

now&next

ALDP STRATEGIC PLAN 2007 - 2011



ana liffey drug project

ACTION • PREVENTION • SUPPORT

now&next



ana liffey drug project

ALDP STRATEGIC PLAN 2007 - 2011



ana liffey drug project
ACTION • PREVENTION • SUPPORT

48 MIDDLE ABBEY ST

DUBLIN 1

TEL: (01) 878 6899

FAX: (01) 878 6828

www.aldp.ie

EMAIL: info@aldp.ie

table of contents :

| | |
|------------------------------------|----|
| 1 : CHAIRPERSON'S STATEMENT | 5 |
| 2 : INTRODUCTION | 9 |
| 3 : WHO WE WORK WITH | 10 |
| 4 : WHAT WE BELIEVE IN | 14 |
| 5 : OUR STRATEGIC OBJECTIVES | 16 |
| 6 : HOW WE DO WHAT WE DO | 18 |
| 7 : WHERE WE ARE BASED | 22 |
| 8 : OUR SERVICES | 24 |
| 9 : OUR GOALS FOR 2007 TO 2011 | 28 |
| 10 : CONCLUSION | 33 |
| BIBLIOGRAPHY | 34 |
| APPENDIX: STAFF OF ALDP - MAY 2007 | 35 |



1 : chairperson's statement

IN 2007 THE ANA LIFFEY DRUG PROJECT (ALDP) REACHED ITS 25TH ANNIVERSARY. SINCE 1982 THE ORGANISATION HAS CONSISTENTLY OPERATED IN A SUPPORTIVE NON-JUDGEMENTAL MANNER, WELCOMING AND SUPPORTING ALL THOSE WHO COME THROUGH OUR OPEN DOOR. THROUGH THIS WORK, ALDP HAS PIONEERED AND DEVELOPED A 'LOW THRESHOLD-HARM REDUCTION' ETHOS, WHICH HAS NOW BECOME AN ACCEPTED NORM IN SERVICE DELIVERY.

We have worked hard to create high quality employment standards for our staff based on expertise, team work and training. This allied with good governance by successive Directors of the organisation and a dedicated Council of Management made up of members with varied skills and experience; equates to an organisation with great potential for the future. This document is about unlocking that potential.

As we look forward, we are reassured that funding is no longer a major issue. Harm Reduction is recognised as a legitimate goal thanks, in part, to the pioneering efforts of the ALDP. Predictably, drugs have not gone away – in fact, in many people's views the situation has deteriorated. New markets have grown; and drug trends have changed. As a result, new high- risk behaviours associated with drug use have developed. Addressing these behaviours is

difficult, not least because many drugs are illegal. The organisation works in a difficult legal environment - in which we respect and work with those who create the legal structures as well as those whose responsibility it is to enforce the law. Our role is to help and support those people who use our services, whose lifestyle involves or has involved problem substance use. It is in this context that we plan for the future of the ALDP. The ALDP is as relevant now as it has always been and it is our responsibility to be as dynamic, innovative, forward thinking and aspirational as possible in where we take the ALDP next.

In celebrating our 25th year we held a half day conference on the topic of Harm Reduction in cooperation with the Addiction Research Centre at Trinity College Dublin with whom we have enjoyed a long standing and beneficial relationship. This relationship is a good

example of the ALDP partnership approach. We have many other important strategic partnerships which we have developed over the years. We intend to develop this way of working in the future for the mutual benefit of all involved in our work. This document is a statement of our intent to further develop ALDP through effective strategic partnerships.

In April 2006 the ALDP took its first steps in realigning its services by entering into a restructuring process which led to some of the most significant changes to the ALDP service delivery in many years. Following on from this process we now plan for the future strategy of the ALDP - 2007 to 2011.



DAVID POOLE
CHAIRPERSON
MAY 2007





2 : introduction

HAVING JOINED THE ANA LIFFEY DRUG PROJECT AS DIRECTOR IN NOVEMBER 2005, I HAVE HAD THE BENEFIT OF MANY MONTHS OF OBSERVATION OF THE DAY-TO-DAY RUNNING OF THE ANA LIFFEY DRUG PROJECT AND CONSULTATION WITH SERVICE USERS, STAFF, BOARD MEMBERS, FUNDERS AND PARTNER AGENCIES. I HAVE HEARD, AND SEEN, THE PASSION FOR AND BELIEF IN THE ANA LIFFEY DRUG PROJECT.

Many things have become clear to me about the future of the Ana Liffey Drug Project during these initial months and it is the purpose of this strategic plan to share that vision. If there is one thing that stands out most, it is the potential that the Ana Liffey Drug Project has for the future.

The process of considering our future strategy is broken down by first considering a number of key issues; who are our client group, what is our philosophy, what we do and how do we do it? We then go on to consider our future strategy for our existing services and future development. By focusing on these areas it is our intention to ensure as comprehensive a future strategy as possible.



