

## Ana Liffey Drug Project annual report 1993

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# Ana Liffey

**DRUG PROJECT**



**ANNUAL REPORT 1993**

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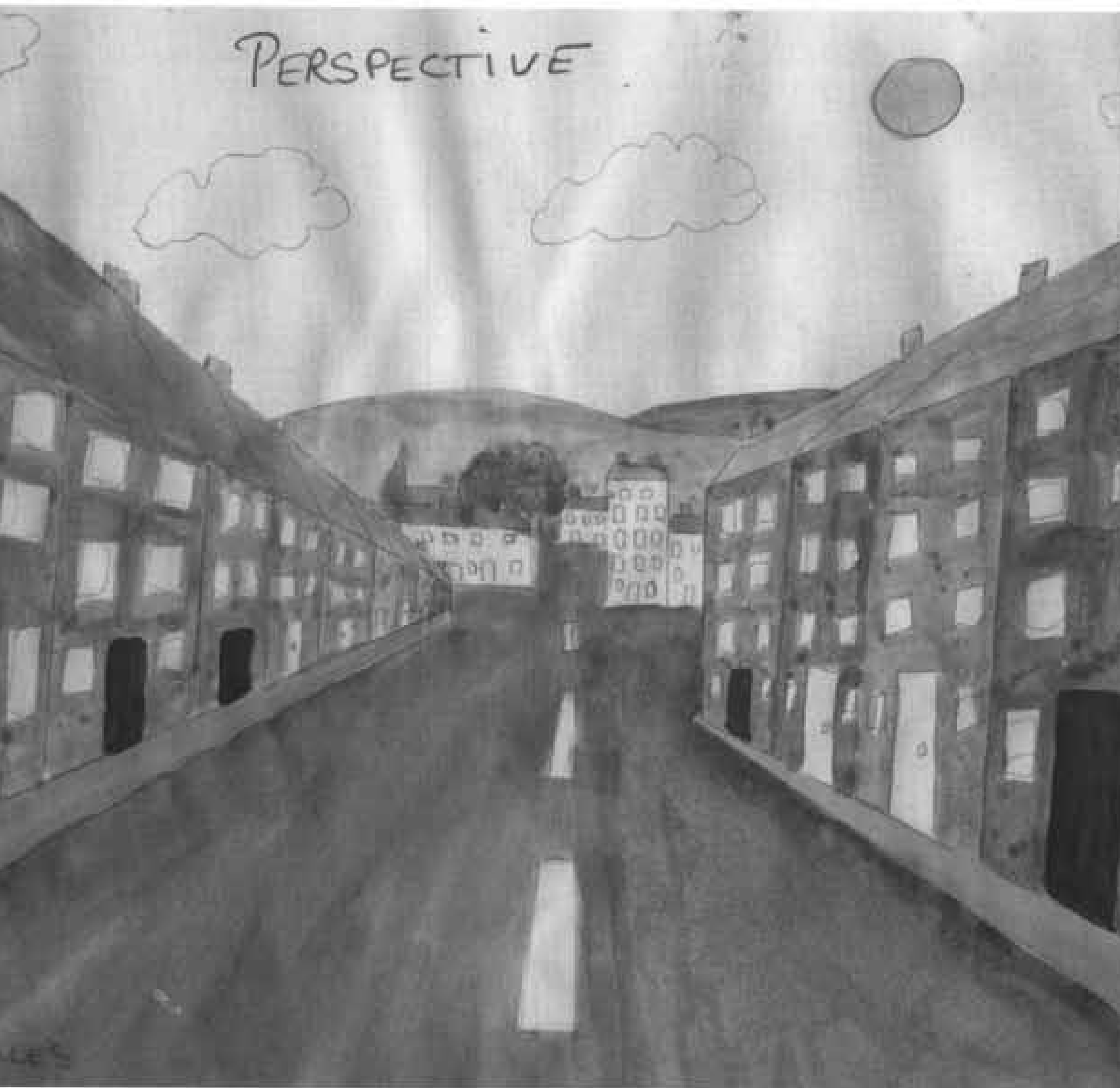


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# Ana Liffey

## DRUG PROJECT



## ANNUAL REPORT 1993

Presented at Annual General Meeting  
Tuesday, 17th May 1994

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Ms. Deirdre O'Sullivan (*project worker/counsellor*)  
Ms. Niamh Banks (*project worker/counsellor*)  
Sr. Ethna O'Donovan (*project worker/family support worker*)  
Mr. Peter McCormack (*HORIZON programme coordinator*)  
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Brendan Howlin, T.D. at the Presentation  
of the 1993 Annual Report of the Ana  
Liffey Drug Project - 17th May 1994



I would like to thank the Chairman, Members of the Board and Staff of the Ana Liffey Drug Project for your kind invitation to be with you today to accept your Annual Report for 1993. It was an invitation which I had great pleasure in accepting.

I note that the Project commenced in 1982 and since that time the range and level of services has been developed significantly. The Project was established at a time when the need for services for people with HIV/AIDS had not become apparent and it is a wonderful tribute to the initiative and talent of the people concerned that they managed to develop services to cope with the new demands placed on it not only by the problem of drug misuse but by the spread of HIV/AIDS.

I would like to turn to some of the issues raised in the 1993 Annual Report. I note that 739 people attended the Project during 1993 and that this represents an increase of 10% in the numbers attending in 1992. Significant increases were also reported in other areas such as counselling and intervention. It is worth noting also that from 1990 to 1993 the number of persons attending increased from 445 to 739. This is a very strong indication of the relevance of the services provided by the Project for drug users and their families and that the Project has established itself as an important point of contact in their lives.

I note also that several new services were initiated during 1993 including a new training initiative aimed at preparing clients of the Project for integration into mainstream training projects for the unemployed. I know that there was some uncertainty about the Project becoming involved in such an enterprise but I am pleased to see that, having completed two training courses, it is now accepted by all concerned that this was a very worthwhile and rewarding experience for the Project.

What was perhaps more important of course was that from the clients' point of view it was eminently successful. I would like to take this opportunity to wish the Project well with the further development of this training programme and I look forward to hearing more about it in the future. Training programmes such as this must have a place in our overall strategies since they offer the drug misuser hope for re-integration into the mainstream of daily living.

The illicit use of drugs continues to be a serious public health and social problem and it is recognised internationally that there is no single solution. What is needed is a combination of approaches. To this end my Department will continue to use the Government Strategy to prevent Drug Misuse which was drawn up by the National Co-ordinating Committee on Drug Abuse as the basis for our response. This will include preventive programmes, public information campaigns, increased detoxification and rehabilitation facilities, the involvement of general practitioners at community level and the provision of additional satellite clinics in the greater Dublin area to provide services for drug misusers.

Voluntary organisations will have a vital role to play in the implementation of the strategy and indeed I would like to take this opportunity to express my appreciation of the work of the organisations in the drug misuse and HIV/AIDS area. It will be important that the voluntary and statutory agencies continue to work hand-in-hand if we are to cope with the threat posed by drug misuse and HIV/AIDS.

The suffering and hardships endured by individuals arising from drug misuse must never be forgotten and we must all continue in our efforts to do whatever is necessary to create the conditions which will provide relief for those who are unfortunate to be caught up in the cycle of drug misuse. This is where organisations such as Ana Liffey come into their own.

In recent years the Government has provided substantial funding for the development of services for drug misusers and the associated problem of HIV/AIDS. My Department was glad to be able to provide funding through the Eastern Health Board for the Project over the past couple of years. I know that the demands placed on organisations such as Ana Liffey continue to grow and I am committed to continue seeking additional funding in coming years which will allow for the further development of services in this area.

