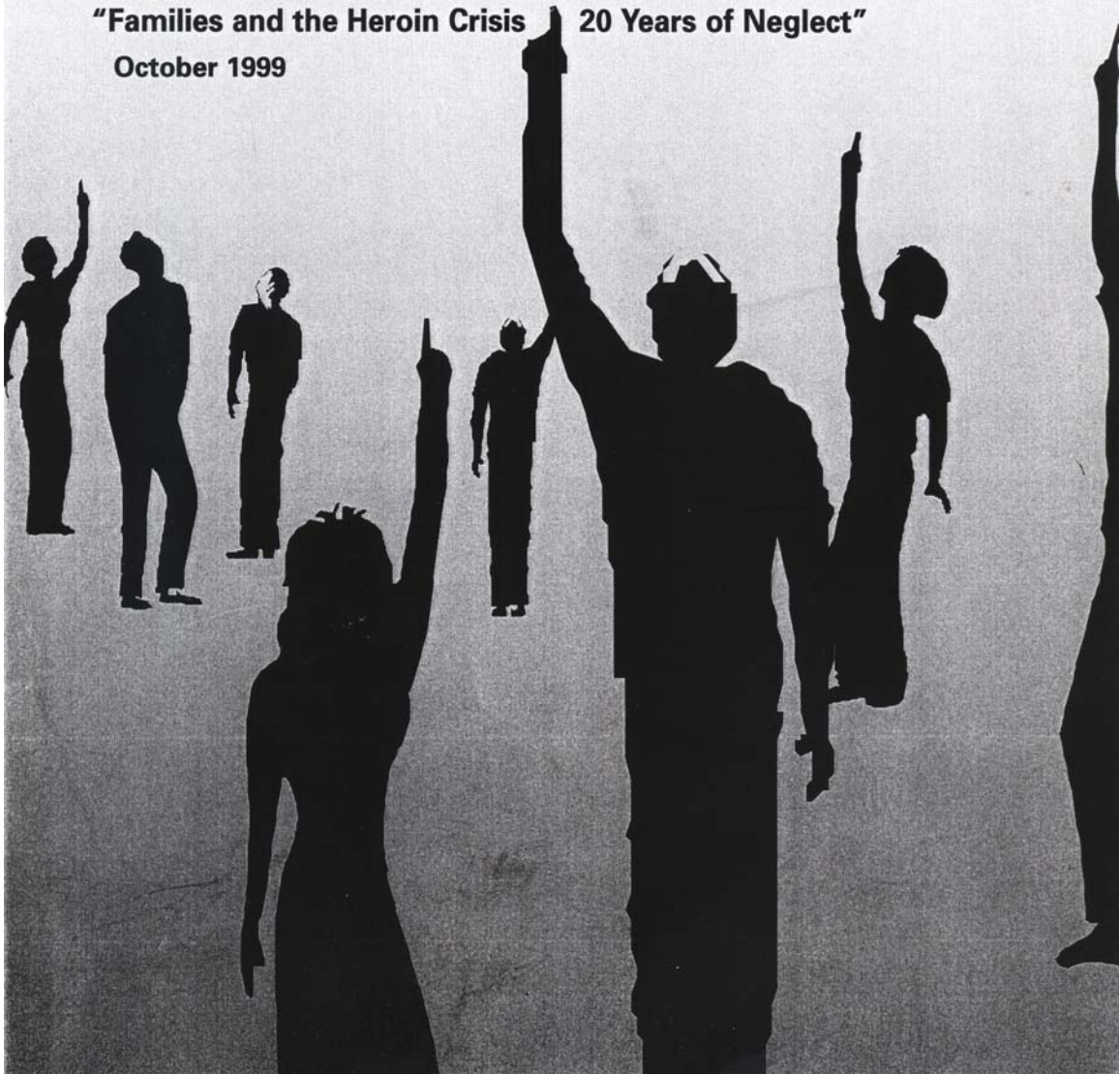


the **TIP** of the **ICEBERG**

A Report from the Conference on
"Families and the Heroin Crisis 20 Years of Neglect"
October 1999



Introduction

A two day conference entitled ‘Families and the Heroin Crisis – 20 Years of Neglect’ was held in Dublin in October 1999. The conference was organised jointly by Community Response and Citywide Drugs Crisis Campaign to build on the work of the Community Response Family Project.

