

**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 Ana Liffey Drug Project: Carving out a Niche in the Middle
Years
Marguerite Woods, Addiction Research Centre TCD

Contribution to the 25th anniversary seminar of the Ana Liffey Drug Project presented me with an opportunity to reflect - not for the first time of course, but in a different way - on my time with the Project, a time that spanned almost nine years from 1989 to 1997. It also allowed me to remember the people I worked with as colleagues and as services users or participants and brought back to life for me memories of many challenging, frustrating, comic, ironic and tragic situations that were encountered over those years.

In this summary some of the major events between 1989 and 1997 are described. Many people worked in or used the services of the project during the years I review and we all have different memories and different issues to which we attach importance. So it is a challenge to describe that period. In addition it is a challenge to reduce almost nine years and the life of the project during those years to a neat presentation, crystallising all the major experiences.

In preparation I reread almost every annual report, policy document and strategic plan that emerged since the inception of the Project. I visited the Project and I looked at old photographs. I re-watched a documentary made by Louis Marcus about the Project Founder, Frank Brady's work, made in 1991 shortly before he left the project. I also re-watched 'They call me Mummy now', a RTE documentary made during the early 1990s relating the experiences of several women involved in the Le Cheile group, caring for their grandchildren following the deaths of their sons or daughters from drug-related and HIV-related illness. I reread Matt Bowden's history of the first fifteen years of the project. After all that, I believe that I can simply highlight a few key moments, issues and reflections, which I hope will give a flavour of the nature of the Project, its work and some of the challenges it faced in the early to late 1990s.

I came to work in the Ana Liffey Drug Project in early 1989, at the end of the period which Frank Brady described, when the Project was entering a 'phase of restructuring', moving away from its entirely voluntary beginnings to become a non-governmental organisation with funding and to initiate policy debates about drug treatment that were lacking at the time at the time. Between 1989 and 1992 Barry Cullen was director and oversaw its restructuring period, making sense of what the Project was doing, during which some new and innovative services and activities were introduced –

- activities such as the 'Development Group' in existence between 1990 and 1992,

- the Le Cheile group, a group for parents affected by their sons' or daughters' drug use and/or HIV status, emerging out of and building upon the family support work and the prison work, that had commenced during the 1980s,
- regular open Open Fora with the clients of the Project's services,
- involvement with the Drug Workers Forum,
- partnership with other Drugs and HIV agencies, statutory and non-statutory,
- and the initiation of policy debate and a major conference on drug treatment policies.

I became Director in early 1992 and remained in that position until late 1997. Between 1992 and 1997, a period described by Matt Bowden as a 'period of innovation', the Project further consolidated its position with regard to development of services, restructuring, funding and policy. Funding by now was relatively stable and while we continued to access corporate funding and state grants we started also to look towards funding from the European Union. Harm reduction was better understood and had, at least, tacit acceptance of the state. The task for ALDP was to develop more specific harm reduction practices (e.g. peer education, user input into policy) and identify other 'niches'

Some of the issues which preoccupied the team were the ongoing emphases on

- the importance of interaction with those using or participating in the services building on the accompaniment and journeying philosophy,
- the exploration of new possibilities with regard to education, retraining and development;
- the high participation of women in the project, the resulting importance of women's Issues and
- the increasing attendance of women (and men) with their children.

The problems and obstacles faced by women drug users who had children were and continue to be central to much of my own work in the Project and since.

These issues then impacted on the thrust of future developments in the project including initiatives such as

- the first European-funded Horizon project 1993- 1994;
- the second European-funded Asterisk Project, the forerunner of the still existing peer support programmes;
- community work and development approaches were central to our work, resulting in involvement with local communities throughout Dublin and involvement with agencies such as Community Response, Rialto Community Drug Team and The SAOL Project to mention but a few;
- working in partnership with other agencies in activities such as the Voluntary Drugs Agencies Grouping, which at that time involved the Ana Liffey Drug Project, Ballymun Youth Action Project, Coolmine Therapeutic Community and the Merchants' Quay Project;
- the Children, HIV and Bereavement training Initiative in association with other agencies;

- partnership with Addiction Studies in convening a conference on drug-using parents and their children and other training initiatives, such as the provision of training to members of the Gardai in Templemore;
- and the first proposals for a Children's Project were formulated as a result of working with local community care social workers.

Throughout this period the drop in centre remained the heart of the Project, attendances were increasing year by year and year by year the place became busier and dare I say it much noisier and all still in a small building in Lower Abbey Street. However while all this activity and development occurred, the impact of HIV on the community with which we worked and on the Project was phenomenal.

Between 1991 and 1995 alone we witnessed the deaths of at least 350 people, men and women, who were well known to the project and that level of bereavement and its impact on the drug-using community, on the families and communities from which they hailed and on the project and the project's work was considerable. This further underlined the importance of recognising risk and reducing harm at the level of drug use itself and also at the level of fall out from involvement in a drug-related lifestyle.