TONY DUFFIN

DIRECTOR

MAY 2007

3 : who we work with

IN THIS SECTION WE ADDRESS THE FUNDAMENTAL ISSUE OF WHO EXACTLY DOES THE ALDP WORK WITH? GENERALLY, PEOPLE WHO USE ALDP'S SERVICES USE DRUGS AND AS A RESULT OF THEIR DRUG USE THEY MAY ENGAGE IN RISK-TAKING BEHAVIOUR. THIS LEAVES US WITH TWO ISSUES TO ADDRESS - WHAT DO WE MEAN BY 'DRUG USE' AND WHAT DO WE MEAN BY 'RISK'?

10

There are a number of ways to describe the types of drug use that people engage in; Griffith Edwards offers the following classifications.

USE, MISUSE, ABUSE AND RECREATIONAL USE:

THE PHRASE 'DRUG USE' HAS TRANSPARENT MEANING AND IS FREE OF MORAL JUDGEMENT: ALL USE IS USE, AND THE TERM EMBRACES DRUG TAKING BOTH OF A KIND SOCIETY APPROVES AND OF A TYPE OR DEGREE THAT IS DISAPPROVED. THE CUT-OFF POINT THAT DETERMINES WHEN USE SHADES INTO MISUSE IS LARGELY IN THE EYE OF THE BEHOLDER. MISUSE IS THE TERM

LIKELY TO BE FAVOURED IN BRITAIN WHEN THE BEHAVIOUR IS DEEMED BY THE STATE TO BE PROBLEMATIC, WHILE IN AMERICA THE RATHER MORE PEJORATIVE 'ABUSE' IS IN THOSE CIRCUMSTANCES THE FAVOURED LABEL. 'RECREATIONAL USE' IMPLIES NON-HARMFUL, NON COMPULSIVE USE WITHIN A LEISURE LIFESTYLE. (EDWARDS G., (2005), P.XX)

Whilst everyone that attends the ALDP is affected by drug use to some degree, it is commonly accepted that our client group are seen as having *problem substance use* issues i.e. their drug use impacts negatively on their health, social or economic circumstances and, indeed, their health, social or economic circumstances impacts negatively on their drug use

We can also be more specific regarding what these negative impacts might be. The content of Table 1 is a break down of risk variables impacting upon members of our client group. Our Service Users move between these variables and the ALDP's goal is to work with the person where they are at while setting realistic goals and supporting the service users to move towards less risky behaviour/situation. 'Risk' is



defined by substance using/related behaviours displayed and other related issues that impact on the person. 'Drug' refers to any psychoactive substance i.e. illicit drugs, alcohol, medicines and volatile substances. These risk factors are not definitive and other factors i.e. the risk of suicide may be present at any time. The risk may be to themselves, or others, of deteriorating health, death, infection or abuse.

While the ALDP's typical client is an active drug user, this is not always the case. The ALDP has supported people throughout the years who have actively used drugs and moved towards an abstinent lifestyle. These people have not suddenly fallen outside of the ALDP's remit and we have continued to support many people who have become drug free.

individuals and families :

While much of ALDP's work is focused on the individual, we recognise the importance of family. The ALDP has a rich history of working with families; working with this distinct group involves engaging with clients who present with their children, either as a cohabitating couple or as single parents. ALDP can also work with the primary carer or legal guardian i.e. grandfather, grandmother, uncle, aunt, brother, sister, etc. The ALDP works with the parent or guardian to support them in improving their quality of life.

The ALDP recognises that we have a responsibility towards the children of our service users and aim to provide accessible and effective support for parents/guardian and their children, either directly or through good links with other relevant services.

risk variables :

| | |
|--|---|
| CONSTANT AND UNCONTROLLABLE DRUG USE | OCCASIONAL OR REGULAR BEHAVIOURAL ISSUES |
| POLY DRUG USE | MENTAL HEALTH ISSUES |
| REGULAR DRUG USE | EMOTIONAL ISSUES |
| NO PROBLEM DRUG USE - RECREATIONAL DRUG USE | REGULAR PHYSICAL HEALTH ISSUES |
| LITTLE OR NO DRUG USE -RISK OF RELAPSE AND OVERDOSE | REGULAR PHYSICAL NEGLECT |
| UNSAFE USE/DISPOSAL OF DRUG PARAPHERNALIA | HOUSING ISSUES |
| ON METHADONE MAINTENANCE PROGRAM OR SIMILAR | LEGAL ISSUES |
| USES PRESCRIBED DRUGS (PRESCRIBED TO THEM OR OTHERWISE) | HIGH TO MEDIUM MOTIVATION - ENGAGES AND IS WILLING TO ADDRESS ISSUES |
| USES PRESCRIBED DRUGS AS OUTLINED BY GP OR OTHER | MEDIUM TO LOW MOTIVATION - OCCASIONALLY ENGAGES |
| DIFFICULT BEHAVIOUR (AGGRESSIVE) | NO MOTIVATION - DOESN'T ENGAGE |

TABLE 1

4 : what we believe in

our vision : what we aspire to

Our vision is that everyone affected by problem substance use has the right to health, dignity and respect¹.

our mission : why we exist

Our mission is to work with people affected by problem substance use - to reduce harm, improve overall quality of life and promote human rights.

