

**Ana Liffey Drug Project & Addiction Research Centre TCD
Half-Day Conference to Mark the 25th Anniversary of the Founding of Ireland's
first Harm Reduction Agency - The Ana Liffey Drug Project**

Harm Reduction for Problem Drug Users

Date: 15th March 2007

Venue: Edmund Burke Theatre, Arts Building TCD
Programme

Speakers Notes: The Founding of the Ana Liffey Drug Project
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Introduction:

- **The situation at the time:** A form of the abstinence model
- **The Background we came from.** England and France
- **The ideas we put into practice:** Choice for the drug users, Respect, Peer relationships and role modelling, Accompaniment, Harm minimisation. Dialogue with the drug users and peer group of young people as to support and treatment.
- **The process:** Teamwork and consultation as a way of discovering the way forward.
- **The dynamic:**

Rip Van Winkle.

15 years on.

The only one with no qualification in Therapy, Drug Treatment or Drug related research.

To tell the Story of the founding of Ana Liffey

To reflect on the paper.

The Story:

The Actors

The Principles

Harm Reduction

What's The Story?

This is a story of fun and adventure, of heartbreak, of mistakes and achievement. For me it begins sometime in 1980 with discussions with Mara de Lacy about drugs in Seán Mc Dermot St., which were under my nose, but I couldn't see. We plotted to do something about it. Luckily for me the then Jesuit Provincial, Joe Dargan, gave me the job of initiating something new in the field, largely because the Jesuits worldwide, under Pedro Arrupe, our worldwide leader was drawing all our attentions to the problem at that time. 6 weeks in Coolmine as a full resident, the first non-drug user to be admitted, cut my teeth. A 6-month placement in the Centre Medical Marmottan in Paris put my feet under me. This specialised non-opiate based detoxification centre, started in 1971 under the direction of Dr. Claude Olievenstein is where the use of Lofexidine was pioneered, was groundbreaking in its day and has remained so.

In Sept.'82 with my colleague and good friend Mara de Lacy who had loads of experience from living and working in London and Scotland, we set out on the road. There was a clear need and we decided to set about doing something about meeting it in a new way. A room in the Pro Cathedral Social Service centre to start planning and in early Jan '83 a different room, now in a Jesuit house, over the Talbot Centre, in Sherrard St., but with no communication between the two. Some young people who heard rumours of us came to see and talk, some drug users came too. When the Salvation Army gave us the use of their basement Hall in Abbey St. in autumn '83 the same young people and a number of others came to work with us under a Temporary Youth Employment Scheme. We had to sneak that TYES under the radar, because if drug work had been stated as its primary objective it would not have got the go ahead from the powers that were.

After a training programme, run by Phil Kearney, we began with a small drop in and then began to run workshops in the new centre. The percussion workshop was the big hit. We had a meal together every day cooked by staff and participants and loads of chat and tea and coffee. Numbers grew slowly and some extra ordinary work was done. **Was it naïve to think that a range of healthy experiences and human relationships, sufficiently different from what they had grown used to could make a real difference to drug users? Or that these relationships would open up new vistas for them, vistas of respect, self discovery, simple enjoyment, satisfaction, and achievement and that**

these would be small but significant counterbalances to the 'hit', then to the oblivion of being stoned, and to the nightmare of withdrawals? Were such concepts as the value of peer example, role modelling and accompaniment by people of a similar age to the users just naïve collusion with the users denial of the problems of addiction? Or was it the beginning of a new approach?

At the time a particular form of the abstinence model was the only game in town. There were only 8 beds for detoxification in Jervis St. Hospital, a long waiting time and many requirements to be fulfilled before getting in. Is my memory accurate in thinking that 3-4 weeks was the length of a detoxification programme then? And maintenance was given only to women drug users during pregnancy. And after the child was born they were automatically detoxified? There was only Coolmine Therapeutic Community, with about 26 beds and a 12 to 24 months programme, as follow up rehabilitation. The Talbot Centre was the first initiative for under age drug users. I think the Mater Dei counselling service was beginning to work with young drug users at that time. And that was it as far as services for users went? No other detoxification opportunities, little methadone maintenance, no other rehab or aftercare, no drop in facility,

We believed that much more was required. In a recently published account of the early years in the IAAAC journal, which is both a good read and an accurate reflection on those years, Mara puts it succinctly:

“The vision was one of accompaniment, the openness to travel the road with the drug user regardless of their choices to continue using or to stop. The idea was to give information and support about issues that the drug user faced on daily basis from a non-judgemental point of view. The hope was to create more choice for the client and more support.”