Community Response is an organisation based in the South Inner City, which operates from a community development philosophy that addresses the links between social exclusion, drug misuse and health issues in the community. Community Response has been running an EU Integra Family Project which works with families affected by heroin use and related health issues, against a background of continuing social exclusion. In its 1996 report *Dealing with the Nightmare*, Community Response outlined the scale of drug misuse and its impact on local families, estimating that nearly one third of families in one local authority flat complex were living with heroin use.

The Integra Family Project is an innovative approach which aims to involve families of drug users in developing their own skills and resource materials within an overall context of influencing policy, both in relation to families and health issues. The Family Project evolved from a previous project when the play *Taking Liberties* was devised and performed by Inside Out Theatre Co. with Tenderhooks Drama Group, a group of local women who are mothers of heroin users. The play toured community venues, proving to be an effective social animation tool and an empowering experience for participants and audience alike.

Citywide is supporting the work of Family Support Groups from right across Dublin, by providing them with a network through which they can support each other and share experiences. Many of the groups are new and small in numbers and need the active support and encouragement of other groups. The emergence of Family Support Groups is seen by Citywide as one of the most positive aspects of the community response to drugs.

Citywide and Community Response share the commitment to making links between community development activity on the ground and policy development at local, regional and national level. The two organisations came together to organise a conference which will allow the experience and learning of the Community Response Family Project to be shared with other communities and presented to policy makers.

Background

The heroin problem first hit Dublin in the early 1980s. The Bradshaw Report, which came out in 1982, showed that in Dublin's North Inner City 10% of young people in the 15-24 age group were using heroin. This was worse than the situation in many of New York's most notorious ghettos. Following the publication of this report, a Task Force was set up to look at what should be done about the problem. This Task Force, which reported in 1983, recognised the links between drug use and poverty and proposed a programme of investment in youth and community facilities in an effort to deal with the problem. What happened? The Task Force report was never published and the recommended actions never took place. Dublin had to wait until 1995 and the setting up of the next Ministerial Task Force on Drugs before any serious attempt was made to address the drugs issue and its devastating effects on local communities.

What happened in the intervening years? The problem of heroin use spread from the Inner City, where it had been concentrated, out to every marginalised community in Dublin. With the absence of a state response the burden of dealing with heroin and its devastating consequences fell back on the families and communities most affected by the problem. These were the same communities already struggling with the problems of unemployment and economic marginalisation and the lack of state investment and services in the communities. By the early 1990s many communities were involved in the struggle to develop responses and were calling on the state to work in partnership with them. Community Response held a conference in 1990, which highlighted the need for people concerned about the problem to leave other agendas aside and work together to bring about solutions. And still through all this, families continued to suffer, to struggle and to cope somehow.

Community Response was taking on board the experiences of family members of drug users in the South Inner City, and, as a result, the Family Project was set up. The work of the Family Project is about both looking back and looking forwards. Looking back involves an acknowledgement of the years of neglect that families have experienced and the legacy that that has left, both for families and communities. That acknowledgement is extremely important for the families - their own words express many of the feelings that are a legacy of the past twenty years of neglect; these include:

the children playing amongst the syringes

the endless hospital visits, the endless prison visits

the deaths not counted, the coffins, the funerals

the harassment, the raids

the slogans all around 'Pushers Out' 'No drugs here'

the tension in the stomach, the pain in the head

the daily drudge

'make an appointment', 'there's a waiting list'

the sense of loss, the sense of fear

a community turning in on itself, the "vigos", the police

what about the kids, what about the grannies? 'no golden years for us - another generation of childminding'

the needles, the phy, the Valium, the feeling of being absolutely drained by it all.