14

our values :

Our key values and indicators underpin all of the work we do.

the aldp aims to enable people to reduce the harm that problem substance use causes :

We neither promote nor denounce problem substance use.

We believe in the importance of journeying with people.

We recognise the potential of the people we work with.

We aim to provide evidence based responses.

We are committed to innovation.

We believe in development.

the aldp is pragmatic :

We turn words into actions.
We take and manage risks.
What matters is what we do.
We do what we say we will do.

the aldp believes in rights and responsibilities :

We believe that people have fundamental rights.
We believe that with rights go responsibilities.
We treat all of the people who use our services with respect.

the aldp aims to take a wider role in society :

We believe in partnership.
We aim to be open and accountable.
We strive to be a quality led organisation.
We have a local, national and international perspective.

¹ FOR THE PURPOSES OF THE ALDP'S VISION, 'HEALTH' IS NOT THE ABSENCE OF ILLNESS – WE REFER TO HEALTH IN THE CONTEXT OF THE 'OTTAWA CHARTER FOR HEALTH PROMOTION'. THIS CHARTER CLEARLY STATES THAT THE FUNDAMENTAL CONDITIONS AND RESOURCES FOR HEALTH ARE PEACE, SHELTER, EDUCATION, FOOD, INCOME, SUSTAINABLE RESOURCES, SOCIAL JUSTICE, AND EQUITY. AS A PROJECT WITH ITS ROOTS FIRMLY PLACED IN 'HEALTH PROMOTION' THE ANA LIFFEY DRUG PROJECT EMBRACES THIS HOLISTIC APPROACH TO HEALTH. WE BELIEVE BY GIVING THOSE PEOPLE WHO USE OUR SERVICES 'RESPECT' COUPLED WITH OUR HOLISTIC VISION OF HEALTH THAT THIS GROUP OF PEOPLE WILL IN TURN FEEL DIGNITY WITHIN THEMSELVES. THIS IS IMPORTANT TO THE ALDP AS WE BELIEVE THAT DIGNITY IS A KEY INGREDIENT TO POSITIVE CHANGE.



5 : our strategic objectives

1

TO PROVIDE A SAFE ENVIRONMENT IN WHICH PEOPLE
AFFECTED BY PROBLEM SUBSTANCE USE CAN TAKE INTO
ACCOUNT AND ADDRESS ISSUES IMPACTING UPON THEIR LIVES.

16

2

TO PROMOTE A BETTER UNDERSTANDING OF AND
AWARENESS OF THE ISSUES SURROUNDING PROBLEM
SUBSTANCE USE.

3

TO IDENTIFY NEW TRENDS RELATING TO PROBLEM
SUBSTANCE USE AND INITIATE RESPONSES TO ADDRESS
THESE ISSUES.



6 : how we do what we do

18

LOW THRESHOLD - HARM REDUCTION: WE REFER TO THE PHILOSOPHY THAT UNDERPINS OUR SERVICES AS 'LOW THRESHOLD - HARM REDUCTION'. SIMPLY PUT, BY 'LOW THRESHOLD' WE MEAN THAT THERE ARE FEW CONSTRAINTS IMPOSED ON THE PEOPLE USING OUR SERVICES AND A HIGH DEGREE OF TOLERANCE IS EXERCISED BY THE PROJECT - WHILST CONSIDERING THE SAFETY OF SERVICE USERS, VISITORS AND STAFF AT ALL TIMES. AS A CONSEQUENCE WE ARE ABLE TO WORK WITH THOSE PEOPLE OFTEN EXCLUDED FROM SERVICES DUE TO THEIR SUBSTANCE USE, ASSOCIATED NEEDS AND CONSEQUENTIAL BEHAVIOUR.

