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Ana Liffey
Drug Project

Annual Report

1995

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Ana Liffey

Drug Project

Annual Report

1995

Presented at the
Annual General Meeting
of the
Ana Liffey Drug Project
held on
Thursday, 6th June 1996

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1995 - An Overview

The Annual General Meeting of the Ana Liffey Drug Project provides us again with a timely opportunity to examine the organisation and its work during 1995 and the first five months of 1996.

Accountability is a notion which we take very seriously and we take pride in reporting on our work, being clear about what we do and how we do it. We will continue to document our work and review and evaluate our developments and achievements. Much has been gained and many lessons have been learned over the years due to this ongoing process.

We have experienced an extremely busy year with the numbers using the services and participating in the activities of the Project increasing yet again. Despite the fact that we witnessed a reduction in staff during 1995 from seven to six team members we managed to provide drop in facilities, counselling, prison visiting, and home and hospital visiting to **1,194** individuals, an almost **40%** increase on the figure for 1994. Interventions amounted to **12,682**

Busy-ness continues to be a theme of the Project and our services - the drop in centre, the counselling programmes, prison counselling, family outreach work and community outreach are all utilised to capacity. While each year the number of individuals with drug problems increases steadily, the number of family members remains almost the same. Our resources are still relatively small and the demands made on staff time are large. The impact of large numbers of drug users attending the Centre has necessitated a reduction in hours committed to family outreach work. We are now in the fortunate position of welcoming a seventh worker to the team shortly.. However in 1996 it will be a priority to increase the team to eight members.

The uptake of our service is particularly high. This again reemphasises the need for low threshold, accessible, open door services to respond to and meet the needs of those who attend. It is significant also that, even with the massive expansion of services for drug users in the Dublin area, our service and other services continue to become even busier.

During 1995 we applied for and secured funding again from EMPLOYMENT - HORIZON DISADVANTAGED for a new programme of training for peer support workers which will commence in June 1996. This programme - Project ASTERISK - will incorporate an extremely innovative and exciting approach in that it will be inclusive and draw on the experience of drug users while training them to provide a service to fellow drug users and their community.

During the last year, alongside our liaison with numerous drugs and HIV services, we continued to focus on the important notions of integration and networking, as

we increasingly worked in partnership with other agencies and organisations, such as, Cooperation North, National Youth Council of Ireland, Irish Youth Foundation, Malais, the SAOL Project, Children and HIV Special Interest Group, Community Response, Greater Blanchardstown Community Response to Drugs, Finglas Drugs/HIV Forum, Inter Agency Drug Project, ICON, Ballymun Youth Action Project and the Citywide Campaign.

One other cooperative venture is a proposed new service for drug using parents and their children. This new service will be jointly managed by the Ana Liffey Drug Project and Eastern Health Board Community Care Area 7 and it is anticipated that it will be established before the end of 1996.

We have also been committed to the Voluntary Drug Agencies Group. This forum - Ballymun Youth Action Project, Coolmine Therapeutic Community, Merchants Quay Project and the Ana Liffey Drug Project - has been in existence since December 1991. This forum now has representation on the following:

- National AIDS Strategy Committee (2 Representatives)
- The Board of the Drug Treatment Centre (1 Representative)
- Eastern Regional Monitoring Committee on Drug Use (2 Representatives)

In this way the voluntary sector has an opportunity to impact on drug/HIV policy at a range of different levels.

We in the voluntary and community sector often demonstrate a sense of inferiority and understate our work despite our achievements. We are convinced of the important and significant role that the Ana Liffey Drug Project continues to play in the drug treatment and community development field.

Although we work with many individuals who come from different areas of Dublin it is fair to say that they are all members of a community that has been greatly affected by drug use. All those who have had problems with illicit drug use and their families have been directly affected by major adversity, social exclusion, isolation and marginalisation. HIV has added to that, further marginalising and isolating people and many of those we know have cared for and nursed their partners, sons or daughters, brothers or sisters, or friends at home with great courage and commitment, and in the early days with little support.

One of our commitments over the years has been to encourage the development of participation and to encourage people to speak out. Many individuals, people directly affected and parents, have changed public opinion and attitudes to HIV forever through their deciding to speak publicly. They have achieved so much in combating the marginalisation and stigma associated with HIV and drug use, thereby helping countless others.

I would like to thank the highly motivated staff team of the Project for their energetic work and commitment. I would also like to take this opportunity to thank the Management Council for their support and guidance.

We all would especially like to thank those who use the services of or participate in the activities of the Project for making it the busy, noisy and crazy place it is. The best outreach workers are those who are already involved and we thank them for their belief and trust in the Centre as they bring other sisters, brothers, family members, partners, children and friends to join in the activities of the Project.

Reflecting on the year gone by allows us the opportunity to celebrate as we face into another year. However we are also aware of those who are no longer present. During 1995 and the first few months of 1996 many people who attended the Project have died. We miss them and wish that they be remembered.

Marguerite Woods
Director

June 1996

The Ana Liffey Drug Project

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and Director)

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St James Hospital
Mater Hospital
Beaumont Hospital
Cherry Orchard Hospital

Drug Treatment Centre
Baggot Street Clinic
Ashling Clinic
City Clinic
Rialto CBT

Adelaide Hospital

Community Care Social Work Team
Community Welfare Off
General Practitioners

Management Council

Dept of Health/MENB
Dept of Education (Disadvantaged Youth)
Dept of Justice
Dept of Social Welfare
Health Promotion Unit

Prisons
Probation/Welfare Ser.