These voices need to be listened to, these experiences acknowledged; but families are also looking forward, looking at what needs to be done in the future, looking at how we can learn from and build on their experience, looking at how we can build partnerships and alliances for future development. A report prepared for the Dept. of Health in 1999 estimates the number of opiate users in the Dublin area to be 13, 460. Just think of what this means in terms of family members and friends affected by the problem and it gives some idea of the extent of the problem. The development of the Citywide Family Support Network meant that more voices across the city were being heard, and more voices wanted to be heard. Community Response and Citywide came together to organise a conference that would allow a conversation to take place between the members of the Community Response Family Project and other families from across the city; that would allow the experience, the learning and the work of the Family Project to be shared with others. The conference was to be based on the work of the Family Project, seventeen local women who have personal experiences of living with the heroin issue. They were facilitated and supported in their work by a team of between twelve and fifteen workers employed through Community Response. The resource materials produced by the Family Project are outlined on the next page.

The **theme** of the Conference was drugs, social exclusion and health issues - the right of families to respond and their need to be supported in that response.

The **purpose** of the Conference was to enable families of drug users to articulate their views in relation to service development and policy and for those views to be heard and discussed by the policy makers.

The **target group** for the Conference was members of family support groups from across Dublin and representatives from the relevant statutory agencies.

The **structure** of the Conference was highly participative and interactive, building on the resource materials which have been produced by the Family Project. The conference used the materials, and people's interaction with those materials, as the basis for discussion and debate, rather than having formal speakers.

On the **first day** of the conference, people went into themed workshops which were made up of two parts. In the morning session, people got an opportunity to listen to, watch or read the materials and to highlight the issues arising for them from the materials. In the afternoon, there was time for more detailed discussion of the issues arising and each workshop was asked to put forward the key issues emerging from their discussion.

On the **second day** of the conference, the morning was organised to allow people to experience all of the materials which were not part of their workshop on day one. Workshops then took place which were asked to focus clearly on developing an action plan around the issues which were identified in day one. The Conference concluded with feedback to the wider group on the action plans from each workshop. The material from the feedback has been drawn together into the overall recommendations from the conference.

The Resource Materials

Taking Liberties/Taking Action

A video and manual produced by the Family Support Group and Tenderhooks Drama Group, based on the experiences of five women who are mothers of heroin users. It is based on the play 'Taking Liberties' by Inside Out Theatre Co. which has been running for a few years.

Ring a Ring a Rosie

A comic produced by the Four Seasons Family Support Group regarding the effects of drug use on a particular family.

The Ups and Downs of Molly Phy

An information booklet on heroin and methadone written from the perspective of drug users' partners. This support group call itself the Spontaneous **Six**.

You must ask questions

A set of audiotapes on Hepatitis C and how the body works, produced by two women from Dolphin's Barn.

In your own voices

3 video health messages are included on methadone, hepatitis and the effects on families. These are included on the new Community Response video 'Let's Get Real.'

A paper focusing on the pre and post natal health needs of female drug users

Produced by the Family Project in collaboration with The Mercy Family Centre, the Coombe Hospital and the EHB Community Care Team.

The creation of these materials has been innovative both in the product and the process. In relation to the product, there is material which is immediately relevant, understandable and accessible to families of drug users and local communities in a way that a lot of health and information material around drugs has not been in the past. What is highly significant is the process, through which the family members, as people living with and most affected by the drugs problem, have produced these materials themselves. It is their voices that are now being heard, voices that have not been heard in the past. This conference report is based on their voices.

It is important to re-emphasise that this conference is not a stand alone event, but rather one part of an ongoing process that has begun with the work of the Family Project and will continue to grow and develop in the future through the Family Support Network

The conference has been planned over the past year by the members of the Family Project and there have been a number of sessions and workshops during the year which have contributed towards the conference structure and agenda. The issues and themes which form the conference agenda were identified directly by family members and arose directly from families' experiences. This conference is about their issues and their experiences.

Workshop themes

The three themes for the workshops were as follows

Theme 1	Drug Use and relationships - parents and partners.
Theme 2	Hepatitis C - a community health campaign.
Theme 3	Community responses; the effects of state neglect and case studies on some ways forward.

The following reports on the workshops include:

- Naming the resource materials used
- Summarising the workshop discussions
- Identifying the key issues arising from the discussion.

Theme 1 - Drug Use and Relationships

Leader:	Kay McEnroe
Resource material:	Taking Liberties/Taking Action The Ups and Downs of Molly Phy

The video from the pack Taking Liberties/Taking Action was shown; this is based on excerpts from the play 'Taking Liberties.' The play explores the effects on a family when one member is addicted to heroin. The Ups and Downs of Molly Phy examines heroin and methadone from the perspective of partners of heroin users. The group listened to some of the poetry from the booklet – here is an example.

