Director, Ana Liffey Drug Project, worked on the formulation of a new service for drug using parents and their children. The following article highlights the major issues.**

The Ana Liffey Drug Project is attempting to introduce a perspective which addresses issues which traditionally have not been high on the agenda of drug agencies or statutory agencies. In recent years we have attempted to recognise children's issues in the context of drug use, HIV and AIDS within our own service.

We have done this in the following ways:

- supporting drug users, both women and men, in their parenting roles;
- liaising with community care (Eastern Health Board) social workers;
- challenging the fears of our clients with regard to the social work role;
- challenging the fears of social workers involved with our clients;
- creating specifically strong links with the social work team in Community Care Area 7 and other child care agencies in the North Inner City and throughout Dublin;
- running a seminar entitled "Drug Using Parents: The Child Care Issues" in association with Addiction Studies/Department of Social Studies in Trinity College, which took place on May 20. 1993. The papers from this seminar were published in The Irish Social Worker in August 1994 in a special edition dedicated to addiction issues;
- setting up the Children and HIV Special Interest Group;
- working alongside other professionals (social workers, nurses, counsellors, and doctors) from the Children and HIV Special Interest Group in establishing and running a training course on Children, HIV and Bereavement. The first course, attended by 18 professionals and volunteers from the statutory and non-statutory sectors took place in April/May 1994. The second course will take place in May 1995.

### **Proposed New Service**

The Ana Liffey Drug Project has taken part in researching and developing ideas for a proposed new service for drug using parents and their children, which will focus on the special needs of children and families directly affected by drugs and HIV. It will respond in the area of short term and long term alternative care plans and placements and will involve therapeutic work with children affected.

This proposal is being submitted as a joint voluntary/statutory response to drug misuse. Due to our autonomous position the Project has been able to outreach to those drug users and families who are often regarded as "hard to reach" and reluctant to use statutory services. We have also been able to attract large numbers of women to this service as evidenced below.

The aim is to provide a comprehensive alternative care and family support service. It is acknowledged that drug using parents do not readily avail of fostering services nor locally based statutory support services. It is also acknowledged that minimal work is being undertaken with children who are experiencing first hand drug misuse by their parents, frequent separation due to illness, and imprisonment and numerous alternative carers. It is proposed to set up a service which will recruit and train alternative carers from within the extended families of the client group. The service will also recruit through the normal channels alternative carers, who are interested in a more challenging career in family support work.

The main focus of this service will be family support. The emphasis of the service will be to support parents in caring for their own children; negotiate stable placements for children when all other options have failed; facilitate the speedy return of children to their natural parents; provide for the emotional needs of children and develop understanding through individual and group work with the co-operation and active involvement of natural parents; develop a supportive relationship between alternative carers, local families and individuals and service users; and develop long-term care plans in the event of a bereavement.

## **Context**

### **The Drug Problem - Prevalence of Drug Misuse**

Estimates of the numbers of drug users in Dublin have varied over the last fifteen years. Figures as high as 15,000 and as low as 3,000 have been suggested. In October 1993, the then Minister for Health, Mr. Brendan Howlin, T.D. stated that it was the belief of his Department that there were approximately 5,000 drug users in Dublin.

During the last six years, since service restructuring in 1989, overall attendances at the Ana Liffey Drug Project have increased significantly and dramatically. It is sometimes inferred that this increased uptake of service indicates an increase in the severity of the drug problem in Dublin. However we would argue that due to the review and restructuring of the service, it became more attractive and relevant to a greater number of individuals.

Since 1989 the Health Research Board has been collating data collected from twenty two centres concerned with drug treatment in Dublin. Its findings are invaluable in terms of assessing information about those who present for treatment. The Health Research Board study on the Treatment of Drug Misuse in the Greater Dublin Area in 1990 (O'Hare and O'Brien, 1992) found that 1,755 individuals attended treatment agencies that year. The 1991 study (O'Hare and O'Brien, 1993) indicates that during that year an estimate of 2,006 individuals received treatment for drug misuse. O'Higgins and O'Brien's (1994) recently published study indicates that during 1992 and 1993 estimates of 2,555 individuals and 2,919 individuals respectively received treatment.