I would like to thank once again the Chairman Joe O'Rourke, the Director Marguerite Woods and all the staff of the Project for your kind invitation to me to be with you this afternoon and I have pleasure in accepting the 1993 Annual Report.

I would like to conclude by wishing the Ana Liffey Drug Project every success in the future.



# Foreword

In 1993, once again, there was an increase in the numbers attending and in the numbers of counselling sessions provided in the Project. While an increase inevitably imposes further strain on our small staff, it also indicates that the service we provide in the Project continues to prove attractive to those who are trying to kick the drug habit and get back to being involved in a more regular and effective lifestyle.

The drop in centre in Lower Abbey Street provides a friendly environment in which an individual trying to come to terms with a drug problem may receive informed advice and assistance from a staff skilled in coping with the many problems which drug use throws up. From the start of the Project the drop in centre has been its core feature and we hope to continue to improve the service provided there in the current year.

We continued in 1993 to provide a support service for the families of drug users who found it difficult to cope with problems created for them by the drug using member of their family. We also continued to resource the Le Chéile group which supports parents of adults who acquired HIV infection as a result of intravenous drug use.

A new activity was inaugurated when the HORIZON programme commenced in mid 1993. Aimed at facilitating former drug users to become more capable of coping with the stresses involved in

accessing training schemes and jobs, the programme is currently being evaluated after the first two courses have been concluded.

In January 1994 we were honoured by the President who received the staff and participants in the second course, together with a group on a visit from France. This group, operating a similar course, wished to share experiences and information. Our group later visited them in France.

The British Ambassador and Lady Blatherwick visited the Project in December 1993. The Ambassador presented the Project with a generous grant to enable us to replace our failing computer.

Full details of the services are set out in the report which follows. In terms of quantity and of quality they reflect great credit on our small staff who work very hard and for long hours to ensure the provision of the services. I should like to thank them, and the members of the Management Council most sincerely for their contribution to the continued success of the Project. Above all I should like to thank those bodies, statutory and non-statutory, who funded us in the past year. Details of their assistance are set out in the report. Without their financial help we could not have survived.

Joe O'Rourke  
Chairman



# 1993 - A busy and challenging year!

Once again, we have reached that time of the year when we report on the work of the previous year, review and evaluate our achievements, acknowledge our shortcomings and look forward to the years ahead.

We present our report which demonstrates that we have worked with a large number of individuals who attended the drop in and counselling service at the Centre, received counselling in the prisons, accessed support in homes and hospitals around the city, participated in the Le Chéile Group and the HORIZON retraining programme.

1993 was an extremely busy year which started with much uncertainty for the future. Many things had changed in the Project and there had also been major policy changes and significant developments in the drug treatment field. All these changes impacted on our service, on those attending and on the staff of the Project. Change always brings with it some feelings of uncertainty.

Despite our enthusiasm, we all had initial concerns about the development of a new HORIZON funded training initiative in the Centre, as we posed the following questions - Will it work? Can it work? How will it affect those who attend the Centre? Will people participate? Will people like it? How will it affect us all? How will it affect the Centre? The HORIZON/Vista Project commenced and has proved very successful. It has been a positive and dynamic venture for the Project.

The year ended with a very positive frame of mind. We were convinced of the vital role which the Ana Liffey Drug Project, as a voluntary drug agency, is playing. We were also extremely aware of the creativity of which we are capable in the provision of services which are qualitatively different and complementary to those provided by statutory drug services.

During the year also we focussed on the important notions of integration and networking as we worked in partnership with other agencies and organisations. We have continued to raise issues in relation to working with drug users in the context where the

principal focus has been on HIV prevention and public health measures. We stress the importance first and foremost of meeting the drug treatment and other needs of drug users. Other issues which have occupied us during 1993 have been women's, children's and family issues.

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

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

During 1993 we received funding from the Combat Poverty Agency towards the introduction of the Community Development and Leadership Training Programme. The VEC has also provided the Project with literacy classes.

We must express our gratitude to all our non-statutory and corporate funders, who continue to stand by us and support the services and activities of the Centre. The significant support received from People in Need and the Irish Youth Foundation permitted the on-going development of general and specific work within the Project.

The Salvation Army continues to give the Project a home. Captain John and Mrs. Yorna Martin have been interested, helpful and supportive. Pat Tobin, Dave O'Brien and others in Community Action Network support, train and facilitate the staff of the Project. We would like to thank the staff groups of the Probation and Welfare Service; 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 and general practitioners with whom we liaise must be mentioned. We also wish to acknowledge the cooperation of Dublin AIDS Alliance, Cairde and ACET.

The Voluntary Drug Services continues to be a forum in which the Ballymun Youth Action Project, Coolmine Therapeutic Community, Merchants' Quay Project and the Ana Liffey Drug Project participate and work together. We thank the staff groups of our partners and look forward to working with them in the coming year.

Sadly, at the beginning of 1994, Fionnuala Rynne, Project Worker, left us to take up a position as a social worker in Community Care Area 5. In March, Niamh Banks joined the staff of the Project. The team - Ray McGrath, Deirdre O'Sullivan, Ethna O'Donovan, Peter McCormack, Brid Nic Aodha Bhui and Niamh - have worked extremely hard to deliver the service under often difficult circumstances.

The trainers on the HORIZON Programme - Richard Kelly, Tara Slye, Ray Smith, Sharon Crowley, Rose Harvey, Andrew Melia and Sue Esterson - have brought their skills to the Centre and have been involved in passing on those same valuable skills to the participants on the Programme. During the year

several students and professionals joined us on placement. We thank them for their participation and are very glad that one of the students, Brian Melaugh, has made a contribution to this report.