There is much debate regarding what Harm Reduction means in a problem substance use context, as Neil Hunt of Imperial College London explains:

HARM REDUCTION:

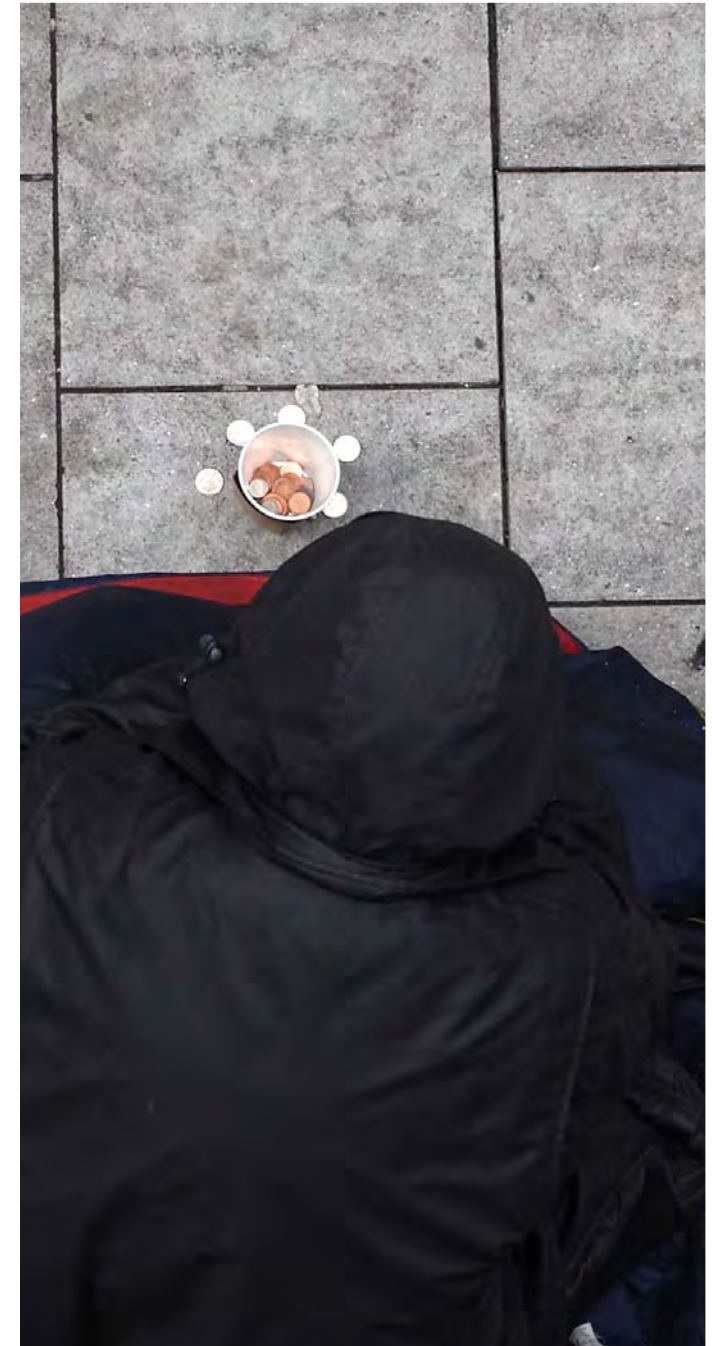
| | |
|--|---|
| NO FORMAL CONSENSUAL AGREED DEFINITION. DEFINING FEATURES INCLUDES: RESPECT FOR HUMAN LIFE. LOCATED WITHIN THE PUBLIC HEALTH MOVEMENT. BRINGS TOGETHER DISPARATE | INTERESTS. DEFINING HARM REDUCTION MORE CLEARLY WOULD DISINTEGRATE COALITIONS. (HUNT N (2004), P232) |
|--|---|

Many Definitions have been attempted, examples include:

HARM REDUCTION . . . IS AN ATTEMPT TO AMELIORATE THE ADVERSE HEALTH, SOCIAL OR ECONOMIC CONSEQUENCES OF MOOD ALTERING SUBSTANCES WITHOUT NECESSARILY REQUIRING A REDUCTION IN THE CONSUMPTION OF THESE SUBSTANCES (HEATHER N, (1995), p331)

HARM REDUCTION IS THE ACCEPTANCE OF THE FACT THAT SOME DRUG USERS CANNOT BE EXPECTED TO CEASE THEIR DRUG USE AT THE PRESENT TIME. HARM REDUCTION IS NEUTRAL ABOUT THE LONG TERM GOALS OF INTERVENTION WHILE ACCORDING A HIGH PRIORITY TO SHORT TERM REALIZABLE GOALS. (SINGLE E, (1995) p287)

In their paper *An Irish solution to an Irish problem: Harm reduction and ambiguity in the drug policy of the Republic of Ireland*, Butler and Mayock give an overview of the introduction of Harm Reduction policy in Ireland. The following quote from their paper considers the legal, policy, service delivery and philosophical issues surrounding Harm Reduction.