Significantly, it is also indicated by the Health Research Board studies that of the 1,755 individuals attending for treatment during 1990, 74% were men and 26% were women. The 1991 study has concluded that of the 2,006 individuals, 77% were men and 23% were women. The studies for 1992 and 1993 find that in both years women represented 25% of those treated.

Another interesting gender specific finding was that proportionately more women than men were living with a drug misusing partner. It was also found that there was a greater likelihood of men than women to be living with their family of origin. Although there is no specific reference to women's role as parents in the research finding, it may be assumed that women were more likely to have their own families and live with them rather than with their families of origin. In the discussion following presentation of their findings, O'Hare and O'Brien (1993) suggest that some of the opinions of the staff of the Ana Liffey Drug Project and other voluntary agencies were substantiated by the findings.

More than three quarters of the 1991 treated prevalence population were male compared with less than a quarter female. However, the proportions were different when one looked at the figures for census and first treatment contact cases, where, for example, one saw a marked predominance of male drug users in the first contact group while the proportion of women contacting treatment was only a fifth of the male figure. A similar position was noted in the 1990 data, further substantiating the belief of many drug workers that women tend to present later for treatment, if at all (Woods, 1992).

(O'Hare and O'Brien. 1993)

At this stage it seems universally accepted that voluntary drugs agencies are seeing significantly higher percentages and numbers of women than the overall average reported by these Health Research Board studies.

During 1990 in some months women's attendance at the Ana Liffey Drug Project represented 40-45% of the total attendance. Over the year it represented 38% of the total attendance. This figure includes the partners and family members of drug users. During 1991 this pattern continued. In 1992 we started to clearly record the gender breakdown of figures. In 1992 186 women attended. During 1993 203 women attended while in 1994 272 women attended.

### **HIV Prevalence**

In May 1995 the most recent AIDS (31/3/1995) and HIV (28/2/1995) statistics were released by the Department of Health. The statistics showed an increase of twenty new cases of AIDS, including eight drug users, and seven deaths, including four drug users, since the 31st December 1994.

Of the 463 cases of AIDS reported to date, 198 of the individuals affected are IV drug users. Of the 231 deaths, 101 were categorised as IV drug users. Unfortunately a gender breakdown of AIDS cases and deaths has not been released. Also significant in terms of this article are the numbers of children affected directly. Nine babies born to women with a history of drug use and six babies born to heterosexual women are included in the AIDS cases, while six babies are included in the AIDS deaths.

IV drug users continue to account for the largest number of cases of AIDS (43%), while accounting for 49% of the total HIV cases. A gender breakdown of the IV drug users category is presented in the HIV statistics. Of the 763 drug users who have tested HIV antibody positive, 183 are known to be women.

Children who have tested HIV antibody positive account for 109 of the recorded HIV cases. However the unreliability of the antibody test in children has been universally acknowledged and the European Collaborative Study has indicated that 12.9% of the children born with HIV antibodies are actually infected (*The Lancet*, February 1991).

Drug users are believed to face their greatest risk of becoming HIV infected through the use of unsterile needles and syringes. However this is perhaps due to the practice of classifying individuals under one risk category even though they may be engaging in more than one risky practice. The Health Research Board findings would appear to support the notion that women using drugs may be considered as doubly at risk of HIV through their drug use and through their sexual contacts, which are predominantly with men also injecting drugs. Also they found that more women than expected were currently sharing injecting equipment. A letter to *Addiction* (Vol.89 No 1 Jan. 1994) from medical staff at the Drug Treatment Centre, Pearse Street, focussed on women's needle sharing behaviour and on the higher HCV (Hepatitis C) positivity rates among women drug users.

The Health Research Board studies also support the findings of research in other locations in that the majority of drug using men have non-drug using partners with whom they are sexually active. The tendency for male drug users to have female partners who do not use drugs may obviously increase the numbers of women directly affected now and in the future. In addition since HIV seroprevalence is greater in men, a woman is more likely than a man to have an infected heterosexual partner. Several other factors affect women's increased vulnerability to HIV infection. Sexual transmission of HIV is more likely to occur from male to female than female to male. As a result women are not only more likely to be exposed to the virus, but exposure is also more likely to result in infection.

To date it is regrettable that a gender breakdown for the numbers of heterosexual individuals is not available. However anecdotal evidence and the experience of other

countries would support the theory that approximately 75% of the people categorised as having acquired the virus heterosexually are women. 214 individuals are included in this category. As a result we may assume that perhaps as many as 160 women are affected.