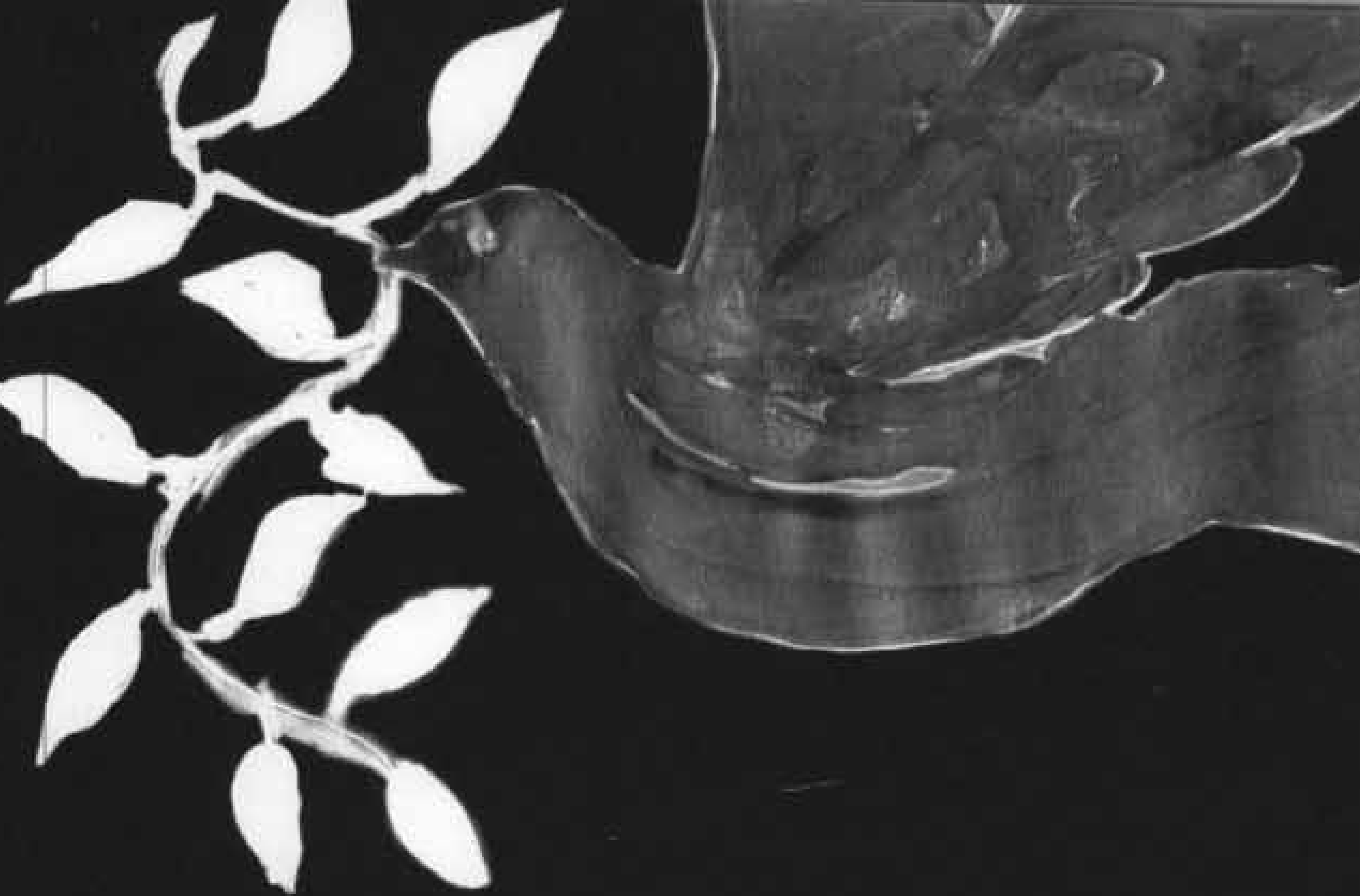
We especially would like to thank those who use the services of or participate in the activities of the Project for making it the dynamic place it is. They continue to challenge the Project on a daily basis. Indeed the Project could only have developed in response to their needs, ideas and challenges

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. Some have moved on to other things, while the absence of others brings home to us the impact drugs, HIV and AIDS has had and continues to have on the lives of many. During 1993, as in other years, many people who attended the Project have died. We miss them all and their vitality. In remembering them, we offer our sympathy and support to their partners, children, families and friends.

Marguerite Woods  
*Director*  
May 1994



The British Ambassador and Lady Blatherwick visited us in December 1993 in order to present a grant to the Project.



# Ana Liffey

## **DRUG PROJECT**

The Ana Liffey Drug Project was established in 1982 in response to the increasing problems arising as a result of heroin use in Dublin. During the formative years of the Project, an innovative focus was developed and implemented with regard to outreaching to and working with drug users, even while currently using drugs. One of the primary aims of the Centre was to employ new approaches which were accessible, user friendly and pragmatic in an effort to work with drug users and therefore reduce the harm associated with drug taking, particularly where injecting was the route of administration. This was before the knowledge that HIV had affected and would affect large numbers of drug users.

The Centre evolved and the demand for services increased. Counselling and support were consistently cited by service users as those services which were most required. In 1985/1986 when it became apparent that many Dublin drug users were affected by HIV, our service was already operating with an ethos which was appropriate for providing support to those directly affected.

Our contact with the Prisons developed and a Family Outreach and Support service was introduced, initially in response to the needs of families of long term prisoners who were drug users with HIV.

In 1989 an intensive service review took place, during which certain services were restructured and others were prioritised for development. The Drop In was prioritised as the frontline of the service. The Le Chéile group and a drug users' development group were developed. Le Chéile continues today while the Ana Liffey Drug Project ceased to work with the development group in 1992. Some individuals who had been involved with the group went on to initiate another drug users' development group.

Since the foundation of the Project the service has evolved considerably and we have attempted to initiate new activities in a planned and coordinated manner as the need and demand arose. While

meeting many needs with regard to support, counselling, group work and development we were always conscious of the value of personal development, training and education in the broader sense. It was as a result of this awareness that the idea for retraining programmes, literacy training and community leadership training emerged.

During 1993 several new services and activities were initiated and consolidated. The HORIZON retraining programme/community training and leadership development, literacy training and community outreach were developed and considerable effort was focussed on the further consolidation of a youth-specific approach to our counselling, support and developmental programmes.

We have continued to focus on the development of our involvement with community and youth groups and have undertaken educational and preventative work. We also present a considerable amount of training, lecturing, workshops and seminars in schools, in the community, on professional training courses and in universities and colleges.

We have continued to make inputs into public discussion and dialogue with regard to drug treatment policies and more recently in relation to drug using parents and child care issues.

## **Aims and Objectives**

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

In order to achieve this aim the Project works to:

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

# Reporting on work 1993

During 1993 the service presented major challenges to the staff of the Project. It was a busy year during which the service developed considerably. Alongside already established services, several new services were introduced and developed.

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



During 1993 we worked with a total of 739 individuals. This represented an increase of 8.5% in the numbers of individuals attending as compared with the numbers in 1992. 652 (88.2%) individuals with a history of drug use attended while 87 (11.8%) partners and other family members used the support services of the Project. There was an almost 10% increase in the numbers of drug users attending and a little over 1% decrease in the numbers of family members attending.

The drop in and counselling services were used by 667 people, while sixty individuals accessed the counselling service in the prison, seventy two individuals used the family support service, thirty nine attended the Le Chéile support group and twenty five participated in the Horizon Programme. A significant number used several of the Project's services during 1993.