HEROIN

Starts off with smoke a few lines
One Q turns to two
And so on

Then it gets to the stage when
You feel you're not even there
Anymore

It's like they put that first
There are times I would love to grab hold of him,
Take him from his body
Make him look at what he's doing
to himself
to me

And going out at the weekend only
To find all the couples sitting having
A chat and a drink
And there you are
On your own again

The ensuing discussion focussed generally on the need for family support while the workshops focused more specifically on the issues within family support. There were three workshops under this theme heading

The role of men in the family in relation to the drugs issue

The experience of partners of drug users

To explore what it is we mean by family support.

Workshop 1 – the role of men in the family in relation to the drugs issue: to explore in what ways men are involved; both positive and negative responses.

Facilitators: Maggie Byrne and Rose Duggan.

The subject was explored by using a section of the pack Taking Liberties/Taking Action ‘May the Mother; Paddy the Father.’ There was discussion on the different responses of men and women to heroin use within the family. The general view was that women take on most of the worry, look for help for the drug user, try to fix things up, often hide things from the husband/father, try to keep the peace, talk to friends and others, buy phy or heroin, and accept behaviour that is not alright. Generally they forget to look after themselves and become exhausted trying to control the situation.

Overall the view was that the men/fathers become more isolated within the family. They sometimes feel there is no place for them, it seems they lost both their partners and children as the situation develops. They feel they have let the family down and yet have to keep up the macho image. Secrets are kept from them within the family and they generally do not talk to people outside the family about what is going on. They would rather be anywhere than at home. Men are also more likely to get involved in responses such as patrolling and marching.

Within the family as a whole it is clear that all of the relationships are changed by the effects of having a heroin user within the family.

Issues arising

There is a need to identify and respond to men’s needs around coping within the family. There is a lack of involvement by men in existing support groups and specific support groups for men need to be looked at.

There is also a lack of involvement by men in community groups and activities generally and strategies need to be developed to involve more men. The potential of sports based activities needs to be looked at.

Workshop 2 – the perspective and issues of partners of drugs users,’ to get into the shoes of partners, feel what it is like for them and then, out of that experience, to give some suggestions as to how to address the issues for partners.’

Facilitators: Siobhan Gannon, Mary Brannigan, Phyllis Connolly.

The range of thoughts and feelings that partners feel were explored. These included

*all he is thinking about is his drugs and all that goes with it
I have all the responsibility for the children,
the bills
the grief
dealing with the neighbours
social services, the police, the vigilantes
the thought of having responsibility for all of it and yet having little control or say in any of it.*

Feelings named included anger, rage, despair, disgust, confusion, terror, shame, fear, isolation, dejection, trapped, love and hate, hurt and rejection.

Issues arising

There is a need for services for partners as well as for drug users.

There should be a confidential free phone service for partners.

The communities in which the partner lives need to be more informed about drug use so that attitudes will be more supportive.

There needs to be a specific programme of support for young people living with drug use. Activities, peer support and counselling could all be part of a programme.

A range of support services is needed for families to meet needs at different stages e.g. mother and toddler groups, creches, respite care. They need qualified staff, but also need local people to be trained.

Workshop 3 – to explore what it is we mean by family support, what is involved.

Facilitators: Maureen Warren, Kay McEnroe.

A range of discussion was facilitated. The phrase ‘Getting your own life back’ emerged very strongly from the discussion; this is what family support is about for family members - getting your own life back. Possible sources of support that would help with this include the following: involvement with support groups, getting support from family doctors or priests, groups like NA, addiction counsellors. People identified having friends to talk to as a key to getting your life back.

The discussion on family support is one side of a coin which has services for drug users on its other side. The term ‘family as a resource’ encapsulates much of the discussion. Families should be seen as a resource in the development of services for drug users; the involvement of families can make a major contribution to the effectiveness of these services. But there has to be openness to the involvement of the family and families need support to get involved. Supports needed to facilitate this involvement include sibling support, creche facilities, education for families, family counselling, family therapy and other forms of support, such as involvement in drama or the opportunity for family breaks.