FIRSTLY, HARM REDUCTION ASSUMES THAT LEGAL MEASURES TO CREATE A DRUG-FREE SOCIETY LACK THE POPULAR SUPPORT NECESSARY TO ACHIEVE TOTAL SUCCESS AND, FURTHERMORE, THAT SUCH LEGAL MEASURES MAY INADVERTENTLY CONTRIBUTE TO AN INCREASE IN THE SCALE AND INTENSITY OF DRUG RELATED PROBLEMS BOTH FOR INDIVIDUAL USERS AND THE WIDER SOCIETY. SECONDLY, IN ACCORDANCE WITH THIS FUNDAMENTAL ASSUMPTION, PRIORITY IS GIVEN TO STRATEGIES, PRACTICES AND FORMS OF HEALTH AND SOCIAL SERVICE PROVISION WHICH ARE AIMED AT REDUCING A WIDE RANGE OF

DRUG-RELATED HARMS WHILE NOT NECESSARILY REDUCING DRUG USE PER SE. THIRDLY, AND TO VARYING DEGREES, HARM REDUCTION FACILITATES THE DEVELOPMENT OF MORE TOLERANT AND LESS MORALISTIC ATTITUDES - BOTH ON THE PART OF THE RELEVANT PROFESSIONALS AND THE GENERAL PUBLIC - TOWARDS DRUG USERS AS WELL AS AN ACCEPTANCE THAT USERS, EVEN WHILE CONTINUING TO USE ILLICIT DRUGS, CAN ACTIVELY AND SUCCESSFULLY COLLABORATE WITH PROFESSIONALS IN REDUCING DRUG RELATED HARM.

(BUTLER, S. & MAYOCK, P. (2005) P415)

As we can see, whilst there is no agreed definition of Harm Reduction there are clearly shared principles underpinning Harm Reduction policy and practise. In the Ana Liffey Drug Project philosophy, Harm Reduction refers to any attempt to minimize the harm that problem substance use causes to the individual and the community. We make no judgement on the drug using activity of the people who use our services and all our Harm Reduction interventions are evidence-based responses to problem drug use.

organisational structure

The ALDP services and structure has been developed to address two key client groups:

1 PEOPLE AFFECTED BY PROBLEM SUBSTANCE USE

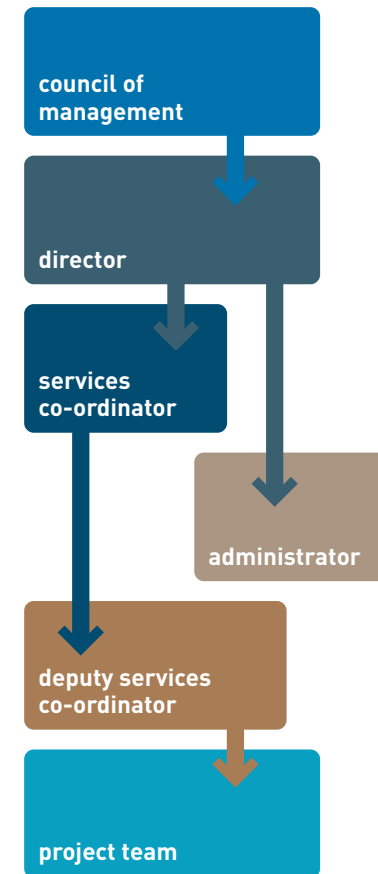
2 FAMILIES AFFECTED BY PROBLEM SUBSTANCE USE

(e.g. parents affected by problem substance use and their children).

In August 2006 the project underwent an organisational restructuring which saw a significant shift away from the departmentalised style of working into one integrated multi-disciplinary project team. This new organisational structure ensures an effective and efficient multi-disciplinary approach to working with these groups.

organisational chart

The organisational structure is a linear hierarchical structure; reporting to the Director - the Services Co-ordinator, supported by the Deputy Services Co-ordinator, oversees the efficient, effective management of all services across the organisation. The supervisory responsibilities for the project team are shared between the Services Co-ordinator and the Deputy Services Co-ordinator.



7 : where we are based

22

THE HUB OF THE ANA LIFFEY DRUG PROJECTS ACTIVITIES IS OUR PREMISES AT 48 MIDDLE ABBEY STREET, DUBLIN 1. BASED IN THE HEART OF DUBLIN'S NORTH INNER CITY WE ARE IDEALLY LOCATED TO SERVE THE NEEDS OF THE LOCAL COMMUNITY. WE PROVIDE A NUMBER OF 'ON-SITE' SERVICES, INCLUDING A DROP-IN SERVICE, PEER GROUPS, CASE MANAGEMENT SERVICES, LITERACY SUPPORT AND HOLISTIC INTERVENTIONS. WE ALSO DO A LOT OF 'OFF-SITE' WORK, INCLUDING PRISON WORK/VISITS, STREET OUTREACH, HOME VISITS, COURT ATTENDANCE AND SUPPORT, HOSPITALS VISITS, ETC.

our funders :

The ALDP receives funding from a number of organisations, including:

HEALTH SERVICE EXECUTIVE - DRUGS/AIDS SERVICES

HEALTH SERVICE EXECUTIVE - CHILD CARE SERVICES

NORTH INNER CITY DRUGS TASK FORCE

PROBATION SERVICE

POBAL

PRIVATE AND CORPORATE FUNDERS

Our funders ensure that the Ana Liffey Drug Project is sufficiently resourced and able to provide the day-to-day services as outlined below.