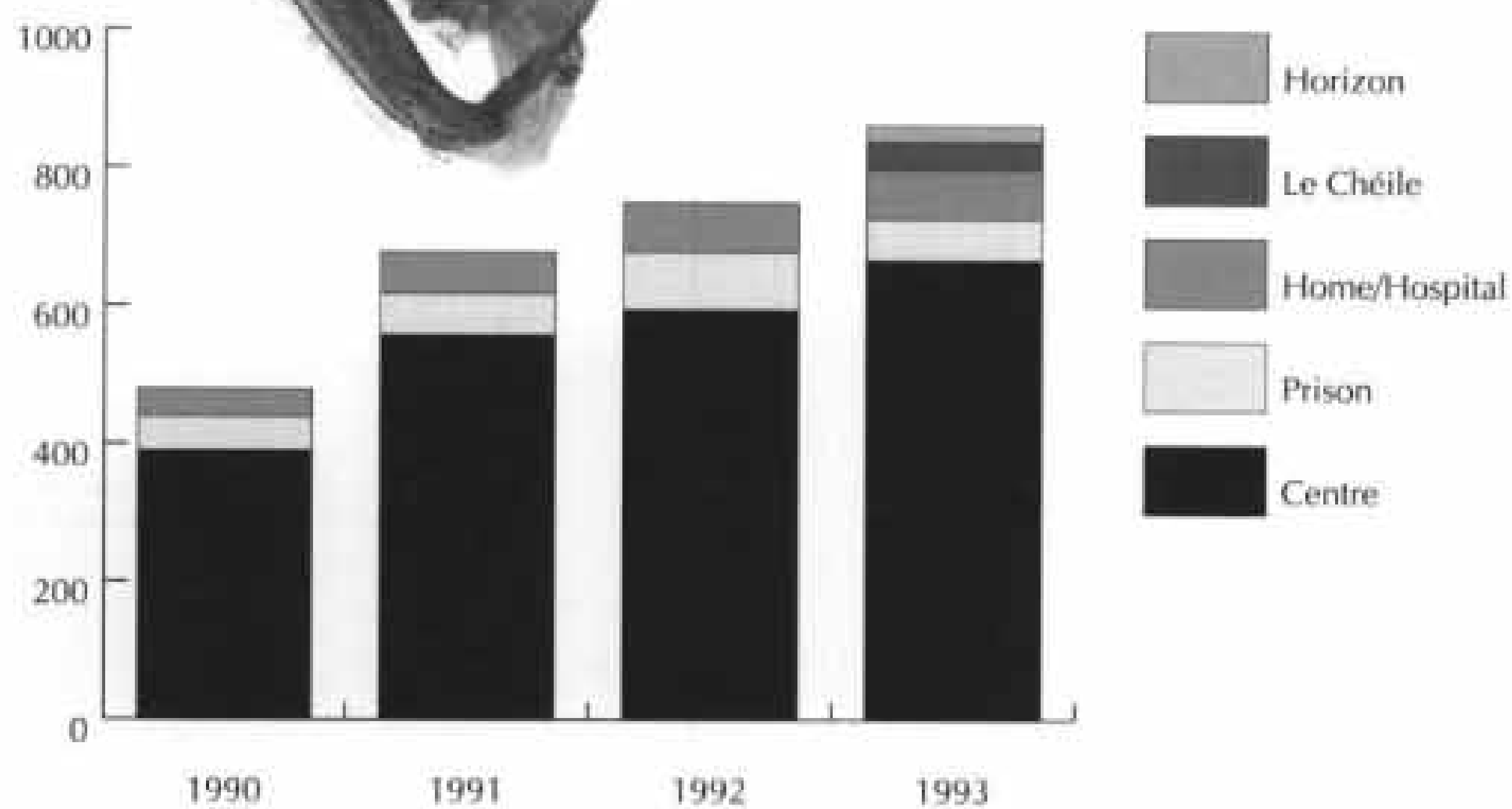
Counselling contacts totalled 12,194 during 1993. This represents an increase of 22% on the 1992 figures. Our busiest year prior to 1993 was 1991 when contacts totalled 10,770. The 1993 figures represent an increase of approximately 13% on the 1991 figures.

9,811 drop in and counselling contacts took place at the Centre, while 255 counselling contacts took place in the prisons, 670 in homes and hospitals around the city, 149 in Le Chéile meetings and 1,309 in the HORIZON retraining programme.

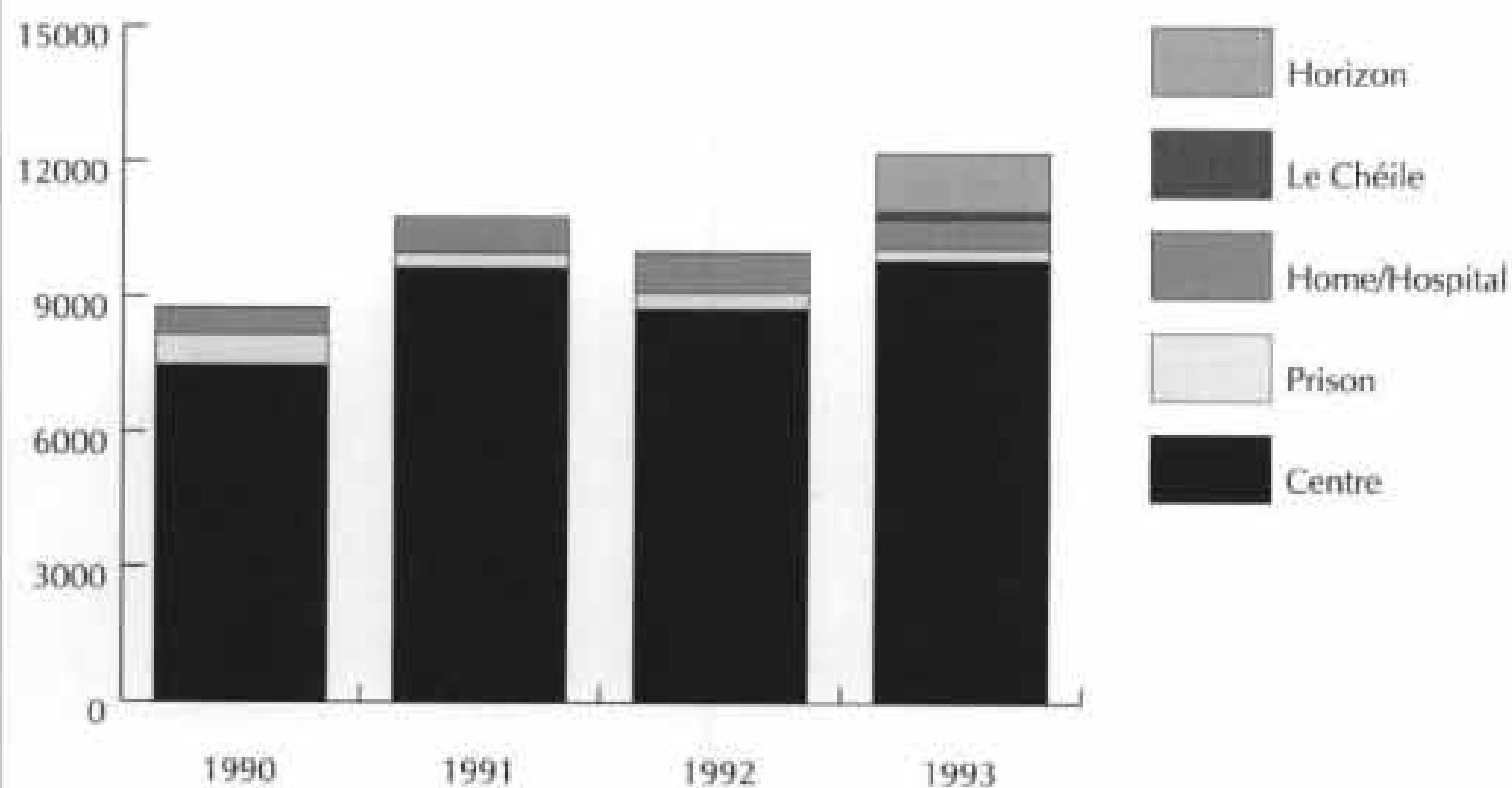
With regard to the gender breakdown of those attending, in 1993 significant details emerge. 464 (62.8%) were men and 275 (37.2%) were women. There was a 9.4% increase in the numbers of men attending and a 7% increase in the number of women. Of the 652 drug users, 449 (68.9%) were men while 203 (31.1%) were women. This represents increases of approximately 10% and 9% in the numbers of male drug users and female drug users respectively. Of the 87 partners and family members, 15 (17.2%) were men and 72 (82.8%) were women.

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

The dramatic increase in attendance at the Project over the four year period between 1990 and 1993 is demonstrated in the graphs opposite.