The development of comprehensive and appropriate services for drug users is a key issue for families - some of the needs identified include alternatives to methadone, more detox beds, adequate aftercare services, links between services inside and outside of prisons and improvement of treatment facilities in prisons.

Issues arising

The key role of families needs to be recognised-both as a resource in dealing with drug use and their own needs for support.

Facilities for drug users should include rehabilitation and aftercare - many families are trying to carry out these tasks at the moment.

There is a need for access to more information, awareness and education on drugs for families and young people.

Theme 2 - Hepatitis C - a Community Health Campaign

Leader: Robbie Byrne

Resource material: The Ups and Downs of Molly Phy
You Must Ask Questions
In Our Own Voices

An article published in *Addiction* (November 1998) stated that Hepatitis C amongst injecting drug users will create a huge health burden for the future. There are no accurate statistics available at the moment, but estimates of hepatitis infection amongst injecting drug users range from 60% to 70% (newer users) to 90% (longterm users). Hepatitis is therefore a key community health issue in communities affected by heroin use and the work of the Family Project clearly identified the need for a community health campaign on hepatitis.

There were 4 workshops under this theme heading

What is a community health campaign?

How people can become involved in community health campaigns

Options for families and communities around health

Safer injecting workshop.

Workshop 1 – What exactly do we mean when we talk about a community health campaign?
What are the components that make up a community health campaign?

Facilitators: June Colgan and Anna Quigley.

The group had an initial discussion on previous health campaigns that they would have experienced e.g. anti-smoking campaigns, drink driving campaigns etc. People's view was that these campaigns didn't necessarily change behaviour i.e. people are still smoking, even though they are aware of the potential consequences. However, people did feel that constant repetition of a message does eventually have an impact. People should be given information, even if it appears that they are not listening.

The groups talked about their own experiences of running information days in the community where there was very little interest shown by people and they felt that the people who needed the information didn't show up. However, it was agreed that even if a small number of people in a community show an interest that they should have the information and the training to use it. Eventually this will begin to spread out into the community.

Community health campaigns are not just about information. Yes, accurate, accessible information is very important and the materials produced by Community Response are very effective. But we also need to look at the reasons why people engage in behaviour, like drug use, that is bad for their health. A lot of the reasons are connected with the stress that people experience in their every day lives and their lack of alternatives for dealing with that stress. A community development strategy is needed which develops and supports peoples' capacity to participate in their community and offers them access to opportunities for dealing with stress and other issues in their lives. This kind of community development strategy is just as much part of a community health campaign; it is about people's well-being in their community.

Issues arising

Clear and accurate information on drugs and health issues should be available in all communities and local people should be involved in making that information available.

Even where communities do not appear to be interested, there should be a small core group of people who are trained and informed and in the longterm this will have an impact.

The information needs to be backed up by broader community development strategies i.e. development of community education, training and facilities.

There is a need for clear information on how hepatitis could impact on someone's employment and what people's rights are in this situation.

Workshop 2 – How can people in local communities become involved in community health campaigns? This workshop focused on how people receive information.

Facilitators: Debbie Mulhall and Robbie Byrne.

The group listened to three specific pieces from the resource materials

- a) Jimmy's story (Jimmy is on Interferon)
- b) Anne's story of how she became addicted to heroin
- c) The story of Liam the liver and the work it does in the body.

After listening to the pieces, the group were asked the following questions - what did you think? What did you feel? What did you hear? Following these conversations, the group broke into two and made two short tape recordings themselves. This exercise gave the group some idea of the difficulties that people have in hearing and receiving information.

Issues arising

There is a lot of fear, confusion and lack of understanding involved when people are receiving information from doctors.

It can be very difficult for people to pass on information about what is happening to them to family members and friends.

People in local communities need accurate and up-to-date information so that they can make real choices around their health issues.

People need training and support so that they can become involved in the process of making their own materials.

Workshop 3 – There is a range of options and approaches which can help families and drug users to cope better with their situations. However, people in local communities do not generally have access to information and knowledge about these approaches e.g. acupuncture, Chinese medicine. This workshop aimed to give people a very brief introduction to Chinese medicine.

Facilitators: Anne Ryan and Bernie.