It may be argued then that approximately 343 women, drug users and heterosexual women, are directly affected by HIV in Ireland.

The majority of women with HIV are of reproductive age and many are mothers. Due to the natural history of HIV infection it is possible that large numbers of those affected will become ill and perhaps die as a result in the future- This may well create pressure for community care services in terms of alternative care, support, grief and bereavement work with adults and children, alongside prevention.

### **Women and children - attendance at the Ana Liffey Drug Project**

186 women attended the Project during 1992. A cursory glance at the significant information revealed that 142 women were parents while forty four of the women had no children. Between them, the 142 women had 280 children.

Of the 186 women attending, eighty six were HIV antibody positive. The other 100 women were either HIV antibody negative, did not know their status or had not declared their status. (It is the policy of the project not to ask an individual if they are HIV antibody positive).

Of the eighty six women known to be HIV positive, seventy five had children, while eleven were not parents. The seventy five women living with HIV had 176 children between them.

We are aware of twelve deaths of individuals involved in this survey during or since 1992. It is likely that we have been informed of all deaths. All of the women who died were HIV positive, although not all the deaths were HIV related. Ten of the women who died were parents, while two were not. Between them, the ten mothers had thirty six children.

Therefore 280 children were indirectly affected by the drug use of their mothers. 176 of the 280 children were indirectly affected by HIV, while some were no doubt affected directly. Of the 280 children. 36 children have been since affected by the HIV/AIDS related death of their mothers. (This excludes men attending and children affected by the death of their fathers).

In examining child care arrangements, we have surmised that, contrary to the popular notion particularly among drug users themselves that children of drug users are not living with their parents, eighty nine of the 142 mothers were caring for their own children. Twenty six women had children who were living with family members. Nine women had children either in foster/residential care. Eighteen women had children in combined care situations.

Information about the stability of these care arrangements is not available. In the future some further information could be gathered on changes in child care arrangements over time. Hospital admissions, arrest and sentencing, respite care and residential drug treatment may bring about sudden and significant changes in these care arrangements. It has come to the attention of the Project on several occasions that women have chosen to postpone hospital appointments, admissions, respite care, attendance in court and drug treatment either temporarily or indefinitely because of child care arrangements.

In light of the above it should be noted that the majority of the women are living with or have relationships with drug using partners. It is extremely rare to find a woman drug user with a non-drug using man. Many of the 407 men who attended the service in 1992 were living with women who do not use drugs. The children of these families, who are affected

by the drug use/HIV status of their fathers and indeed the HIV status of their mothers, are unfortunately not included in this brief survey.

Since the Ana Liffey Drug Project is city centre based we attract clients from areas throughout Dublin. However since we are located in Community Care Area 7 significant numbers of individuals from this catchment area attend the Project. Of the 142 women who are mothers, four were living in Community Care Area 1, six in Area 2, twelve in Area 3, six in Area 4; eight in Area 5; ten in Area 6; one in Area 8. Ninety five women were living in Community Care Area 7.

The need for further research into the needs of children affected by drug use and HIV cannot be underestimated. We believe that such studies could provide crucial information with regard to social work and counselling practice with children.

During 1992 the Project made a decision to record the attendances of all children to the premises in Lower Abbey Street. 1993 is the first full twelve month period for which these figures are available. 126 individual children visited during 1993. 909 visits were recorded. During 1994 185 children attended on 1,019 occasions.

The Family Outreach Worker in the Ana Liffey Drug Project has already contact with 65-70 families of drug users in the Greater Dublin Area. There are also numerous members of extended families of those attending the Project. Many of these families have members who could provide alternative care, temporary, short term or longer term, to children of such families. Their experience and understanding of the issues with regard to drug use and HIV would be of paramount importance. Alternative care and family support should meet many children's needs, keep them with their families if at all possible and in their own area. Women in prison could also be facilitated.

## **Conclusion**

The population of drug users in Dublin is significant as demonstrated by the Health Research Board studies and the Ana Liffey Drug Project statistics. Although the typical profile of a drug user appears to suggest that they are young and male, there are high numbers of women drug users, the majority of whom appear to be parents. Similarly many male drug users are fathers. The need for long-term planning with regard to family support and the care of children is evident. As a result of drug use, HIV and HCV (Hepatitis C) the longevity of members of the drug using community may be seriously affected.