Number of Individuals attending the Project



Number of Counselling Interventions



# The Services

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

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

The HORIZON retraining programme  
(VISTA Project)/Community Training  
and Leadership Development  
Literacy Training  
Community Outreach

## Drop In Centre

The drop in centre continues to be the focal point of the service where individuals can be introduced to the services of the Project in a relaxed and informal manner. The centre is constantly staffed by two staff members and informal discussion and activities take place. Through this service the Project maintains informal but meaningful contact with problem drug users and permits people to attend without being obliged to make a commitment to formal and structured counselling. However many individuals who use the drop in initially, become involved in the counselling programme, the HORIZON programme and introduce their family members to the family support programme and the Le Chéile Group. As in any contact centre crisis intervention is a large part of the work.

Our drop in centre is open every day and operates approximately 27 and a half hours per week.

Anybody is welcome to use this service. Participation is prioritised and open forums, information groups, excursions, literacy training are resourced and encouraged constantly.



## Counselling Service

The Project provides a professional counselling service which focuses on supporting the individual drug user to achieve a level of management of his or her situation and life. Our approach is non-directive and non-judgemental and each individual is encouraged to set their own agenda for counselling and change. Counselling is oriented towards the achievement of attainable goals and the principle foci are on support, information and, most importantly, motivation.

Many individuals use the drop in facility and key worker system and avail of counselling as they require. More often than not, the use of this service is closely linked to crisis intervention and management. In time people become more involved in and motivated towards on-going counselling.

A focus on harm minimisation/reduction/health promotion is incorporated throughout. This is crucial in terms of reducing the harm associated with drug use.

During 1990, 1991 and 1992 meaningful contacts in the drop in centre and counselling contacts totalled **7487**, **9646** and **8744** respectively. In 1993 667 individuals used the drop in and counselling services at the Project while contacts totalled **9811**. In total between January 1990 and December 1993 contacts at the Project's premises stand at **35,688**.

## Prison Counselling

A similar counselling service is provided by the Project in Mountjoy Prison. Prison work is an essential aspect of our outreach service. We work closely with the Probation and Welfare Service which makes referrals to the service. The issues which arise in counselling in a prison context are often very different to those which arise in the course of counselling in the Centre. The service developed to respond to addiction problems, concerns around HIV, stress and family separation. Emphasis is often placed on preparation for release and many

individuals continue to use our service at the Centre on their release.

During 1993 contact was made with 60 individuals through the counselling services in the Prisons. 34 of those seen in the Prison also attended the Centre either before or after their prison sentence.

During 1990, 1991 and 1992 contacts in the Separation Unit, Main Prison and the Women's Prison totalled **684**, **328** and **358** respectively. During 1993, with only one worker carrying out prison work, contacts totalled **255**. Cumulatively contacts totalled **1625** in the period between January 1990 and December 1993.

## Family Support Work

The family support service aims to:

- a) outreach to and support families affected by drug use and HIV.
- b) provide a service to families which focuses on *their* needs alongside the needs of the drug using family member or members.

The activities involved in this programme are carried out by the family outreach worker, assisted by other members of the counselling and project team. These activities include home visiting, prison visiting, hospital visiting, counselling and support.

The family worker also maintains contact with drug users, known to the Project, who are admitted to hospital. In situations of serious illness, further contact is initiated with the families and support, counselling and reassurance is offered, particularly where there might be a bereavement as a result of a drug related illness, such as HIV infection.

72 individuals were contacted by this service either at home or in hospital during 1993. 21 of those who used this support service also used the drop in and counselling services at the Project.

The family support worker made a total of **588**, **796** and **893** meaningful contacts either in homes or

hospitals around the city during 1990, 1991 and 1992 respectively. During 1993 contacts totalled **670**. Cumulatively between January 1990 and December 1993 contacts amounted to **2947**.

## Le Chéile Group

Le Chéile is a support group for parents of adult persons who have acquired HIV infection as a result of intravenous drug use. This group was initiated by the Project in November 1989. It continues to be financially resourced by the Project. Two Ana Liffey Drug Project workers and several Eastern Health Board addiction and HIV counsellors work with and support this group. In bringing parents together a mutual support system has developed.

Group meetings take place on a monthly basis. At each meeting a discussion first takes place where people can share their feelings and experiences. This is followed by a social evening. There are now over thirty parents involved with Le Chéile meetings on a regular basis. Collectively they have experienced many deaths of their adult children in recent years. Several of the women are now rearing their grandchildren, who have been orphaned as a result of their parents' deaths from HIV/AIDS related illnesses.

39 individuals attended the various meetings during 1993. Contacts totalled 149 during the past year.

## HORIZON Programme/ Community Training and Leadership

### The V.I.S.T.A. Project - (Volunteers in Skills and Training Achievement)

The Project has implemented a series of courses of structured programmed work in order to aspire towards the preparation and development of a marginalised group of drug users for their further integration into mainstream training for the long term

unemployed. This programme is running most successfully and it is believed that it has contributed to a great difference in the quality of life of service users. A more detailed article reporting on this work during 1993 appears further in this Report.

The first training course and six weeks of the second course were completed during 1993. Twenty five individuals in all have benefited from this intensive programme during 1993, twelve participants on the first course and thirteen on the second. **1309** interventions/contacts took place during 1993.

## Youth and Drugs: A Response

This project aims to:

- 1) implement a coordinated strategy with regard to the increasing numbers of young people using the service;
- 2) respond to the changing needs of young people directly/indirectly affected by drug use and HIV;
- 3) develop a comprehensive education and information programme focusing on primary prevention in terms of drugs/HIV.

The project is designed primarily to benefit different groups of young people:

those who use drugs;

those whose parents or siblings use or have used drugs;

those whose parents or other family members have died as a result of drug or HIV related illnesses;

those in the wider community who have specific information needs.

This project is a part of the overall drop in, counselling and support work.

## Literacy Training

The Project has recently introduced literacy training with the assistance and support of the VEC. These classes are now attended by ten individuals. **Forty hours** of teaching took place during the last three months of 1993. This group is now concentrating on acquiring literacy skills through producing a newsletter about and for the Project.

## Community Outreach

One staff member takes responsibility for liaison with other services in the community. Increasingly we act as a resource group to other youth, community and local groups. In addition a staff member is a management council member of Community Response and of the Neighbourhood Youth Project in Blanchardstown.



## Other Activities

The Ana Liffey Drug Project is committed to contributing, where possible, to the increase of knowledge and information about drug use and its effects. In this way it is hoped that the services for drug users and their families will improve. During the past five years a large number of students from a variety of University courses, such as social work, community and youth work, counselling and psychology have spent time with the Project on placement. Student nurses from the Adelaide Hospital have also joined us on placement. We have increased the number of workshops and seminars in schools, colleges, community and youth groups. Lecture inputs have been made on the Community and Youth Work Courses in St. Patrick's College, Maynooth, the Nursing and AIDS Course in St. James' Hospital and the Diploma Course in Addiction Studies in Trinity College. During 1993/1994 the Project Director was seconded for

twenty days throughout the academic year as Course Tutor to the Diploma Course in Addiction Studies.

We also recognise the importance of research in the drugs and HIV field and believe that it contributes much to the development of policy and services. The Health Research Board/EC Pompidou Research Project has collated vital information about drug use in Dublin. As one of the reporting agencies we are committed to this project despite the considerable increase in work alongside our direct service work. During 1993 we contributed to research carried out by both the Rialto and Ballymun Community Drug Teams. Some of the people who attend the Project also participated in the research carried out by GLEN (Gay and Lesbian Equality Network) and Nexus on poverty and discrimination and the Round Tower Housing Association research into the housing needs of people affected by HIV.