8 : our services



drop-in service : Our drop-in service is available Monday to Friday and people access the service by simply walking through the door. A homely and welcoming environment within the drop-in service is promoted and has been maintained since the project's inception in 1982. This service is our core work that underpins all the services that the ALDP delivers. It is in this service that we have maintained contact and rapport with disenfranchised members of the wider community, enabling us to journey with our clients over the years. Staff members are available to work one-to-one carrying out solution focussed brief interventions.



peer support group : The purpose of the Peer Support Group is to enable active drug users to spread Harm Reduction messages throughout the drug using community. The programme is set out over a four week period and involves three morning sessions a week – Monday, Wednesday and Friday. The sessions include group work, outside speakers and talks from staff members on key drug issues. The course recognises the reality of the lifestyles of people who actively use drugs. The structure has been designed to be very flexible and participants graduate by completing the required elements of the course if completed in the same year.



prison work : The Ana Liffey Drug Project offers support to service users who have been sentenced to serve time in prison. As part of our case management work and one-to-one work the Ana Liffey Drug Project visits and supports prisoners, we also help prisoners prepare for their release and we are, often, one of the only links some people have upon release from prison.

Based in the Drug Free Wing of Mountjoy Prison the Ana Liffey Drug Project delivers a 6 week programme to those prisoners seeking to live a drug free lifestyle. The Ana Liffey Drug Project's main focus is Harm Reduction, and work carried out by ALDP staff in Mountjoy includes a holistic educational approach to substance dependency, recovery and relapse prevention.



holistics : On Thursday mornings the Ana Liffey Drug Project offers holistic intervention services; this involves the availability of 'Auricular Acupuncture' and 'Back & Shoulder Massage'.



literacy : For many years, an external literacy tutor has attended the Ana Liffey Drug Project on a weekly basis to offer a much-needed service to those who have difficulty reading and writing. We cannot highlight enough the importance of good literacy skills in building a person's self-esteem and their empowerment. Successes in this regard are measured in small steps. However, for some participants, the Ana Liffey Drug Projects Literacy Program has led to university qualifications and played a significant part in their recovery.



case management : The Ana Liffey Drug Project also provides a case management service for suitable individuals and families. Case management is the practise of co-ordinating and managing the range of diverse services that are needed to positively impact on an individual's future options, choices and well-being. Case management is a core element of the Ana Liffey Drug Project's work.

The next section of this strategic plan, 'Our Goals for 2007 to 2011', has been drawn up with consideration of 'Who We Work With', 'What We Believe In', 'Our Strategic Objectives' and 'How We Do - What We Do' as laid out above. We have considered the current political, economic and social context in which the ALDP works and we propose areas of development for the next five years.



9 : our goals for 2007 to 2011

strategic objective 1 :

To provide a safe environment in which people affected by problem substance use and their families can consider issues impacting upon their lives.

existing work

| AREA | ACTION | WHEN |
|--|---|---------|
| 1 HARM REDUCTION - LOW THRESHOLD DROP-IN SERVICE | CONTINUE TO PROVIDE AND DEVELOP ALDP'S DROP-IN SERVICE AT 48 MIDDLE ABBEY ST FOR SINGLE PEOPLE AND FAMILIES | ONGOING |
| 2 FAMILIES | CONTINUE TO PROVIDE AND DEVELOP ALDP'S FAMILY CASE MANAGEMENT SERVICE | ONGOING |
| 3 HOLISTICS | CONTINUE TO PROVIDE AND DEVELOP ALDP'S HOLISTICS PROGRAMME | ONGOING |
| 4 LITERACY | CONTINUE TO PROVIDE AND DEVELOP ALDP'S LITERACY PROGRAMME | ONGOING |
| 5 CARE AND CASE MANAGEMENT | CONTINUE TO PROVIDE AND DEVELOP ALDP'S CARE AND CASE MANAGEMENT SERVICE | ONGOING |

opportunities and development

| AREA | ACTION | WHEN |
|-------------------|--|---------|
| 6 NEEDLE EXCHANGE | CONTINUE TO WORK IN PARTNERSHIP TO PROVIDE AN OUT OF HOUR'S NEEDLE EXCHANGE SERVICE IN NORTH INNER CITY DUBLIN | 2007 |
| 7 FAMILIES | CONTINUE TO WORK WITH DRUG USING PARENTS AND THEIR CHILDREN TO DEVELOP AND PROVIDE SERVICES THAT ADDRESS THEIR NEEDS | ONGOING |
| 8 PRISON SERVICES | IDENTIFY, DEVELOP AND PROVIDE HARM REDUCTION SERVICES WITHIN PRISONS | 2009 |

strategic objective 2 :