There are a considerable number of children living in families who have not come to the attention of the health services and perhaps are unlikely to as the children may not be defined as specifically at immediate risk. However these families with multiple adversities could be described as families at risk.

In view of the Child Care Act 1991 which places a statutory obligation on Health Boards under section 3.1 to identify children at risk and to promote the welfare of those children in its area who are not receiving adequate care and protection, it would appear that the proposed service would be very appropriate. Regardless of the physical needs of these children, their emotional and support needs in the face of such adversity may not be met.

The Act requires health boards to 'have regard to the principle that it is generally in the best interests of a child to be brought up in his own family' (s.e.2.c.). To help make it possible for children to grow up in their own families even in very adverse circumstances, health boards are required to provide 'child care and family support services' (s.3.3). The Act is silent on the form that family support services might

take. There is, however, no shortage of possible ideas, based both on existing good provision and best ideas from abroad.

(Gilligan, 1993)

We are proposing that this service will fulfil the obligations under the Act by identifying such children and families and providing appropriate support and services. We also believe that it will be crucial in terms of predicting future trends and resource needs.

It has been documented in numerous studies both here and abroad that the major issues women bring to the attention of drug and HIV services relate to reproduction, sexuality and child care. However many women are afraid of using services, particularly statutory services, because of these very issues.

As a joint statutory/voluntary response located in a community based project, this service would be able to engage many who would not attend or would avoid involvement with statutory services. As a result its potential for prevention and support is great.

It is widely recognised that it is crucial to provide generic type services to all categories of families at risk. However in view of the stigma, isolation and marginalisation of this particular group, a cooperative response between a statutory generic social work service and a voluntary drug specific service would enable these agencies and others to meet the special needs of children in families affected by drugs/HIV.

It is hoped that a joint partnership between the Eastern Health Board and the Ana Liffey Drug Project will develop in order to establish this service. The proper focus of any partnership should be serving the needs of a shared client group and extending and improving the services provided to them.

We look forward to developing this partnership with the Health Board in the future.

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## **A Brief Insight into the Drop in - Rose Toal**

I would firstly like to give a brief introduction to myself and how I got involved in the area of addiction. I worked for many years on a voluntary basis with a Dublin-based organisation receiving on-going training here and abroad. Working in this area, I had many years of practical experience with people who were directly or indirectly affected by drug related issues and HIV, without formal training. I decided to further my career and study the theory of addiction, hence going to Trinity College to participate in the Addiction Studies Diploma course 1993-1994, graduating in November 1994.

I became a member of the team in the Ana Liffey Drug Project on 3 April 1995. I am now into my second month of employment, finding the experience challenging, exciting and most of all rewarding. I would like to share some of my insights and impressions of working in the drop-in.

Two workers facilitate the drop-in at all times. This process begins at 11.00 a.m. sharp with the doorbell ringing constantly until 1.00 p.m., reopening from 2.00-5.30 p.m. There are three flights of stairs down to the door which can be quite tiresome at times. One wonders why there is no intercom on the door which would relieve some of the pressure on staff. This question I put to staff. I was told that this was part of the personal service provided by the Ana Liffey Drug Project. Later I began to realize what they meant. Firstly this was a good way of making contact and introducing myself to all who attend. Writing this article. I realised the importance of greeting people at the door. The friendliness, personal contact and the informality of it all is what invites people in to make their own cup of tea or coffee.

From 11.00 onwards the Project is lively with men, women and children. At first impression, the drop-in seems disorganised, unstructured and total chaos with the constant flow of people to the kitchen, gathering around the kettle. One wonders what is happening that can cause so much activity with the noise level rising as more people gather.

It is clearly a sociable activity where people are empowered to get involved even in something as trivial as making a cup of tea. This encourages conversation, involvement and even friendships and there are no demands or pressures to enter a more constructive or demanding relationship with staff, unless the individual requests it.