Risky business

Ana Liffey's embracing of harm reduction was in itself a risky business and it did so when it was 'neither profitable nor popular'. In choosing to respond to drug users who were currently using drugs and extremely marginalised, and working with them "where they were at", the Project itself, the staff and the underlying ethos and approach to the work were in a sense often marginalised too.

Unfortunately that would seem to be a situation that in some way endures and as I visit services around Dublin today I am struck by this experience. Despite the avowed acceptance and importance of harm reduction and the need for low threshold agencies and work, it appears reasonable to suggest that the nearer an agency is to a risky environment or to those most at risk the lower status accorded its work. Therefore drop in centres, open access services, needle exchange programmes and contact centres are often regarded as less important than those agencies further from those risk environments providing supports within a medical context, residential programme or aftercare.

No wonder then staff often see these low threshold agencies as merely a training ground or a stepping stone to something higher status. No wonder also that so many staff tend to move from being extremely supportive of a low threshold, harm reduction project initially to attempting internally within the organisations to challenge and reform such an approach to one more structured, delineated, manageable and less accessible, an approach more suited often to the staff needs rather than service users' needs.

In addition not only did our service users or attendees have to struggle to manage their 'spoiled' identity as 'drug users' and 'deviant' but the project too had to manage its spoiled identity as deviant often portrayed as an "enabler" of those who persisted in using illicit drugs and as "condoning" illicit drug use.

The biggest challenge the Project has experienced throughout its history, but particularly in the years between 1989 and 1997, was to preserve its ethos and approach in a sometimes hostile external environment but also at moments there were serious internal challenges to the philosophical and ideological underpinnings of the model.

The continuity in staff, management and service user attendance and participation has greatly facilitated the maintenance and preservation of the project's ethos, outlook, values and approach. I think it is also important to mention that some staff members and members of the Management Council have remained working with the Project for long periods. Service users or participants have remained involved with the project in a variety of ways for periods even longer again!

Reflection

I left Ana Liffey in September 1997, and left the management council in February 1998. However in the intervening years I have been "doing drugs from the Ivory Tower" and had an opportunity to reflect on what has changed for better or worse during that period. So here are some of my reflections for what they are worth.

We had the First and Second reports of the Ministerial Task Force on measures to reduce the Demand for Drugs in 1996 and 1997. We now have the National Drug Strategy Committee, the Local Drug Task Forces, the Regional Drug Task Forces, and the National Advisory Committee on Drugs. We've witnessed increasing resources, funding and a proliferation of treatment places and agencies, statutory and non-statutory and there has been an acknowledgement of the connections between poverty, social exclusion and drug use.

And yet I am constantly astounded by the numbers of drug users, currently using drugs or on treatment who now are homeless, sleeping rough, living in hostels or bed and breakfast. I have observed what others constantly mention - the isolation, exclusion and marginalisation of drug users against a backdrop of increased affluence and less tolerance. Concerns are constantly being raised about the visibility of drug users in the street particularly last summer when the media coverage constantly highlighted public nuisance issues.

Questions I'm left with are - Where are people living? - and indeed an issue very close to my heart - Where are the children? I think that separation from parents, often due to homelessness, is occurring increasingly for families and children affected by drug use. It was a sign of the times some years ago when the Ana Liffey Children's Project had a Bed and Breakfast initiative where it provided services to the children living in B&Bs around Dublin. In 1996, 220 individual children attended the project with their parents. In 2005, 57 children attended the project. Are we seeing the increasing separation of children from their parents? We need to ask these questions. These are all new risks emerging out of the new challenges and difficulties arising as a result of the fallout of involvement with a drug-related lifestyle.

Conclusion

I'd finally like to emphasise the importance of a harm reduction and low threshold approach. While there is current controversy in Scotland between those aligned to an abstinence based approach on the one hand and others concerned with offering a range of options on the other, it is of concern that these debates may herald a new improved form of intolerance of harm reduction. Tolerance of both perspectives is crucial.

Survival models are crucial. We need needle exchange, we need heroin maintenance, and we need supervised injecting facilities. Put simply we need to reduce harm. Most importantly we need to keep in focus structural inequalities, poverty, social exclusion and homelessness, all of which create and further exacerbate risk.

The large number of drug-related and HIV- related deaths in Ireland during the past twenty five years are testimony to the lack of harm reduction in the early to mid 1980s and the ongoing grudging acceptance of harm reduction as a valid, worthwhile approach.

This year witnesses the 25th anniversary and the miraculous survival of Ana Liffey and that in itself is a cause for celebration. However, I could not possibly finish without acknowledging the overwhelming loss of so many people over so many years. I think we should remember them and recognise their loss as testimony to the ever present and continuing need for harm reduction and low threshold services in Ireland.

Marguerite Woods