To promote a better understanding and awareness of the issues surrounding problem substance use.

| AREA | ACTION | WHEN |
|----------------------------------|--|---------|
| 9 PEER SUPPORT PROGRAMME | CONTINUE TO PROVIDE AND DEVELOP ALDP'S PEER SUPPORT PROGRAMMES | ONGOING |
| 10 PEER SUPPORT PROGRAMMES | IDENTIFY AND DEVELOP ACCREDITATION FOR ALDP PEER SUPPORT PROGRAMME | 2008 |
| 11 DRUG FREE SERVICES IN PRISONS | CONTINUE TO PROVIDE AND DEVELOP ALDP'S DRUG FREE PROGRAMMES WITHIN PRISONS | ONGOING |

strategic objective 3 :

To identify new trends relating to problem substance use and initiate responses to address these issues.

| AREA | ACTION | WHEN |
|--|---|-----------------|
| 12 ESTABLISH UP TO DATE INFORMATION ON DRUG RELATED TRENDS. | ESTABLISH UP TO DATE INFORMATION ON NEW TRENDS RELATING TO PROBLEM SUBSTANCE USE - COMPLETE A CLIENT SURVEY CARRIED OUT EVERY SIX MONTHS TO IDENTIFY NEW NEEDS AND TRENDS IN THOSE PEOPLE WHO USE ALDP SERVICES | 2007 & ONGOING. |
| 13 EX-OFFENDERS SERVICES | IDENTIFY, DEVELOP AND PROVIDE SERVICES FOR PEOPLE LEAVING PRISON THAT ARE AFFECTED BY PROBLEM SUBSTANCE USE | 2008 & ONGOING. |
| 14 HARM REDUCTION - LOW THRESHOLD DROP-IN SERVICES (SINGLES & FAMILIES) | RESPONDING TO LOCAL NEEDS - IDENTIFY, DEVELOP AND PROVIDE ONE FURTHER DROP-IN SERVICE WITHIN THE GREATER DUBLIN REGION | 2011 |
| 15 HARM REDUCTION - LOW THRESHOLD DROP-IN SERVICES (SINGLES & FAMILIES) | RESPONDING TO LOCAL NEEDS - IDENTIFY, DEVELOP AND PROVIDE ONE FURTHER DROP-IN SERVICE OUTSIDE OF THE GREATER DUBLIN REGION | 2011 |
| 16 HARM REDUCTION - LOW THRESHOLD RESPITE ACCOMMODATION | IN ASSOCIATION WITH RELEVANT AGENCIES - CAMPAIGN FOR AND DEVELOP RESPITE ACCOMMODATION FOR INDIVIDUALS AND FAMILIES AFFECTED BY PROBLEM SUBSTANCE USE | 2011 |

| | | |
|--|---|----------------|
| 17 HARM REDUCTION - LOW THRESHOLD HOUSING SERVICES (SINGLES & FAMILIES) | IN ASSOCIATION WITH RELEVANT AGENCIES – CAMPAIGN FOR AND DEVELOP LONG-TERM SUPPORTED HOUSING OPTIONS FOR ALDP CLIENT GROUP IN NORTH INNER CITY DUBLIN | 2011 |
| 18 DUAL DIAGNOSIS | IDENTIFY, DEVELOP AND PROVIDE INNOVATIVE SERVICES FOR PEOPLE AFFECTED BY PROBLEM SUBSTANCE USE AND MENTAL ILLNESS | 2009 & ONGOING |

communications strategy :

| AREA | ACTION | WHEN |
|--|--|---------|
| 19 PROMOTE ALDP AS A MODEL OF BEST PRACTISE | PROMOTE ALDP AS A MODEL OF BEST PRACTISE IN THE DELIVERY OF 'LOW THRESHOLD - HARM REDUCTION' SERVICES | ONGOING |
| 20 DEVELOP HARM REDUCTION SERVICES | CAMPAIGN FOR A COMPREHENSIVE HARM REDUCTION STRATEGY ON A LOCAL AND NATIONAL LEVEL I.E. SAFER INJECTING SITES, NEEDLE EXCHANGES, WET SERVICES, ETC | ONGOING |
| 21 HOUSING OPTIONS | IN ASSOCIATION WITH RELEVANT AGENCIES - CAMPAIGN FOR QUALITY HOUSING OPTIONS FOR ALL ALDP CLIENTS | ONGOING |

fundraising :

| AREA | ACTION | WHEN |
|-----------------------|--|------|
| 22 FUNDRAISING | DEVELOP A COMPREHENSIVE FUNDRAISING STRATEGY | 2008 |



10 : conclusion

WE HAVE NAMED WHAT WE BELIEVE, WHAT WE DO AND HOW WE DO IT. KEY TARGETS AND TASKS ARE NOW SET, THE ALDP HAS STATED IT'S ASPIRATIONS FOR THE COMING FIVE YEARS. THEY ARE AMBITIOUS, AS THEY SHOULD BE; THEY INVOLVE MAINTAINING CURRENT SERVICE PROVISION AND DIVERSIFYING INTO NEW AREAS. WE WILL CAMPAIGN FOR POLICY AND SERVICE RESPONSES TO THE KEY ISSUES AFFECTING OUR CLIENT GROUP. INCLUDING NEW ILLICIT DRUG TRENDS, POLY-SUBSTANCE USE, MENTAL HEALTH ISSUES, HOMELESSNESS, FAMILY WORK AND WORK WITH PRISONERS AND EX-OFFENDERS.