Staff/Participants
Drop In/Counselling/Asterisk
Newsletter Group/Literacy Training
Youth and Drugs: A Response
Prison Work/Family Work
Community Outreach

Community Work
(NYF Blanchardstown
ECOH
Community Response
North Wall CE Scheme
Finglas Drugs/HIV Forum
Citywide Campaign
Community Response Dublin 15
Cooperation North
NYCI
Inter Agency Drug Project

SAOL Proj
Seilse Proj
VEC

Voluntary Drugs Agencies
(Ballymun Youth Action Project
Coolmine Therapeutic Community
Merchants Quay Project)

Community Relations
Garda Síochána Training College, Temple

Health Research Board

National Drug Treatment Centre Board
Eastern Region Co-ordinating Committee on Drug Misuse
National AIDS Strategy Committee

NORIEON Employment Disadv
Work Research Co-operative
Dept of Enterprise/Employment

Transnational Partners (NOR
Germany/Austria/Soc
Holland/Spain/Scots

Reporting on the work 1995

During 1995 the Ana Liffey Drug Project has operated with a staff of six individuals - a director, secretary, and four project workers. During the next year we hope that this situation will be improved with the employment of an additional two workers. 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.

Attendance/Participation 1995

Numbers	Centre	Prison	Home Hospital
Individuals	1044	151	62
Contacts	11,575	435	672

During 1995 the Project made contact and worked with a total of 1,194 separate individuals. This represents a significant increase of the numbers of individuals attending as compared with 1994.

Individuals 1990 - 1995

Year	1990	1991	1992	1993	1994	1995
Number	445	631	681	739	855	1,194

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 and 1994, 739 individuals and 855 individuals respectively used the service.

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. The 1994 attendance represented an increase of almost 16% on that of the previous year while the 1995 attendance represents an increase of almost 40% on that of 1994. Comparing attendance during 1990 with that during 1995, there has been almost an increase of 168% in the numbers of individuals using the service.

Contacts

Counselling contacts or interventions totalled 12,682 during 1995.

Contacts 1990 - 1995

Year	1990	1991	1992	1993	1994	1995
Number	8,759	10,770	9,995	12,194	13,692	12,682

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 while during 1994 13,694 contacts were made.

Cumulatively between 1990 and 1995 we have carried out 68,092 counselling contacts.

Both the increases in the numbers of individuals and contacts over the last six years merit comment.

While 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. In 1995 the average number of interventions made is approximately eleven.

A serious question arises about resourcing and we are concerned by the fact that we are providing a service to more than twice the number of people we worked with during 1990 while our staff group has remained exactly the same size as the operating in the Centre during 1990.

Drug users/Partners and family members

Of the 1,194 individuals who attended, 1,104 (92.46%) were individuals with a history of drug use while 90 (7.54%) partners and other family members used the support services of the Project. There was an almost 43.94% increase in the numbers of drug users attending and a little over 2.27% increase in the numbers of family members attending as compared with the numbers in 1994.

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 the 1,194 individuals who attended, 755 (63.23%) were men and 439 (36.77%) were women. There was a 49.21% increase in the numbers of men attending and a 25.78% increase in the numbers of women attending when compared with the 1994 figures.

Of the 1,104 drug users, 746 (67.57%) were men, as compared with 495 in 1994, and 358 (32.43%) were women, as compared with 272 in 1994. This represents an increase of 50.71% in the numbers of men attending and an increase of 31.62% in the numbers of women drug users attending when compared with the 1994 attendance.

Men attending - 1992 - 1995 (drug users)

Year	1992	1993	1994	1995
Number	407	449	495	746

Women attending - 1992 -1995 (drug users)

Year	1992	1993	1994	1995
Number	186	203	272	358

Of the ninety partners and family members, nine (10%) men and eighty one (90%) women were involved with the family outreach service.

Children

During 1993 for the first time we 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. During 1995 there were 1,133 recorded visits of children to the centre.

These interventions are not recorded in the general statistics and therefore the numbers of children attending and the attendances are not included in the total figures outlined above. They are mentioned in order to highlight the fact that children come to this agency. 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 attendances of children coming to the centre probably reflects the increased attendance of both men and women with a history of drug use.

The Drop in Centre and Counselling Programme

Individuals - Centre - 1990 - 1995

Year	1990	1991	1992	1993	1994	1995
Number	390	558	595	667	774	1044

1,044 individuals participated in the drop in and counselling services provided at the Centre during the past year. In 1994 774 people used this service. This represents an almost 35% increase in the number of individuals coming to the Centre as compared with the 16% increase between 1993 and 1994.

Contacts - Centre - 1990 - 1995

Year	1990	1991	1992	1993	1994	1995
Number	7,487	9,646	8,744	9,811	10,278	11,575

Counselling interventions totalled 11,575 during 1995. The corresponding figure for 1994 was 10,278. Therefore there was a 12.62% increase in the number of contacts here as opposed to the 4.75% increase between 1993 and 1994. Cumulatively since 1990 we have made 57,541 contacts.

994 (95.21%) of those who attended the Centre were drug users while five (4.79%) individuals had no history of drug use but are the partners and family members of those who have.

Of the 994 drug users attending the Centre, 584 (58.81%) were men and 310 (31.19%) were women. Of the forty five partners and family members attending nine (13%) were men and forty one (82%) were women.

Prison Work

The Ana Liffey Drug Project has worked and continues to work with large numbers of individuals on temporary release from prison and on probation. In more recent times alongside on-going liaison with the Probation and Welfare Service we have also in certain situations hosted tri-partite meetings and consultations between Probation and Welfare Officers, Ana Liffey Drug Project Workers and our mutual clients at the Project's premises.

Within the prison system we have provided counselling and support in liaison with Probation and Welfare staff and consider this to be a crucial part of our on-going work.

151 people with a history of drug use engaged in counselling in prison during 1995. This represents an increase of 128% on the 1994 figure for involvement with the service. Eighty three (54.97%) men in Mountjoy (the Main Prison, the Separation Unit, the Medical Unit, the Training Unit) and Wheatfield Prisons and sixty eight (45.03%) 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 which accounts for the large increase during 1995.

Individuals - Prison - 1990 - 1995

Year	1990	1991	1992	1993	1994	1995
Contacts	49	60	83	60	66	151

Forty four individuals (twenty two men and twenty two women) also used the services at the Centre before their prison sentences began or on their release.

107 individuals (sixty one men and forty six women) used the prison counselling service only. Many of those are longer term prisoners.