Whereas we have much to offer, we also have much to learn from those with whom we work and from other agencies and organisations working in the field. Liaison and cooperation with other services is crucial. However working together on a joint project is often a very productive experience. Some joint projects with which we have been involved during 1993 have been very valuable.

## Child care issues

In recent times in the Ana Liffey Drug Project we have become more involved with child care issues and are working to clarify and develop our approach in this regard. We are aware that workers in other drug agencies are having similar experiences. In addition many community care personnel, with whom we liaise, have also expressed similar concerns.

### Seminar

During 1993 the Ana Liffey Drug Project and the Department of Social Studies, Trinity College jointly organised an evening seminar entitled **Drug Using Parents: The Child Care Issues**, which took place in Trinity College on Thursday 20th May 1993.

The seminar, chaired by Robbie Gilligan, Senior Lecturer in Social Work, was addressed by Patricia Kearney, Wandsworth Social Service Department, London. Brid Clarke, Head Social Worker with the Eastern Health Board and Marguerite Woods, Project Director, responded. The papers will be published in the journal of the Irish Association of Social Workers, *The Irish Social Worker*, in August 1994.

This was the second seminar to be organised by the Department of Social Studies and the Project. It is hoped that a third seminar will take place during European Drug Prevention Week in October 1994.

### Joint Training Initiative

Over the past two years a group of workers in the area of HIV and AIDS has met on a regular basis to discuss concerns around children and how they are impacted upon by HIV and AIDS and bereavement. The Project Director has been involved with this

process from the outset and the Management Council have been most supportive of this initiative. It was decided that a training course for professionals and volunteers in both statutory and non-statutory services would be crucial in addressing some of the concerns.

The first training course, at the pilot stage, took place on the last two weekends in April 1994. It was well attended and feedback was positive. The first weekend focussed on HIV and AIDS, looking at the medical and psychosocial needs of families and children directly or indirectly affected by HIV. The second weekend was facilitated by the Fostering Resource Group who ran the "In Touch with Children" Programme.

We hope that this joint initiative will continue and that as a result the increased awareness, understanding and skills of workers in the field will impact positively on the quality of life of both families and children affected.

## Voluntary Drug Services

During 1992 an important new liaison and cooperation between the voluntary drug treatment services commenced. This work continued during 1993 and is a very positive development for the Ana Liffey Drug Project.

During 1993 we met often and discussed a range of issues as they affect our work and those with whom we work. During the last year we convened four development meetings which were attended by the staff teams from each agency and have worked towards the formulation of our mission statement.

The Voluntary Drugs Services now are represented on the Board of the Drug Treatment Centre and recently we were allocated two positions on the National AIDS Strategy Committee.

We look forward to the opportunity for further training and development together during 1994 and hopefully we shall be able to make a joint contribution to the European Drug Prevention Week

# HORIZON PROGRAMME

## The V.I.S.T.A. Project

(Volunteers in Skills and Training Achievements)

In November 1992, following discussion, dialogue, consultation and policy meetings, a proposed project application focussing on the pre-training and retraining needs of drug users was approved and in January 1993 work on this initiative commenced.

The Project has implemented a series of courses of structured programmed work in order to aspire towards the preparation and development of a marginalised group of drug users for their further integration into mainstream training for the long term unemployed. 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, participatory and developmental approaches employed to date. Broadly speaking the **overall objective** of the proposed measure is as follows.

The project aims to identify and develop an effective and on-going response to the needs of people with a history of drug use who experience multiple disadvantage with regard to access to mainstream and specialist training, retraining and participatory programmes which could enhance and strengthen their opportunities of accessing appropriate and paid employment.

More specifically the **objectives** of the programme are:

- 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 work in a facilitative manner which allows for preparation for access into the training opportunities currently available.
- 3) 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.
- 4) To raise the profile of this issue so that drug services and training programmes in Ireland and EC 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.

The Programme spanning a two year period (1993-1994) consists of a series of four pre-training development courses. Each course is of sixteen weeks duration and convenes twenty one hours per week. Each course consists of approximately 336 teaching/contact hours, totalling 1680 teaching/contact hours throughout the Programme. It is anticipated that approximately fifteen individuals will participate in each course.

Prior to the implementation of the Programme a foundation study was carried out in order to ascertain in an indepth manner the Project attenders' aspirations with regard to course content and activities. Following the employment of the Programme Coordinator, Peter McCormack, this research was completed, the course content finalised and the first transnational visit with our consultative transnational partners in Wales took place.

## Content

The Programme has focussed on encouraging the participants to improve their self development and esteem and modules have concentrated on group development, job seeking skills, joint problem solving activities, literacy training, photography, video, relaxation skills, art and craft work, cultural activities, work experience placements and evaluation. We are also considering introducing drama and music workshops. We believe that the course has a significant stabilising influence on those participating and hope that it will have real value in assisting them to access further training, education, voluntary work and indeed paid employment.

Broadly speaking there is 50% women's participation and 50% men's participation in the programme to date. Although there are often difficulties for women with regard to child care arrangements the programme has taken this into account so that full participation is almost guaranteed. Similarly the Project has, over the last five years, attempted to ensure that the

Project is attractive to women. Although as a rule we do not positively discriminate in favour of women we have stressed the importance of women's participation. Women's involvement in the programme thus far is greater than reflected in women's overall use of the service. This is important in order to find a balance in the groups. All courses have included a significant number of individuals who are directly affected by HIV and we are committed to the re-training of individuals who are living with HIV.

The first training course commenced on June 24 and concluded on October 13 1993. Twelve people participated in the programme and twelve finished the full sixteen weeks. The progress and success of the





programme has exceeded our expectations. We witnessed twelve individuals, all of whom were on methadone maintenance programmes, attend the centre daily, on time and eager to get to work. This is one of the most important outcomes. The participants proved their ability to be dependable, punctual and committed.

A video, recording the activities of each programme, was made by the participants and displays their excellent production skills. It also demonstrates the participants' sense of fun, humour, survival and enthusiasm as they film or are filmed in the Ana Liffey Drug Project or in the streets of Dublin..