33

Where necessary and responding to need, the Ana Liffey Drug Project will provide new and innovative services to meet these needs. We have attempted to be succinct and to the point whilst explaining ourselves and our intentions. We now look forward to implementing this document and living up to one particular indicator of the ALDP - 'We do what we say we will do', this is not rhetoric.

The process of drafting this strategic plan included the regular meeting of a Sub-group of the ALDP Council of Management and I would like to thank the members of this Sub-group and all the members of the Council of Management for their input into this document.

TONY DUFFIN

MAY 2007

bibliography :

34

Brooke S, (2005) *Cornerstone Issue 25*, Homeless Agency, Dublin.

Butler S, (2002) *Alcohol, Drugs and Health Promotion in Modern Ireland*, Institute of Public Administration.

Butler, S. & Mayock, P. (2005) "An Irish solution to an Irish problem: Harm reduction and ambiguity in the drug policy of the Republic of Ireland", *International Journal of Drug Policy*, 16 , 415-422.

Cleary A & Prizeman G, (1998) *Homelessness and Mental Health - A Research Report*, Social Science Research Centre - University College Dublin.

Crowley F, (2003) *Mental Illness - The Neglected Quarter*, Amnesty International (Irish Section).

Department of Community, Rural and Gaeltacht Affairs, (2004) *Critical Implementation Path - National Drugs Strategy 2001-2008*

Department of Community, Rural and Gaeltacht Affairs, (2005) *Mid-term review of the National Drug Strategy 2001 - 2008*.

Department of the Environment and Local Government, (2000) *Homelessness - An Integrated Strategy*.

Department of Health and Children (2006) *A Vision for Change - Report of the expert group on mental health policy*.

Edwards Griffith, (2005), *Matters of Substance*, Penguin Books

Eustace A & Clarke A, (2006) *Care & Case Management: Assessment of the Homeless Agency's Model*.

Faculty of Public Health Medicine, Royal College of Physicians, UK. (2002)

Heather N, *Groundwork for a research programme on harm reduction in alcohol and drug treatment*, Drug and Alcohol Review, Volume 14, Number 3, 1995, pp. 331-336

Homeless Agency, (2007) *A Key to the Door - The Homeless Agency Partnership Action Plan on Homelessness 2007 - 2010*.

Hunt N, (2004) *International Journal of Drug Policy* 15, Imperial College London

Lawless M & Corr C, (2005) *Drug Use Among the Homeless Population in Ireland*, National Advisory Committee on Drugs.

MacGabhann L, Scheele A, Dunne T, Dr Gallagher P, Dr MacNeela P, Moore G, Philbin M. (2004) *Mental Health and Addiction Services and the Management of Dual Diagnosis in Ireland*.

Miller W & Rollnick S, (1991) *Motivational Interviewing - Preparing People to Change Addictive Behaviour*, the Guilford Press [August 9, 1991]

Ottawa Charter for Health Promotion, First International Conference on Health Promotion, Ottawa, 21 November 1986 - WHO/HPR/HEP/95.1

Single E. (1995) *Defining Harm Reduction*, Drug Alcohol Review 14

appendix :

staff of aldp – may 2007

As of May 2007, the voluntary board members and staff of the Ana Liffey Drug Project include:

COUNCIL OF MANAGEMENT:

David Poole CHAIR
Frank Woods TREASURER
Deirdre Canavan SECRETARY
Joan Byrne
Trish Conway
Brendan Dornan
Paul Downes
Louise Mahoney
Marguerite Woods
Miranda O'Sullivan

STAFF

Tony Duffin DIRECTOR
Rose Toal SERVICES CO-ORDINATOR
Dermot Murphy DEPUTY SERVICES CO-ORDINATOR
Gloria Kearns ADMINISTRATOR
Peter Bennewith PROJECT WORKER
John Burke PROJECT WORKER
Audrey Coakley PROJECT WORKER
Eilis NiChearnaigh PROJECT WORKER
John O'Meara PROJECT WORKER
Miranda O'Sullivan PROJECT WORKER
Mari Ogwokhadremhe FAMILY CASE WORKER
Neasa Galgey FAMILY CASE WORKER
JM Burr PROJECT WORKER