Contacts - Prison - 1990 - 1995

Year	1990	1991	1992	1993	1994	1995
Contacts	684	796	358	255	265	435

Interventions in the Prison amounted to 435 during 1995. This represents a 64% increase when compared with 1994. We have carried out 2,793 interventions over the six year period.

Family Work/Le Chéile

Individuals - Family Support/Le Chéile - 1990 - 1994

Year	1990	1991	1992	1993	1994	1995
Number	40	60	72	72	71	62

Sixty two individuals used these services during 1995 as opposed to seventy one during 1994. Forty three (71.83%) were the partners and family members with no history of drug use while nineteen individuals (28.16%) with a history of drug use were visited at home and in hospital by the family outreach worker.

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

Of the nineteen drug users, eight men and eleven women were involved. Sixteen, seven men and nine women, also used the services at the Centre, while three individuals, one man and two woman, used this service exclusively as they were too ill to visit the Centre.

Contacts - Family Support/Le Chéile - 1990 - 1995

Year	1990	1991	1992	1993	1994	1995
Number	588	796	893	819	823	672

During 1995 672 contacts were made. The family support service has made 4,591 meaningful contacts since 1990.

Literacy Training/Newsletter Group

A literacy trainer 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 1995.

ASTERISK * - NEEDLES OR PINS

Statistics . . . indicate that up to 80% of drug misusers currently in treatment are unemployed with 45% living with their family of origin. The success of treatment programmes for these misusers must therefore be linked to the provision to them of adequate social and employment skills. . . . There is no integrated approach to the treatment and the occupational and social re-integration of drug misusers.

(Government Strategy To Prevent Drug Misuse, 1991)

In March 1995 the Ana Liffey Drug Project submitted a proposal for funding to Employment - HORIZON Disadvantaged in order to implement an innovative training programme for drug users, methadone maintained drug users and those with a history of drug use. The programme - PROJECT ASTERISK - will focus on the training of participants as peer educators, peer support workers and outreach workers. This is part of a transnational programme entitled NEEDLES OR PINS in which five agencies - German, Austrian, Spanish, Scottish and Irish, specifically working with drug users are cooperating.

The target group for this particular project are people who have or have had a drug problem, a large number of whom have been in contact with the Ana Liffey Drug Project over a lengthy period of time. It is this ongoing contact and inability to leave behind not only the world of drugs, but also the world of drug treatment, which has indicated the need for the proposed project. The necessity to work in an empowering manner in challenging dependencies, not only on drugs but on support services also, is contradicted by the self definition of this target group as drug users even after their drug use has ceased to be a central issue in their lives. Therefore this particular project aims to utilise the drug user's own experience, knowledge and skills with regard to drug use and the harm and risks associated with drug taking.

Following evaluation of the training project funded by HORIZON Disadvantaged and the Ana Liffey Drug Project (VISTA Project) during 1993/4, it is apparent that many of those who completed the training have specified quite clearly that they wish to become counsellors, outreach workers and peer educators/peer support workers in the drugs/HIV field. Many of those who are now working on

Community Enterprise Schemes have attained such employment in drugs and HIV projects. Therefore we now consider that there is a need for a training programme which will train our participants as trainers who are recognised, acknowledged and eventually accredited as such.

The overall strategy of the project is to implement a programme of work with those currently using the service which will enhance the therapeutic, supportive and developmental approaches employed to date. This will consist of a series of three focussed development and training courses which will utilise an additional staff member, the staff resources of the Ana Liffey Drug Project and outside contributors. It will facilitate the preparation of thirty individuals for access to training programmes, fifteen of whom will achieve training as peer educators at a more advanced level during the third programme.

In evaluation one area of unmet needs identified, among others, has been the area of training, retraining, employment opportunities for those who are currently receiving medical treatment for their drug dependency or those now drug free. Therefore the need for programmed work which would address the preparation and facilitation of individuals for a challenge of this nature has been identified by both those who use the service and by staff.

The project will be invaluable in terms of perspective and ethos in that it will focus on the individual drug user as a person with skills and knowledge arising out of their own experience. It will regard the participants as potential trainers and will enhance the status of those who participate and complete the programme in their own communities. It will also reframe in a positive way their experience of drug use and address the difficulties of moving on beyond the service. Rather than pushing individuals to move on from the drug services it will be inclusive and will recognise the individual drug user both as a resource person in his/her own right and as a person with a contribution to make to his/her community.

As seen above, the *Government Strategy to Prevent Drug Misuse* (1991) stressed the need for an integrated approach to the occupational rehabilitation of those with drug problems. In late 1991 the National AIDS Strategy Committee was convened. The Ana Liffey Drug Project Director represents the Voluntary Drugs Agencies on this Committee. In April 1992 the Committee published its Interim Report (*National AIDS Strategy Committee Interim Report*, 1992) which made similar recommendations in relation to drug treatment, and the care, treatment and management of those who are HIV positive. It also reiterated the need for retraining for drug users and proposed that there should be special attention given to the occupational rehabilitation needs of those who are living with HIV.

The HIV statistics released by the Department of Health demonstrate that the prevalence of HIV/AIDS among the drug using community is a major cause for concern. Currently almost 50% of all those known to be affected by HIV in the

Republic of Ireland are drug users. Approximately 43% of those with AIDS or advanced HIV disease and almost 40% of those who have died are drug users.

The drug using community is very affected by this issue. Many are HIV positive while other are siblings, partners, friends of those who are affected. On a daily basis many are providing a range of supports to those affected on an informal and unacknowledged basis.

As mentioned above most people with a history of drug use are unemployed. There are major difficulties and obstacles to their accessing appropriate employment. On the basis of the evaluation of our last training project many have identified their ambition to become formally trained to work in the peer support and education field.

Aim and objectives

The overall aim of project ASTERISK is as follows:

The project aims to develop and deliver an effective training programme in outreach work, peer support work and peer education with regard to drug use and HIV/AIDS for people with a history of drug use. This project will utilise the participants' already existing, considerable knowledge and skills in this area and will facilitate their development as trainers, thereby enhancing and strengthening their opportunities of accessing appropriate and paid employment.