So we didn't stop at the centre. We couldn't because we were not known to users and no one would refer users to us. I think they thought we were dangerous, that this approach of ours was collusion with drug users in a very lethal game that could only lead to death. **So we went looking for the users on the streets.** Probably quite naively, in my own case, trying to attract them into the centre. Few came, but a few did and the street work team stayed working in the city centre for at least two years, up to sometime in '86, if my memory serves me. But since our participants were leaving us for the

“largest detoxification centre in the country” namely Mountjoy and St. Pats; we attempted to follow them. Refused entry again, **I managed to get in through the chaplaincy. Fr Harry Gaynor**, then head Chaplain invited me into Mountjoy; I’m sure with the total support of John Lonergan, Governor of Mt Joy. After some two years work in both prisons and a women’s group run in conjunction with Paul Murphy, Department of Justice psychologist, during that period and which continued after that, Ana Liffey was granted visiting status in the Prisons. This was largely due to the support of the prisons Governors. Mara, particularly, took on Mountjoy, and Arbour Hill, when it became the first segregation unit and then she worked in the Mountjoy Segregation unit till she left Ana Liffey in ’91.

And then the users went home when released. So we added a home support person who stayed in contact with parents and partners. In this we attempted to complete the circle meeting the users where they were most involved in the hope of offering a range of accompaniment that could be availed of by our participants as they deemed suitable for their needs and objectives.

Was it naïve of us again to have “the openness to travel the road with the drug user regardless of their choices to continue using or to stop”, “to give information and support about issues that the drug user faced on daily basis from a non-judgemental point of view”. Did we really believe the drug user would appreciate accompaniment, people travelling the road with them? That they would ever listen to people who had not been strung out themselves? Or that drug users would take in information about issues they faced on a daily basis? Surely they were too out of it to take anything in, except more smack or methadone? Were they really interested in their health? Our belief was that information given in the situation the drug user was in, by people they knew, would be welcome and put to use. Our experience bore that out. **Meeting drug users on their own ground**, on the street and, yes, in prison, played a vital role. And **being there with them, through thick and thin**, not giving up or walking away but carving out times and spaces with them, even in the terribly alien situation of prison segregation, was accompaniment and made a difference. The give and take was extraordinary. And none of this was done without the prison officers and the prison management. They didn’t take any active part in the therapeutic situation but they made it possible.

Yes I did say that T word and the R word. Whether you are working in personal or group therapy, are a psychiatrist treating a patient or are working in a drop in, a needle exchange or in a safe consumption room, your work ultimately depends on the quality of your relationship with the person or persons you are working with. And that work always has the capacity to be therapeutic. In other words it creates the conditions where the person you are working with begins or continues the healing that is possible and needed then and there, and so makes changes in behaviour that make sense and that are possible within a given lifestyle.

The Actors:

Whole teams of people worked on this together, the team changing each year due to the TYES. And our participants played a major part in shaping the work. We had some expertise too. Our first team leader was a Coolmine graduate and Joy Mitchell, who replaced him, was / is an American, a nurse supervisor with considerable experience. It was a weakness that our team changed every year as the Temporary Youth Employment Scheme only lasted for twelve months. This meant that participants had only got used to a group of workers when they changed and the core staff, namely Mara and Joy, had to train and induct a new staff team each year. Though there was strength in getting new people on board every year, each with their own expertise and experience, by '87 it was time to change and **once we had enough money we recruited full time trained staff.** An added reason was the demand from participants for counselling. They wanted time on their own with a key worker, someone they got to know and who was there for more than a year. And they wanted that more than workshops, and so the drop in became much reduced.

Another important group of people working with us and our participants were the Probation Officers, the Prison Welfare Officers and the Department of Justice Psychologists. My memory is that, perhaps unlike some other organisations working with drug users, it was our participants themselves who got us involved with their Probation Officers. Whether the participant was referred to us by their Probation Officer or they came on their own we would only involve their Probation Officer in our work at the behest of the participant. Confidentiality was primary. And similarly in prison it was with the agreement of the prisoners that the Welfare Officers or the Psychologist was involved in our work with the prisoner. There was no reporting back to the prison

authorities. But the **Officers and Chiefs made it all possible by allocating the space and the times and protecting the interviews and the group work from outside interference.** Our Participants did get us involved with their Probation Officers and with their Welfare Officers, and we worked well together. Groups were run jointly for years in the Women's Prison and in the Segregation Unit.

After attending a workshop on HIV & AIDS in London in '86 and particularly after the first prisoners were diagnosed seropositive that question began to dominate. **But well before that abscesses were dressed, and methods of injecting safely were addressed in the Centre. Information on cleaning all equipment with bleach was given, even when not asked for, particularly because there were no needle exchanges and information on safe sex was also given.** Yes even when not asked for! People can only ask for information that they think will be readily given, and we didn't think such subjects were being easily addressed by others in the field at that time. And so we developed a working relationship with St. James's, the STD unit and later the HIV treatment facility. Work with the medical profession had begun. **Work with G.P.s followed.**

A tool that we began to use early on and developed during this period was **the contract**, not the kind that needed a gun, but an agreement with the drug user that we would work together honestly to achieve a goal named by the user. No need for abstinence, no need for the question of drug use at all to come into the contract except as it interfered with the participant achieving her or his stated objectives. One occasion that brought drugs in the equation was when the drug user involved us with the prescribing doctor. This was rather a one way street, in that the doctor was inclined to require that we monitor the client's drug use, and not have any other contact with the agency. That didn't work, but it was an attempt on our part and on the part of our participants to work with the medical personnel.