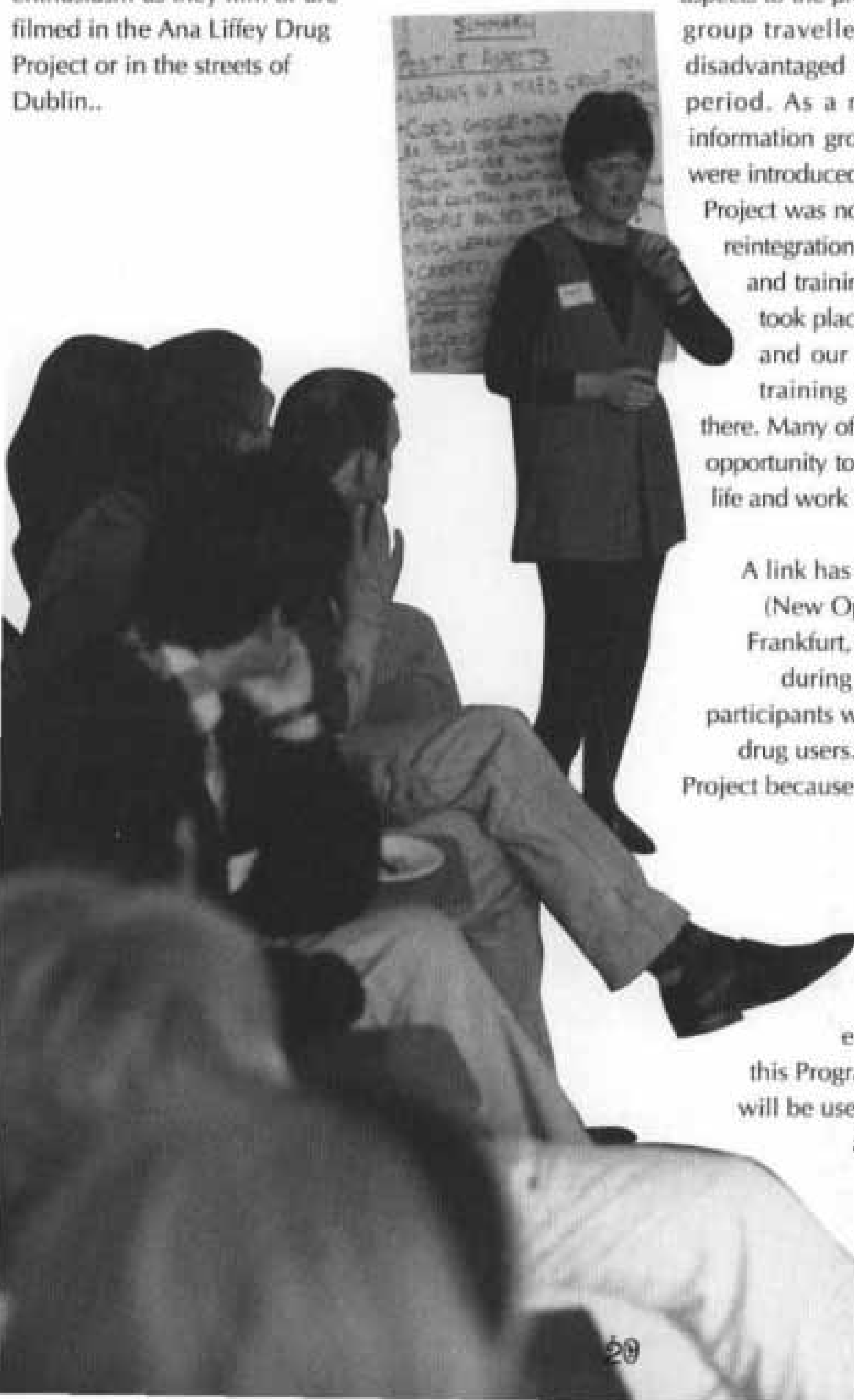
The second course commenced on 10 November 1993 and concluded in March 1994. Seven men and six women participated. Four people are drug free and nine people are on methadone maintenance programmes. The programme proved to be as successful as the first.

## Transnationality

As our programme is EC funded there are transnational aspects to the programme. Thus the second Horizon group travelled to France to visit a group of disadvantaged French students over a two-week period. As a result French classes and some information groups about French life and culture were introduced into the programme. The Le Havre Project was not a drug project but focused on the reintegration of disadvantaged people into work and training opportunities. Our visit to France took place in February for a two week period and our participants were involved in the training programme which is in progress there. Many of the participants have never had the opportunity to travel and gained a lot from seeing life and work in another country.

A link has also been developed with a NOW (New Opportunities for Women) Project in Frankfurt, Germany. This will hopefully lead during a further course to an exchange of participants with a project working with women drug users. This is particularly relevant to our Project because of our interest and involvement in women's issues.

Transnationally the Project will be further developing links with several organisations working with similar groups in order to enhance the course work aspects of this Programme, to develop materials which will be used in future initiatives of this nature and to attempt to impact on policy with regard to the training of members of the target group concerned.



## Developments

As stated the aim of the programme is to facilitate participants in gaining appropriate mainstream training/employment opportunities.

As a result of the efforts of participants, some were offered employment opportunities while others engaged in successful job placements over a number of weeks, thus enhancing their employment prospects; other participants have engaged in further education modules, such as literacy training and Vocational Training Opportunities Schemes (VTOS).

As literacy skills have been identified as a major requirement for most of the participants, the Coordinator in conjunction with the City of Dublin Vocational Education Committee, has secured a teacher for all who attend the Project. This development in itself, illustrates the multiplier effect that the Horizon initiative is having on the Project and its clients.

Indeed, innovation and the multiplier concept are strong themes in the HORIZON initiative as evidenced by a newsletter coming on stream shortly. We hope that as a result, the programme will continue to grow and evolve, as it is patently clear that our clients wish it to. It is because of their whole-hearted support that it continues to be a success.

## Evaluation

The evaluation process is integral to the Programme and aims to measure its successes and shortcomings. Incorporating a commitment to an on-going built in evaluation process it is anticipated that practice will take account of the structured feedback and inform the further development of the Programme. Evaluation was built into the first and second courses and there have been several changes in course content and perspective as a result of feedback. It is extremely important that evaluation will lead not only to an improvement in the Programme overall but that it will be able to finally make credible and valuable recommendations with regard to future training initiatives within our Project, and in other drugs and alcohol projects both in Ireland and in the EC.

We hope that on this occasion the Project, participants and staff together, will be able to inform public opinion and policy with regard to reintegration and inclusion of those with a history of drug use into mainstream educational, vocational and occupational opportunities. We also hope to be able to continue this Programme beyond the end of the two year period of association with Horizon Disadvantaged.

In all it has been a very positive, exciting and dynamic experience to date for all involved and we look forward to the next year of the Programme.



HORIZON programme participants, staff and members of the Management Council with President Mary Robinson in January 1994.

# Community Issues

*Ray McGrath, Project Worker, has developed his role as Community and Youth Worker with the Project over the last three years. Here he describes some of the principal activities and developments.*

**"The significant impact which drug use and HIV have made on several Dublin communities cannot be underestimated". (Ana Liffey Drug Project Annual Report, 1992)**

In addition to an already busy schedule in the previous year, 1993 has seen greater resources in terms of time and commitment being put into developing community contacts. This aspect of our work, however, is not just about making contacts which in any event are always useful. It also allows for an exchange of ideas and a sharing of information with other professional and voluntary workers. Within a community development context it also permits information to be shared with people who have no formal training but who are interested in responding to the drug problem within their own

particular community. An example of this can be seen in the south inner city through the initiative Community Response.

Our involvement in Community response has spanned the last two and a half years, from an idea in 1990, through a number of seminars and various discussion groups to a point in 1993 when Community response employed a full time coordinator. We have been involved in practically every stage of the development of Community Response including the interviewing, selecting and employing of the coordinator. We are currently represented on the management of that organisation which is made up of persons from the statutory and voluntary sectors, as well as people from the community.

A similar approach is being initiated in the development of a response to the drug problem in the Blanchardstown area of Dublin. Again it is one of working with other professional workers including



interested people who live within the community. We are also represented on the management committee of the Neighbourhood Youth Project (NYP) in Blanchardstown. This Project, which is funded by the Eastern Health Board, concerns itself with at risk nine to thirteen year old children. Although this project is not a response to the drug problem in particular our participation is crucial in terms of our continued liaison and development of contacts in the area. We have initiated and developed these contacts over the last three years and will continue to maintain them into the future.

A more recent development has seen our participation in the north inner city through the Inner City Organisations Network (ICON). Again the issue is the continuation of the drug problem and its effects on that community. Also involved in this initiative are the City Clinic and the Talbot Centre, both of which are agencies dealing with individual drug users and their families. A number of community groups also participate as well as some local politicians. It is at a stage where it has developed a pilot programme of information and advice for a group of people living in the community.