The project will aim to harness the skill, knowledge and energy of those most directly affected by drug use and HIV and work towards the education, training and development of a group of peer educators and trainers who will then be equipped to respond to drug users, particularly those younger, inexperienced and detached drug users who are currently most at risk from the harm associated with drug taking.

This project reflects the commitment the organisation has to

- service user participation within the service
- developmental and participatory approaches
- research
- evaluation
- contributions to policy development

The specific objectives of this project are as follows:

- 1) To acknowledge, examine and document the difficulties which this particular marginalised group face in terms of retraining and dealing with their situations as long term unemployed individuals and to develop an effective response in this regard.
- 2) To utilise the already existing communication skills, information, knowledge and talent of this group.
- 3) To work in a facilitative manner which allows for individuals to be trained, recognised and ultimately accredited as trainers, peer support workers and peer educators.
- 4) To combat marginalisation of this particular group, provide opportunities for developing their confidence, self esteem and abilities, promote reintegration and increased control of their lives.
- 5) To promote this project widely, but particularly to negotiate with the Eastern Health Board Drugs and AIDS Coordinator with regard to peer educators and their employment as outreach workers/peer educators/ support workers in the future.
- 6) To raise the profile of this issue so that drug services and training programmes in Ireland and EU Member States can be informed by this strategy and response, benefit from research and models evolved and develop similar responses within their organisations or local areas.

In achieving this implementation of the actual programme and in carrying out a range of other actions with regard to transnationality, evaluation and dissemination and networking with other Irish based agencies in the field it is anticipated that these above objectives will be achieved over the two years of the programme.

It is hoped that this approach will inform policy recommendations which will address the specific issues and interests of this group. The Ana Liffey Drug Project since its inception has made submissions and policy recommendations on a range of issues affecting the lives of drug users. Submissions have been made to the National Coordinating Committee on Drug Abuse, the National AIDS Strategy Committee and the National Anti-Poverty Strategy. The Project has also made policy recommendations with regard to drug treatment, HIV care and treatment, community involvement, the role of the voluntary sector, women's health, women and drug use, and child care issues. Project Asterisk will be innovative in its outcome in relation to policy recommendations which will address the specific issues and interests of this group with regard to training, employment and peer education and support within the drugs/HIV field.

The Programme

The three training programmes will be of twenty six weeks duration, and during the two years a total of seventy eight weeks of programmed work will be facilitated. Running alongside the second and third programmes facilitated group work and support will be provided to those who have completed the previous programme or programmes. An ongoing counselling service will be provided by project staff and an ongoing mentoring system will be operated by project staff and others working within the drugs/HIV/AIDS field.

Fifteen individuals will participate in the first twenty six week course, another fifteen in the second while the third programme will incorporate a more advanced perspective and select fifteen participants from the already trained thirty individuals.

The Ana Liffey Drug Project will carry out the following activities in pursuit of the aims and objectives which have already been outlined above.

- The planning, establishment, organisation and administration of the proposed measure.
- Conduct and administer a preliminary research project among those using the services of the Ana Liffey Drug Project to ascertain in an indepth manner their interests and aspirations with regard to the proposed programme and to encourage participation.
- Implementation of the programme. This will involve the conducting of three courses involving face to face individual and group focused work. Each course will be for twenty six weeks duration. Fifteen individuals will participate in the first two courses. Selection procedures will then take place to recruit from the thirty individuals who have completed the basic programmes to continue on to a more advanced training programme, which will be the third programme.
- Development of the transnational contacts and organisation and formalising of liaison, networking, information exchange, staff exchanges, participant exchanges and placements.
- Evaluation of the proposed programme on an ongoing basis, periodically and after the completion of its initial two year period for which funding is requested.

The Ana Liffey Drug Project intends to realise the objectives of the proposed project in the following ways.

- the allocation of one full-time project worker to this programme.

- to use the already existing infrastructure in terms of premises, administrative back up, work supervision and support mechanisms.

- to recognise the importance of the service users as resource persons in their own right and to involve them in the design and implementation of the project. This has been facilitated by the initial research, information meetings, discussion groups and informal discussion of same within the context of the drop in service as well as discussions with individuals.

- the implementation of individual and group focused work which will address issues in relation to self definition, "moving on" or reintegration, communication skills, assertiveness, personal development and guidance. This aspect of the work will involve project based staff and specialist inputs. There will also be a focus on group development and the development of support and action groups beyond the programme.

- transnational links will be further developed as a result of contact, exchange of workers and participants in the programme.

- evaluation of this programme throughout at project level and at a transnational level.

The programme will involve the implementation of individual and group focussed work which will address issues in relation to self definition, reintegration, communication and facilitation skills, assertiveness, personal development and guidance. Most importantly it will provide didactic and experiential education and information inputs on drug policy, the theory of addiction, drug education, harm minimisation, basic counselling skills, research and outreach methods. It will attempt to train people in a coordinated way to carry out work in relation to outreach, harm minimisation and support which will formalise the actions which on an informal level they carry out on a daily basis.

There will be a series of actions designed to develop a momentum with regard to a specific skills focussed training programme of this nature which will be capable of continuing beyond the duration of this programme.

These are

- the identification, selection and recruiting of participants/trainees for participation in three courses over the period of the programme;

- researching and documenting the needs of participants/trainees at the outset and evolving needs as the programme develops;

- providing a series of structured training course for the participants/trainees which are designed to meet their personal and vocational needs and the needs of their communities, particularly the drug using community;

- providing an opportunity to access structured work experience through the programme;

- providing an opportunity to participants to become involved with participants in programmes in other Member States,
- establishing a structured ongoing support mechanism for participants for the duration of their involvement with the courses and on the completion of their training period;
- establishing a mentoring system with the involvement of the staff of the Ana Liffey Drug Project and other statutory and voluntary drugs/HIV organisations
- establishing links with statutory bodies, specialist and mainstream training programmes with a view to promoting the development of programmes to facilitate the further reintegration and further training of members of this particular target group.