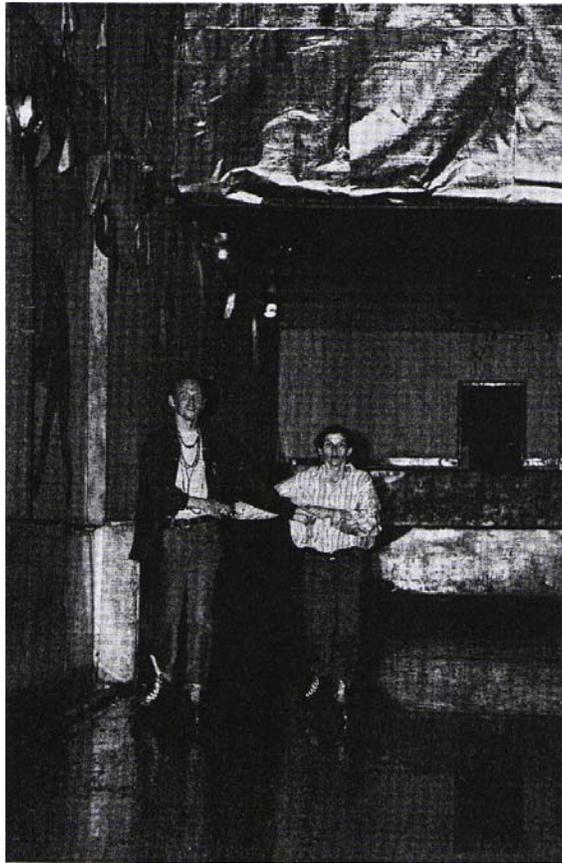
The drop-in is obviously the heart of the services and facilities provided by the Ana Liffey Drug Project. People attending the drop-in can relax, meet old friends, make new ones, write to loved ones in prison and receive telephone calls from Mountjoy and other places in a safe and friendly atmosphere.

In conclusion the building was given to the people most in need of it and it is those people using it that are most in need. It is clear to those walking through the door for the first time that the building and its services are important and should be supported and encouraged by those people with influential voices, and not hindered, discouraged or ignored.

## **My Reflections on 1994 - Ethna O'Donovan**

Each year the Project has its ups and downs and 1994 has been no exception with many more service users getting sick and dying. Watching our future generation fading away, I find myself with many more questions. What impact are we having? What more can be done to prevent this terrible situation we find in our city?

More and more young people are coming to the Project seeking help - hoping that they will be able to kick the habit, but alas this is easier said than done. I cannot help but admire the





efforts of some and I realise, should circumstances be different, I too could be attending this very drop-in centre.

I feel privileged to be a member of the Ana Liffey staff. There is a great spirit among us, and a very warm and friendly relationship with the service users. It is good to be able to share their joys and sorrows.

Hopefully we are enabling some to take the necessary steps to change their lifestyle, realising that only they can really help themselves and we can try to empower them.

Another positive development is the success of the Le Chéile group. When it started in 1989, I thought it would peter out quite quickly, but instead of that it is attended very well.

Parents are now able to share more deeply with others in similar situations, the traumas and pain they experience as a result of what is happening to their sons and daughters.

The trust in the group has become more evident each year enabling them to speak openly about a son or daughter being HIV positive or having AIDS related illnesses or serving a prison sentence. This in itself can be very therapeutic for them. One cannot help but admire their courage and perseverance no matter how bad the situation may be. As one member of the organising group said "If I had my way I would give each one a medal" and so would I!

Another joy for me is when I see the parents enjoying themselves, singing and dancing and having good fun. It is hard to believe in moments like this that they have a care in the world. However it has been a difficult year for Le Chéile with regards to the losses some members have experienced.

### **Prison Work - Niamh Banks**

Prison work continues to be an essential part of the service offered by the Ana Liffey Drug Project. Its importance lies firstly, in the need to maintain contact with the clients in prison, and also as a means of initiating relationships with people who have not yet had contact with the agency. These new contacts occur as a result of referral from the Probation and Welfare Service in Mountjoy, and through the prison authorities, as well as from other prisoners and family members. Many of these clients will continue to use the services offered by Ana Liffey Drug Project on release. It is interesting that many new clients have not previously been in contact with one of the drug services and have had neither education or counselling in relation to their drug use. Education and information on safer injecting practices and safer sexual practices continues to be an integral part of the service, as well as group work and one to one counselling.