As our family visitor began to develop her work **family members became more involved.** This laid the foundations for the family work of the project developed later.

Other people who were important in the formation of Ana Liffey were our funders. I have deliberately avoided naming people here as I am sure to forget many if I

start. The Salvation Army, friends whom we came to know through them and others and the private sector and were the first to support us, as well of course as the Jesuits who supported us at the beginning. Officials in the Department of Health were crucial in us getting State funding and in the end the Health Board came to recognise the work we were doing and to support us.

I have left our management board the last. They accompanied us, the staff, on our journey. They trusted us and when the going got too rough they stood by Ana Liffey and saw it through to its new phase when the founders moved on, as all founders have to.

The Principles:

- To make positive interventions as appropriate in order to ensure a beneficial relationship between the workers, the drug users and their families.
- To provide concrete options for new initiatives for drug work in Dublin
- The vision was one of accompaniment, the openness to travel the road with the drug user regardless of their choices to continue using or to stop.
- The idea was to give information and support about issues that the drug user faced on daily basis from a non-judgemental point of view.
- Peer relations, role modelling and accompaniment.
- To open up new vistas of respect, self discovery, simple enjoyment, satisfaction, and achievement.
- Meeting drug users on their own ground.
- Confidentiality and anonymity.
- Entering mutually respectful contractual relations with our participants in order to achieve agreed objectives.

These were some of the principles we attempted to put into practice. Anonymity and confidentiality were very important. Our participants could walk in of the street into a very anonymous building without being identified as drug users by the fact of ringing our door bell. And what went on between participant and staff was absolutely confidential. The drug user was central. (S)he was on a journey. The purpose of our intervention was to accompany people on that journey. Their behaviour would not be judged and whether a person was currently using or had no commitment to abstinence, was not a criterion of support. What was important were those beneficial relationships that were the objective

of the accompaniment so that information and support could be given from a non-judgemental point of view. And our objective was to open up new vistas of respect, self discovery, simple enjoyment, satisfaction and achievement. Our conviction was that these could offer our participants small but hopefully significant counterbalances to the hit, the oblivion of being stoned, and the nightmare of withdrawals. They could, they did and they do.

This accompaniment and intervention constructed different spaces. The creation of 'spaces' and 'times' formed a very important part of our work. Tim mentions in his paper 'the importance of noting that place, and our relations to it, are made up of the meaning ascribed to it' He continues 'it is this that opens up the possibility for peer and social interventions to create spaces in which a sense of belonging is created and sustained. Peer interventions offer scope for new and different identities to be performed in spaces which are not subject to everyday punitive or coercive regulation' (p1398). The spaces created in the centre, in the prisons and on the street were qualitatively different because of the interventions of Ana Liffey staff. Participants defended these spaces and Ana Liffey service users still do. I remember in the early days wondering why a participant who had been very much part of the drop in suddenly disappeared for days. "I was using again, Frank, and I wouldn't come in stoned." Just before the conference, while visiting the centre for the first time in years, I overheard an old friend explain to Marguerite how the service users make it clear to one another that messing in the centre is not on. This is your space and you want to keep it that way. Our Peer interventions were different from those advocated by Tim, but basically the same principles apply. This idea opens up the possibility all sorts of harm reduction and other beneficial relationships.

In the early days we went where our participants led us. Going onto the streets and going into the prison was in order to meet our participants on their own ground and with them to transform those spaces into places where 'a sense of belonging is created and sustained' even if only for a short time. Our objective to provide concrete options for new initiatives for drug work in Dublin led us down roads, I for one, never imagined. We went with our participants down those roads, we went gladly and trustingly. It broke our hearts as one after another individuals came to an end to that road where we couldn't accompany them any further. But in the end I think, together, participants, staff, other professionals, our management and our supporters, we broke the mould.

A Note on the Founders: There were two of us there from the beginning. And that beginning predates 1982 by at least a year. But I can honestly say that the real powerhouse of the Ana Liffey Project was Mara de Lacy. Without Mara, little would have been done, Ana Liffey would never have existed and the mould would have not been broken, at least not at that time. I want to take this opportunity, which is the only one I may ever be given, to put the record straight. And I want to claim for her the place of founding and running a project, a work which I am proud to have been associated with her in doing.