Course Content of training/educational programmes

There are several aspects or foci to this course and the course content - Developmental and experiential; Didactic and educational; Training focussed and skills based. As mentioned above a focus on self definition, reintegration, communication and facilitation skills are crucial in order to prepare individuals for this work. Assertiveness training, personal development and guidance will also be integral to the programme.

Training will take place from Monday to Friday from early morning to early afternoon. Twenty one hours of programmed work will occur each week which amounts to 546 hours per course per participant. An initial needs assessment has been carried out in individual and group discussion in recent months.

Work Placements

Work placements will take place during each of the three training courses. This will be an essential component of the course introducing the individual for the first time to an environment in which they can formally exercise or use some of the skills which they have acquired during the course of training to date.

These placements will be organised by the Programme Coordinators in liaison with a number of agencies in the Drugs/HIV field. These agencies have expressed an interest in this programme and its value. On placement the participants will be offered the opportunity of using their skills in a work environment, supervised and supported by a key worker in each agency. Work content will vary and depend on the work of the different agencies - outreach work, engaging individuals, information giving, telephone answering and some basic counselling practice.

After the initial sixteen weeks of training it is anticipated that individuals will go out on work placements for four weeks during weeks 17 - 20 of each course. The exact timing of the work placements will depend on the various participating organisations' schedules. Approximately seventeen hours or four days of each of these weeks will be spent on placement. Therefore each individual will achieve sixty eight hours (sixteen days) in total on placement during this period. While on work placement individuals will participate in the weekly meeting and in the communications/group session at the Project.

At the end of the work placements participants will return to full-time (21 hours) programmed course work for the final six weeks.

Mentoring Support

The Mentoring Support system is anticipated to be a crucial and ongoing component of the programme over the two year period. However within the drugs/HIV field it is an innovative and experimental activity and it will be necessary to evaluate and review its development and operation. It is envisaged as developing during the course of the first training period. It is anticipated that professional workers involved with various services will be involved in mentoring relationships with participants, initially as work supervisors and thereafter as mentors for a three month period initially. The Ana Liffey Drug Project staff members will also be prepared to offer a mentoring relationship to several individuals. The scheme will be closely linked to work experience and may give participants an opportunity to continue gaining experience and using their skills beyond the course.

The role of mentors will be to provide

- Experience
- Support
- Role Model
- Supervision

For example, the Ana Liffey Drug Project staff will attempt to involve those who they are mentoring in resourcing the drop in centre and in acting as "welcomer" (opening the door, welcoming people, giving information about the organisation and its activities).

Follow-up and Support Systems

The follow up and support systems involved in this programme will involve:

After Course Groups - 2 hour group per week. The first group will commence after the completion of the first course. It will be necessary to provide a number of supports which will involve participants from the first course and give them an opportunity to continue working together as a group while the second programme is running. The second group will commence after the completion of the second course when fifteen participants from the first and second courses will be selected for participation in the advanced training course. It is anticipated that the remaining fifteen will participate in this group.

The focus of this group will be developmental and issue based and it is hoped that at the end of the period of the two year programme at least twelve of these participants will have taken up on other appropriate training and educational opportunities.

Counselling and Support will be available to all participants while they are on the training courses and before and after their participation in the courses. This is the core work of the Ana Liffey Drug Project and will be provided by staff of the Project.

Newsletter group is also an on-going activity at the Project and individuals who have participated in the training programme will be encouraged to become involved in this activity, particularly on completion of the courses.

Mentoring System/Further work placements. The mentoring system will provide individuals, not only with the opportunity to gain support from key workers in the drugs/HIV field, but also with the possibility of continuing to achieve work experience of at least one day each week after the completion of the courses.

Transnational Contacts

A transnational programme, the **Needles or Pins Project**, involving organisations from Spain, Germany, Austria, Scotland and the Ana Liffey Drug Project in Dublin has been developed and is ongoing. All five organisations are providing programmes for drug users and all are operating under EMPLOYMENT - HORIZON Disadvantaged. A transparent and detailed transnational partnership and work programme has already been initiated and developed through contact by phone, fax and letter since May 1995, a transnational meeting lasting three days in Madrid in November 1995, the agreement of a transnational workplan and actions for the period 1996 and 1997 and the drawing up of a transnational document.

The further development of transnational links will be enhanced and developed as a result of ongoing information exchange, consultation, network meetings, seminars, staff exchanges, participant exchanges, a conference and joint newsletter and resource material production.

Our transnational partners are:

DIALOG -Vienna , Austria
Project MOBILE - NEEDLES OR PINS

DIALOG, a non-governmental drug project in Vienna, working with approximately 250 methadone maintained drug users each year, is promoting a project under HORIZON Disadvantaged. The project will seek to use a range of outpatient treatments to stabilise drug misusers and maintain them in employment or provide retraining/education. The project will address constructive use of personal time. There will be two projects within the overall project, one city based and the other with a rural focus.

Union Espanola de Asociaciones de Asistencia al Toxicomano (UNAT)
- Madrid, Spain
Project EURONAUT - NEEDLES OR PINS

UNAT, a non-governmental body, is an umbrella organisation with 250 member drug projects throughout Spain. In all, fourteen organisations are currently providing retraining/education for those with a history of drug use. The project aims to provide skills based and technical training over the two years of the programme. This project will be funded under HORIZON Disadvantaged

Zentrum fur Weiterbildung, Frankfurt, Germany
NEEDLES OR PINS

Zentrum fur Weiterbildung is a non-governmental organisation with several centres in Germany. Our partner is the Frankfurt based centre, with which we had a transnational partnership in 1993/4. The centre provides training, reintegration and education for women and in recent years has commenced a programme which addresses the training needs of women drug users who are methadone maintained. This project will provide nine month long training courses for women drug users and will be funded under HORIZON Disadvantaged.