Within these responses or initiatives mentioned above it is envisaged that people who are living locally and might otherwise be excluded from taking part because they have no formal training can now do so. This can be achieved by encouraging people to participate and providing training for them. This partnership is more likely to see a successful outcome to any response.

Since the Project's policy interests include a focus on community developments with regard to the response to drug use and the development of community drug teams, we continue to be interested in and supportive of the development of such teams both in Rialto and Ballymun. We will continue to watch with keen interest both developments and offer our commitment and support to such initiatives.

We envisage that our role as a participant in or as a resource group to other community and youth groups or initiatives will develop in the coming years. We look forward to cooperation and interaction with communities throughout Dublin City.



# A Student's Experience

*Brian Melaugh, a student on the Community and Youth Work Course in St. Patrick's College, Maynooth joined the Project team on placement for several months early in 1994. Here he writes about some of his experience while working here.*

From the 10 January until 11 March 1994 I was on placement in the Ana Liffey Drug Project. The purpose of this small article is to share some of my impressions and insights about this experience. To be honest it is very difficult to know where to start. As I write, the words of advice from the Cheshire cat to Alice in the novel "Alice in Wonderland" spring to mind. Alice asks the cat for directions and the cat replies with a mischievous grin, "Begin at the beginning and go on till you come to the end then stop".

I will continue by taking the Cheshire cat's advice and begin by sharing the feelings which I was in touch with on the first day of placement. On the 10 January I remember sitting in the office of the project waiting for the drop in centre to open. I was nervous and did not know what to expect. A thousand and one questions filled my mind. What would the people who used the service be like? Would they be angry? Would they accept me?

These questions which caused me anxiety also grounded my reason for wanting to do a placement in a drug agency. I entered the Project with one main objective - to find out information on drugs and drug related issues.

Over the ten weeks I attempted to realise this objective through engaging with people who used the drop in and involving myself in the outreach work of the Project. When I entered the Project I was aware that I knew very little about the drug problem or drug use. During the placement I often felt "out of my depth". The terminology used

to describe drugs were terms and words which I had never encountered before.

The tasks which I was involved in during my period there provided me with an insight into drug use, the factors which are linked to problem drug use (both personal and social factors), the responses to the problem, different models and methods of treatment, including the community based and medical models and the impact of drug use on communities.

What impressed me most about the Ana Liffey was the friendliness of both the staff and service users. From the beginning I felt part of the staff team and was supported and encouraged during the placement. The commitment of the staff to the life of the agency,



the "user friendly" approach underlying Project services and the provision of a safe environment in which drug users and their families could look at the issues affecting their lives helped to build and maintain the trust and respect which existed between project workers and service users.

The Project building itself lacks space but it is full of activity and life. From 11.00 am onwards the kettle is constantly on the boil and the drop in is a hive of activity. At first I found the noise and confusion of the drop in difficult but gradually I became more comfortable.

It was the poet Henry Thoreau who once wrote "It is never too late to give up your prejudice". This placement forced me to confront and deal with my own prejudices about drug users, which were founded on ignorance and fear. Through the drop in I got to know individual drug users personally and at

first hand. This personal contact proved to be the catalyst which enabled me to confront and overcome my prejudice.

When I entered the Project I was shocked to find that almost 60% of service users were living with the reality of HIV and AIDS. The openness and honesty of people who used the drop in, as they talked about the impact of HIV and AIDS on their lives impressed me deeply. Hearing their stories untapped a number of emotions within myself. At times I felt sad and angry. Sad that the young should die and anger because this disease is preventable. Through facing my own anger I was able to understand why people living with the virus often carry a lot of anger. This realisation helped me in situations when people became angry with myself, other service users or with fellow Project workers. Speaking to people living with AIDS impacted on my own fear of death and forced me to ask questions about my own mortality. This was a difficult and often an emotionally draining experience.

In conclusion I found the experience of doing a placement with the Ana Liffey Drug Project to be a rewarding and valuable one. It provided me with an insight into the life of an agency working with people who use drugs and increased my knowledge of drugs and HIV/AIDS related issues. In many ways the placement experience was synonymous with coming in contact with a new culture, a culture which has its own language and values, values which challenged and clarified my own value system. This culture also contains a lot of pain, poverty and powerlessness.

At times I found it difficult to work in the Ana Liffey, the frequent chaos of the drop in, resolving conflict, being on the receiving end of anger and coming into contact with people with advanced HIV infection often left me emotionally drained. This experience has made me aware of the need for personal care and good support mechanisms when working with marginalised groups. I will finish this article by thanking the staff and individuals who use the services of the Ana Liffey Drug Project for their support and encouragement which meant so much to me during my placement.



# Financial Matters

## Ana Liffey Drug Project

(Company Limited by Guarantee)

Extracts from The Audited Accounts for the Year  
Ended 31st December 1993

### Income and Expenditure 1993

#### Operating Income

Grants from:	
Statutory Authorities	104,200
HORIZON Project (EU)	26,198
Non-Statutory Grants	16,007
Other Fund Raising and Donations	14,579
Bank Interest	<u>2,580</u>
	163,564

#### Operating Expenditure (note 1)

Staff Salaries and PRSI	110,271
Operating Overheads	29,717
Overheads - HORIZON	21,853
Transfer to Capital Reserves	<u>1,723</u>
	163,564

#### Balance Sheet

Fixed Assets at Net Book Value	16,464
Net Current Assets	<u>33,864</u>
	50,328

Funded From Cumulative Reserves	<u>50,328</u>
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#### Auditors Report

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

*Mahon & Co.*

Mahon and Company  
Chartered Accountants  
& Registered Auditors  
1/2/1994

### HORIZON Programme 1993

Salaries, Employers PRSI	11,934
Tutor Expenses	3,898
Bank Fees	35
Client Expenses	4,138
Advertisement	1,031
Insurance	20
Stationary/Postage (Admin)	441
Building Maintenance (Equipment)	294
TV Licence	<u>62</u>
	21,853

Equipment purchased (See Fixed Assets)	<u>1,845</u>
	23,698

Preparatory Technical Assistance Grant (earned by Ana Liffey)	<u>2,500</u>
	26,198

### General Project Programme

#### Breakdown of Statutory Funding received by the Ana Liffey Drug Project during 1993

Department of Health/Eastern Health Board	£50,000
Department of Education Disadvantaged Youth (National Lottery)	£28,000
Department of Justice	£25,000
Combat Poverty Agency	£ 1,200
Total	£104,200

## Sources of Funds

### Statutory Agencies

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

### Non-Statutory Agencies

Allen Lane Foundation  
Allied Irish Bank  
Anonymous  
Bank of Ireland  
Boats  
Brennan Insurances  
British Embassy  
Cement Roadstone Holdings plc  
Cork Street Fund  
Crosscare  
Eagle Star  
Flogas  
Franciscan Missionaries of the Divine Motherhood  
A and L Goodbody  
General Accident  
Glaxo  
Gowan Group  
GE Superabrasives  
Howard Charitable Foundation  
IBM  
Irish Life Assurance plc  
Irish Youth Foundation  
Jesuit Provincial  
Mrs. M. Murphy  
The O'Brien Press  
Mr. P. O'Leary  
People in Need  
Portiuncula Hospital  
Sisters of Charity  
Telecom Eireann  
Ulster Bank Limited  
Ulster Investment Bank  
War on Want  
VP and RO Holdings  
Women's Marathon