Prison is a place where people can and do work on themselves and the issues arising in counselling can be quite different to those presenting at the Project. The impact of any sentence on a client and their family and the effect of such separation, is a continued concern for individuals within the prison setting. For longer-term clients, the need for continuing support around family issues, as well as addiction and health concerns is considerable. The space in which to plan and manage such a sentence in terms of educational and training resources within the prison, as well as leisure activities such as using the gym, is of great importance. Exploring and choosing to use any of the options available in terms of time management, can restore some sense of personal control and choice. The individual can then develop talents and skills which had previously been untapped. This can lessen the stress experienced by being in prison and encourage that person to maximise their use of the time spent in Mountjoy. The ability to handle the constraints of prison life and to use the time constructively can greatly impact on the

individual's self-esteem, and may result in plans and decisions being made as the release date approaches.

Ana Liffey Drug Project therefore continues to offer a counselling service in the Main prison, Separation Unit, Medical Unit, Training Unit and Women's Prison. Sixty six individuals, fifty three men and thirteen women, were visited during 1994. Contacts with these individuals totalled 265. During the first four months of 1995, 131 contacts have been made with fifty three individuals, thirty five men and eighteen women.

This work is done through liaison with the Probation and Welfare Service as well as the school, psychologist and prison authorities. Information and education occurs through individual and group contact, and includes occasions such as World AIDS Day on December 1st, when a full day of events occurred in the Women's prison. Loss and bereavement both through death and separation and declining health was the focus for much of that day. This was movingly acknowledged on the day, when the women organised a Memorial Service to remember those family members, loved ones and friends who have died. The impact of losing someone close while in prison creates particular difficulties in terms of the grieving process, and increasingly, this is an issue addressed through counselling.

The concerns of parents, in particular mothers who are separated from their children, and the effects of such separation on both parent and child, continues to be an on-going issue for clients. This is even more evident where an individual's health has been compromised. The support offered within the prison is extended to family members, in particular to mothers through family outreach work and Le Chéile meetings. This link is further extended to the drop-in through daily telephone contact enabling partners and friends to remain in touch. While the prison work may seem somewhat separate from the Project, in reality it is linked to every other aspect of the service. It is just another dimension of the community which makes up the Ana Liffey Drug Project.

### **Community issues - Ray Me Grath**

Community and Youth Work continues to be an important development within the Project. Increased awareness of drugs and associated problems within communities means that in turn there is a corresponding demand for information as well as advice on how to respond to these issues. Frustration is also expressed by either groups, individuals or concerned people about what they perceive as the slow pace of any response to their difficulties. However while developments are slow, initiatives are taking place within some communities.

Dublin 15 Community Response to Drugs is one such initiative. This group came about as a result of the community's request for information on the particular issue of drugs and has been meeting over the last two and a half years. It is now entering into a process of determining the level of the drugs problem in the area through carrying out research. On completion this research will inform the group, which is made up of community, voluntary and statutory persons, on the best way to move forward. One outcome will be the opening up of the present group numbers to augment participation, the sharing of views and the involvement of the wider community. The experience which the Ana Liffey Drug Project representative brings to this group reflects our Project's understanding and analysis of the drug problem and our commitment to involvement with other agencies.

The Ana Liffey Drug Project maintains that while there is a need for specific services for the individual drug user, there is also a real need for communities to become involved and indeed that they have a particular and crucial role to play in the process.

The Youth Action Project in Ballymun has historically recognised the importance of community involvement. They have only recently presented certificates to a number of people living in the area who had completed a Community Addiction Studies Programme. Community Response in the south inner city was established to respond to the needs of the community in relation to drug problems in that area. In terms of prevention and young people this group has built up good relationships with schools and youth groups in the locale. Community Response has also engaged in a process of consultation with the local community, thereby establishing a number of other initiatives which equally respond to the drug problem.

As can be seen above, the on-going involvement and inclusion of people living within affected communities has been prioritised. Since last October I have been studying for the three year Diploma in Community and Youth Work in St. Patrick's College, Maynooth. My involvement in this part-time course is supported financially by the Ana Liffey Drug Project and the Management Council has demonstrated an enthusiastic commitment to the importance of skills acquisition in this regard. Equally important is (he support received from the director. Marguerite, and my other co-workers - Bríd, Ethna, Niamh and Rose.

The importance of these developments cannot be underestimated. In terms of community work and development it means that the twenty four other students on my course will have a shared view of each others work and experience. This shared education process means that these workers, who come from many different projects throughout the country, can acquire information about the drug issue and have the confidence to include themselves in any forum relating to drugs. On the other hand, we as a Project will benefit from contact with their areas of work. In terms of capacity building and networking the Ana Liffey Drug Project will continue, as in the past, to be an extremely useful resource to groups and individuals in the wider community.