Strathclyde Social Work Department Addiction Services, Glasgow,
Scotland - NEEDLES OR PINS

The Strathclyde Regional Council Social Work Department is a statutory social work organisation. The Addiction Services Unit is responsible for this project. It has a coordinating role for locally based community projects concerned with the retraining and educational needs of drug and alcohol users. It will focus specifically on linkages, liaison and the training of potential employers.

Evaluation

Contact has been made and several meetings have taken place with the proposed evaluators of this programme. Community Action Network have agreed a workplan with regard to ongoing evaluation throughout the programme and will carry out and write up the final evaluation. Similarly throughout the courses it is anticipated that CAN will have a significant contribution to make with regard to the group development, communication and community activities programme, and built in evaluation components. Regular review groups will be facilitated also.

Participants

All participants in the programme will be individuals with a history of drug use. Some will be in receipt of medical drug treatment (i.e methadone maintenance) for their drug dependency while others will be drug free.

It is anticipated that a maximum of thirty individuals will participate in the programme, fifteen participants in the first and second courses. Fifteen of the thirty participants will be selected after the first two courses to continue with an advanced level course.

Of the thirty individuals it is anticipated that fifteen men and fifteen women will participate, two thirds of whom will be twenty five years of age or more, one third under twenty five years.

Due to the location of the Ana Liffey Drug Project and the profile of those who attend it is anticipated that the majority of participants will live in the North Inner City Area. However those who attend the Project come from communities in different areas of Dublin. All participants will be in residence in the Greater Dublin Area.

The **anticipated outcomes** of this measure include:

- an increase in participants' social and communication skills, self esteem and self confidence;
- a change in participants' self definition;
- a focus on those who participated in initial programmes becoming involved in the monitoring, evaluation and review of those ensuing;
- progression to employment for at least six participants;
- an increase in participants' uptake of further mainstream or specialist training opportunities and progression to further education and training for at least twelve participants;

- an independent, autonomous and self organised peer support and education programme which will provide employment/ community enterprise employment for twelve individuals.

Progress - 1995/1996

During 1995 and early 1996 the Ana Liffey Drug Project

- planned and set up the programme;
- initiated and followed through on staff discussions and training, discussions with the Management Council of the Ana Liffey Drug Project;
- initiated further discussions with members of the target group;
- researched the needs of the target group with regard to training of this nature;
- planned the time scale of activities, programme actions, transnational actions and actions in relation to evaluation and dissemination;
- planned the delivery of training programmes;
- entered into dialogue and discussion with proposed trainers in relation to specialist input;
- planned and drew up course content;
- entered into discussions with other statutory and voluntary drugs and HIV agencies, particularly the Eastern Health Board Addiction Services, with regard to future cooperation and networking;
- addressed financial aspects of the programme;
- secured matching funding (25%) from the **Eastern Health Board**;
- commissioned external evaluators and enter into discussions about the process;
- drew up transnational programmes and agreements.

A large number of open fora and information sessions in relation to the programme took place at the Project between early February and late April. This was to ensure the largest possible involvement and inclusion of participants. It also meant that information was disseminated throughout the Project and the drug using

community. The process of applications and subsequent interviews realised thirty six applicants. Of these, sixteen individuals were chosen to take part in the first programme which will commence in June 1996.

We look forward to the commencement of the structured training programmes and believe that the innovative approach of Project ASTERISK will be ground breaking in that it will be inclusive and draw on the experience of drug users while training them to provide a service to fellow drug users and their community.

The Ana Liffey Drug Project Submission to the National Anti-Poverty Strategy - September 1995

Introduction

In response to an invitation from the Interdepartmental Policy Committee to make a submission to the National Anti-Poverty Strategy, this submission has been prepared by the Ana Liffey Drug Project.

This document pulls together a number of ideas and specific recommendations from the Ana Liffey Drug Project for examining and responding to the impact of poverty, marginalisation and social exclusion especially or particularly as it relates to problem drug use. In focusing on poverty and its relationship to drug use the Ana Liffey Drug Project has identified a number of key issues which need to be addressed.

The ideas and recommendations are presented under a number of headings. These are the following

- The Ana Liffey Drug Project - a brief description
- Definition and Discussion
- Prevalence of Problem Drug Use
- Concentration of Problem Drug Use in areas of Dublin
- Poverty and drug use - have these links been examined?
- Demand reduction - towards a broader definition
- Coordination - a comprehensive interdepartmental response
- Conclusion - Recommendations

The Ana Liffey Drug Project - a brief description

The Ana Liffey Drug Project is a company limited by guarantee with charitable status which was established in 1982. The initial impetus for its establishment in the Salvation Army building in Lower Abbey Street near to Dublin's North Inner City was the increasing problem of drug use in that area and throughout Dublin.

In a new and radical departure the founders of the Project initiated a response to problem drug use which was hitherto unknown in the Republic of Ireland. Although medical drug treatment in the form of detoxification and therapeutic community responses had been available since the late sixties and early seventies respectively, the newly founded Project aimed to introduce a perspective which was non-punitive, non-directive and non-judgemental. Most significantly its primary aim was to work with the drug user wherever "they were at". In the following years the Project sought to make contact with users, some of whom were still using

drugs. The aim was to reduce the harm associated with problem drug use. This approach in the early days was neither popular nor profitable and without the support of substantial donations from the non-statutory and corporate agencies the Centre would simply have not survived.

As policy changed, particularly following the publication of the *Government Strategy to Prevent Drug Misuse* in May 1991, the Project's approach was recognised more widely and indeed many services began to operate in a similar way. At this stage statutory funding increased significantly.

In 1989 the service reorganised. The services were restructured and others were prioritised for development. Attendances increased after reorganisation. In 1990 we worked with 445 individuals. Interventions totalled 8759. In 1991 we provided counselling, support and home visiting to 631 individuals on 10,770 occasions. During 1992 we worked with a total of 681 individuals. Counselling and support interventions totalled 9995. During 1993 we carried out 12,194 interventions with 739 individuals while in 1994 we carried out 13,694 interventions with 855 individuals using the service.

Currently September 1995, the services provided at the Ana Liffey Drug Project are as follows:

- Drop In Centre
- Counselling Programme
- Prison Counselling Service
- Family Support Work
- Le Cheile Group
- Youth and Drugs :A Response

- Literacy Training - Newsletter Group
- Community Outreach

During 1993/4 a pre-training programme was promoted by the Ana Liffey Drug Project in association with HORIZON (Disadvantaged). During 1996/7 a training programme for peer educators promoted again by the Project and HORIZON (Disadvantaged) will be introduced.

Over 95% of those attending the Project come from marginalised communities, predominantly in the north and south inner city areas, which have been radically affected by drug use in the last ten to fifteen years.

Many attenders are long term unemployed. However their self-definition does not often focus on the issue of unemployment. Rather they frequently define themselves as "unemployable" or "dependent on the social welfare/community welfare systems". Their view of themselves as "unemployable" arises out of their

social situation, the communities from which they originate and their lack of educational opportunities.

Although the Ana Liffey Drug Project is a personal social service provider and is working with individuals and groups in relation to what could be termed the single issue of drugs and HIV, we have considerable knowledge of the background and experience of those who participate in the activities and programmes. We are specifically aware of the multi-layered disadvantage experienced by participants long before their use of drugs commenced and of the exacerbated disadvantage experienced by individuals, families and communities as a result of drug use and HIV. We have first hand experience of the anecdotal evidence of the connections between disadvantage, poverty and drug use, while there is a significant body of Irish and international research which indicates and confirms these connections. For this reason we have become increasingly involved in community outreach and education and aim to incorporate a community development perspective into our work.

Definition and discussion

There is no simple definition to any social problem and the drug problem is no exception. In defining the drug problem there is often a tendency to focus on the drug itself and to focus on drug users as persons who have rejected society and its values, or as deviants and criminals. The Ana Liffey Drug Project argues that this is far too simplistic as an approach or an analysis and we would argue that there is a necessity for a more rational definition and examination of the drug problem.

In the Ana Liffey Drug Project approach to the drug problem we operate from a pragmatic definition. Problem drug users are those for whom the continued use of psycho-active drugs causes difficulties for themselves or others. These difficulties include: addiction, in relation to drugs which create a psychological craving; withdrawal symptoms which create a physiological dependence; financial hardship and an involvement with crime; court appearances and imprisonment; isolation from family and community; serious illness and the risk of HIV infection; and the prospect of being permanently labelled as "junkie", "addict", "unemployable", and "deviant".

Problem drug use is fundamentally a social problem. In the Irish, or more specifically the Dublin, experience it has been principally a "community problem". Its causes and effects are most apparently social in those small geographical areas where opiate use and a variety of activities associated with it have been most prevalent. The first escalation of opiate use in the late 1970s and its continuation since was and is confined in the main to a small number of communities in the inner city of Dublin and a number of local authority housing estates in its suburbs. These areas are characterised by high unemployment and generalised deprivation.

This social problem is indicative of a breakdown in community and of a limiting of social, recreational, educational and employment choices. We cannot respond to the drug problem in isolation from these factors.

The Government Departments responsible for responding to drug use are the Departments of Health, Justice and Education. These departments have largely concerned themselves with both demand reduction, as in the work of Health and Education, and supply reduction, as in the work of Justice, although it could also be suggested that the Department of Justice through its Probation and Welfare service has concerned itself increasingly with demand reduction.

This document does not propose to address issues in relation to the treatment of drug users or the containment of supply. It will aim to argue for a concerted effort to examine, address and combat the underlying factors which appear to lead to drug use, hence preventing drug use as part of a wider project of community development and empowerment.

Prevalence of Problem Drug Use

Estimates of the numbers of problem 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.

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 accessing 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 1755 individuals attended treatment agencies that year. The 1991 study (O'Hare and O'Brien, 1993) indicates that during that year an estimate of 2006 individuals received treatment for drug misuse. O'Higgins and O'Brien's (1994) recently published study indicates that during 1992 and 1993 estimates of 2555 individuals and 2919 individuals respectively received treatment.

Concentration of Problem Drug Use

Apart from gender differences, age and choice of drug some very significant information emerges about this group of individuals who are treated for drug use.

The characteristic of disadvantage which defines this group either in a personal way in being early school leavers and jobless; or environmentally in being over represented in those areas of the city associated with poor housing, vandalism, unemployment, and a history of crime and drug use, has been one of the principal research findings from a range of studies in the Dublin area over the past 10 years . . . These findings have also been noted in parts of the UK, Haw (1985); Parker, Bakx and Newcombe (1986) and more recently in Barcelona

where Domingo-Salvany, Hartnoll and M Anto (1993) found rates for use of Emergency rooms by drug users, (a service which plays an important role in providing care to that group) were highly correlated with areas of the city associated with unemployment, illiteracy and low socio-economic group. Such findings all point to the fact that treated drug users are not typical of persons who live in "normal" areas of cities

O'Hare and O'Brien (1993:35)

O'Hare and O'Brien (1993) also found that in 1991 the majority of those in treatment or 81% were unemployed when they presented for treatment, 42% had left school before the official school leaving age of 15. 53% or more than half were resident in four electoral areas in the greater Dublin area, areas which are commonly associated with high levels of unemployment, poor housing, and with a history of drug related crime, dealing and use. Indeed thirty per cent were from the two North and South Inner City electoral areas.

Poverty and Drug Use - have these links been examined?

Research projects (Dean, Bradshaw and Lavelle, 1983; O'Kelly, Bury, Cullen and Dean, 1988; O'Hare and O'Brien, 1992; O'Hare and O'Brien, 1993; O'Higgins and O'Brien, 1994) in relation to prevalence of drug misuse and profile have demonstrated quite clearly that there is a direct relationship between poverty and drug use. Whereas this work is significant the Ana Liffey Drug Project proposes that there is a need for on-going qualitative and quantitative research which explicitly investigates the connections between poverty and drug use. We would also suggest that action oriented research which involves those most directly affected should be initiated.

Other research into the links between community development and drug prevention is necessary as is an exploration of why drug use appears to be an option in the absence of other choices for many young people in areas at risk.