## **Thanks!**

We would like to acknowledge the support of the following:

The Minister for Social Welfare, Mr. Proinsias de Rossa, T.D.

Mr. Pat Nolan, Programme Manager, Department of Social Welfare.

The HORIZON Fund (Disadvantaged) which provided the Project with an opportunity to introduce an exceedingly successful programme. We thank Anthony Tyrrell, Department of Enterprise and Employment, and Carmel Duggan and others in the Work Research Cooperative, for help and support.

The Department of Health, The Eastern Health Board, the Department of Education, the Department of Justice and the Department of Social Welfare have resourced our work and been supportive of the direction it has taken. We thank Mr Michael Lyons, Dr. Joe Barry, Mr. Martin Tansey and Mr. Déaglán O Caoimh for their assistance, support and advice.

The VEC has provided the Project with literacy classes.

All our non-statutory and corporate funders, who continue to support the services and activities of the Centre. The significant support received from the Irish Youth Foundation permitted the on-going development of specific work within the Project.

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

The Salvation Army, which continues to give the Project a home.

Pat Tobin, Dave O'Brien and others in Community Action Network who support, train and facilitate the staff of the Project.

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

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

The voluntary AIDS/HIV organisations.

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

The trainers on the HORIZON Programme and the students and professionals who joined us on placement.

# Sources of Funds

## European Union

HORIZON Disadvantaged

## Statutory Agencies

Department of Health/Eastern Health Board  
Department of Education Disadvantaged Youth (National Lottery)  
Department of Justice  
Department of Social Welfare

## Non-Statutory Agencies

Allied Irish Banks Group  
Amdahl  
Boots Pharmaceuticals  
Brennan Insurances  
Cement Roadstone Holdings plc  
Crosscare  
Joseph C Davy  
Eagle Star  
First National Building Society  
Flogas  
Fyffes  
Franciscan Missionaries of the Divine Motherhood  
A and L Goodbody  
Glorney Charitable Foundation  
Guinness Group  
Hibernian Insurance  
Howard Charitable Foundation  
IBM  
Irish Dairy Board  
Irish National Insurance  
Irish Youth Foundation  
Jesuit Provincial  
Mr. David Kennedy  
Musgraves  
New Ireland  
John O'Brien Insurances  
The O'Brien Press  
Sisters of Charity  
Tedcastle McCormick  
Terence Lyons and Company  
Ulster Bank Limited  
Ulster Investment Bank  
Women's Marathon  
WP and RO Holdings

# Mahon & Co.

chartered accountants

*ANA LIFFEY DRUG PROJECT*

*(Company Limited By guarantee)*

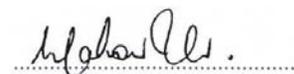
*Extracts from the Audited Accounts for the Year Ended 31st December 1994*

**John Mahon**

	<b>1994</b>
	<b>£</b>
<b>Income and Expenditure</b>	
<b>Operating Income</b>	
<b>Grants from:</b>	
Statutory Authorities – General	111,135
Statutory Authorities - Horizon Project	56,485
Non-Statutory Grants and Covenants	14,114
Other fund raising and donations	16,524
Bank Interest Fee	1,451
Fee Income	<u>2,000</u>
	<u>201,709</u>
<b>Gain On Property Disposal</b>	<u>4,008</u>
<b>Operating Expenditure</b>	
General Staff salaries & Prsi	115,937
General Operating Overheads	32,262
Horizon Operating Expenditure	<u>57,463</u>
	<u>-205,662</u>
Transfer to Capital Reserve Fund	-15,827
Transfer from General Capital Reserve	<u><u>15,772</u></u>
<b>Balance Sheet</b>	
Fixed Assets, at Net Book Value	6,837
Net Current Assets	<u>43,546</u>
Total Assets	<u><u>50,383</u></u>
<b>Funded From Cumulative Reserves</b>	
Capital Reserve Fund	15,827
General Capital Reserve	<u>34,556</u>
	<u><u>£50,383</u></u>

## **AUDITORS REPORT**

The above is an extract from the accounts on which we reported on 17 April 1995.



Mahon & Company  
Chartered Accountants  
& Registered Auditors.  
10th May 1995