Demand Reduction - Towards a broader definition

According to the *Government Strategy to prevent Drug Misuse* (1991: 14),

Demand reduction essentially involves the following areas:-

- Education (as a means of Primary Prevention),
- Outreach (as a means of Secondary Prevention and Harm Reduction) and
- Treatment and Rehabilitation

Although reference is made within this report to the fact that there are a number of areas particularly affected by drug use, there is no lengthy discussion of this aspect and no recommendations were made in relation to the underlying social conditions in the areas where prevalence is greatest. We suggest that tackling poverty, social exclusion, unemployment and educational disadvantage is in fact a form of demand

reduction in the broadest sense and wish to see it included as such and addressed in future strategies

Coordination - a comprehensive interdepartmental response

The Ana Liffey Drug Project proposes that a coordinated strategy with regard to poverty is essential and argues for the development of a response which would involve all relevant Government departments, statutory bodies and voluntary and community groups in order to address the underlying socio-economic problems of communities which are affected by drug use and HIV.

Conclusion - Recommendations

There are clear and explicit links between poverty and drug use. The Ana Liffey Drug Project recommends the following

- on-going qualitative and quantitative research which explicitly investigates the connections between poverty and drug use
- action oriented research which involves those most directly affected should be initiated at community level
- research into the links between community development and drug prevention is necessary
- research into why drug use appears to be an option in the absence of other choices for many young people in areas at risk
- tackling poverty, social exclusion, unemployment and educational disadvantage is in fact a form of drug demand reduction in its broadest sense and should be included as such and addressed in future strategies
- a coordinated strategy with regard to poverty is essential and the development of a response which would involve all relevant Government Departments, statutory bodies and voluntary and community groups in order to address the underlying socio-economic problems of communities which are affected by drug use and HIV is imperative

A community focus and an understanding of and response to underlying socio-economic conditions is crucial in the formulation of a strategic response to drugs. Regarding drug use as an indicator of underlying social problems is crucial in the formulation of a strategic response to poverty in certain Dublin areas. Resources, of course, are also crucial as community based service provision and development are not cheap options.

In general most societies tend to address and respond to drug problems when they have already escalated. In the Dublin drug services we now use terms such as damage limitation, low threshold services, harm minimisation, harm reduction and health promotion to describe much of the crucial work done. These health

promotion and social work interventions and approaches are essential in the light of the harm associated with problem drug use and HIV. However it is significant that the medical drug treatment of those with drug problems and the association between drug use and crime are currently more prominent as issues than the prevention issue, community issues and mobilisation around the underlying causes, such as unemployment, social exclusion and marginalisation.

In conclusion the Ana Liffey Drug Project welcomes the National Anti-Poverty Strategy and the opportunity to present this submission. The Project looks forward to further participation in the consultation process.

References

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Thanks!

We would like to acknowledge the support of the following:

EMPLOYMENT -HORIZON Disadvantaged has again provided the Project with an opportunity to introduce an essential programme. We thank Anthony Tyrrell, Department of Enterprise and Employment, and Carmel Corrigan and others in the Work Research Cooperative, for help and support.

The Department of Health, The Eastern Health Board, the Department of Education and the Department of Justice have resourced our work in 1995 and have been supportive of the direction it has taken. We thank Mr Jimmy Duggan, Dr. Joe Barry and Mr. Martin Tansey for their assistance, support and advice.

The VEC has provided the Project with literacy classes and Sue Esterson has provided the training.

Our non-statutory and corporate funders continue to support the services and activities of the Centre.

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

The Salvation Army has provided the Project with a home over our fourteen year existence since 1982.

Pat Tobin, Dave O'Brien and others in Community Action Network 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 students and professionals who joined us on placement.

Financial Matters - Sources of Funds

European Union

HORIZON Disadvantaged
European Regional Development Fund

Statutory Agencies

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

Non-Statutory Agencies

Anonymous
Avonmore Foods
Bank of Ireland
Brennan Insurances
E. Buchan
Cork Street Fund
Cement Roadstone Holdings plc
Crosscare
Dublin City Marathon
The Educational Company of Ireland
Franciscan Missionaries of the Divine Motherhood
Fyffes
The Glorney Charitable Foundation
A and L Goodbody
Guinness Ireland Limited
Michael Guineys
The Howard Foundation
Irish Dairy Board
Irish Life
Irish Youth Foundation
Jesuit Provincial
Johnson Brothers
Meelick Holdings
Mercer Limited
Musgraves Ltd
New Ireland Assurance
The O'Brien Press
O'Flaherty Holdings
Terence Lyons and Company
Ulster Bank
Ulster Investment Bank
Audrey and Frank Woods

Mahon & Co.

chartered accountants

John Mahon

ANA LIFFEY DRUG PROJECT

(Company Limited by Guarantee)

Extracts from the Audited Accounts for the Year Ended 31st December 1995

1995

£

Income and Expenditure

Operating Income

Grants From:

Statutory Authorities - General	125,000
Statutory authorities - Horizon Project	9,441
Non-Statutory Grants and Covenants	11,730
Other fund raising and donations	8,258
Bank Interest	387
Fee Income	<u>2,000</u>
	156,816

Operating Expenditure

General Staff salaries & Prsi	121,167
General Operating Overheads	<u>31,335</u>
	<u>152,502</u>

Exceptional Income

Asset disposal	2,000
Grant towards asset replacement	<u>10,000</u>
	<u>12,000</u>

Balance Sheet

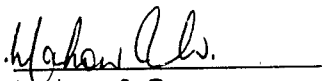
Fixed Assets, at Net Book Value	20,269
Net Current Assets	<u>46,428</u>
Total Assets	<u>66,697</u>

Funded From Cumulative Reserves

Capital Reserve Fund	27,827
General Reserves	<u>38,870</u>
	<u>66,697</u>

Auditors Report

The above is an extract from the accounts on which we reported on 19th March 1996.


Mahon & Company
Chartered Accountants
& Registered Auditors.

20th March 1996