People in the group started with an opportunity to experience Chi and did some relaxation exercises with ear acupuncture. Following this, they broke up into small groups to talk about what the experience was like and how accessible they found the information that they were receiving. People's response to the experience was very positive and they felt that they should have an opportunity to learn more and experience more options in relation to their health care.

Issues arising

Local communities do not have information on and experience of disciplines like Chinese medicine.

They need access to more opportunities for information and experience.

Workshop 4 – The ‘choices in injecting’ workshop provided people with a role-play in which they worked on preparing a hit of heroin for injecting.

Facilitator: Paul Wells.

Each member of the group was given a bag, which contained all of the elements needed for preparing a hit. However, there was one essential item missing from each bag, so each person had to borrow one item from somebody else. The purpose of the workshop is to inform people about the whole range of choices that are attached to safer injecting and then to look at what that means for the policies that are pursued in relation to harm reduction.

Issues arising

Harm reduction policies generally focus on needle exchange. However, the workshop clearly demonstrates that there is a whole set of paraphernalia that needs to be taken into account for safer injecting.

Safer injecting is a community health issue as well as an issue for individual drug users.

Theme 3 – Community Responses - the effects of state neglect and case studies on some ways forward.

Leader: Brid Burke, Barbara Bergin.

Resource material: Video ‘Blowing the Image’ (prisoners in Mountjoy)
Video ‘Work in progress’ (Mercy Family Centre)
Input from Melinda Hughes re pregnant drug users
A Millennium poem for Dublin by Mick Lacey

The theme was introduced by a long poem which chronicles the history of Dublin, including the history of diseases, from bubonic plague to TB to rickets to HIV and hepatitis. Next people looked at the video ‘Blowing the Image’ which is a play about HIV and AIDS in Dublin in the late 80s and early 90s, told with and from the perspective of prisoners in the Separation Unit in Mountjoy. The video ‘Work In Progress’ shows the work of a local Family Centre and reflects on the history of services in the area. The input by Melinda Hughes reflected on how women drug users who are mothers want to be responded to as people with varying roles rather than just as drug users.

There were 2 workshops under this theme heading

- 1) Issues of pre and post-natal care for pregnant drug users
- 2) Strategies for change within communities.

Workshop 1 – Issues of quality health care for female drug users, focusing on the pre and post-natal health care needs of drug using women.

Facilitators: Chris McCarthy, Loreto Scanlon, Melinda Hughes.

This group looked at a paper which was prepared by a working group representing both voluntary and statutory service providers. The paper explores the difficulties experienced by pregnant drug using women and highlights the barriers to effective service delivery. The paper looks at two case studies; one the Public Health Service and the other, the Mercy Family Centre in Brown St. The group looked at the profile of a pregnant drug user and then at the range of services that she may be in contact with. These services would include medical services, social services, childcare

services, pregnancy services and drug services. The group looked at how these services respond to the woman and her needs.

The group then went on to look at what the components of a quality health care plan would be for a pregnant drug user. It was felt that services need to be more preventative, rather than dealing with people as problems, when problems arise. These preventative services should be based in the communities in which the women are living. There also needs to be many more links between services, given the wide range of services that are involved with the pregnant drug user.

Issues arising

The approach adopted by the Working Group in bringing together community, voluntary and statutory services needs to be built on and developed.

Pregnant drug users are primarily seen and treated as drug users. This needs to change to seeing them as women who have a range of support needs, which include their drug use and their pregnancy.

Workshop 2 – Strategies for change; the process of creating community health messages; local empowerment and the wider context.

Facilitators: Barbara Bergin and Mary Carney.

In this workshop participants looked at the community health messages ‘In Our Own Voices’ and the group explored the process through which the messages were made. The process involved a number of stages; it started with a group of people coming together through the Family Project and identifying common experiences. They went on to research the facts, examined what different groups in our society might feel about the issues; they found ways of translating the medical information into understandable language. In the process the participants gained skills in research, video, decision making and team work; above all it was an empowering experience for people to see their own experience translated into a meaningful message for other people.

The workshop then looked at a typical health promotion advertisement. This ad would have been produced by an advertising agency at quite a high cost. The ad led to some discussion around the effectiveness of scare tactics in advertising. General experience in the group is that this doesn’t work. The group also felt that there was a lack of clarity in this ad about whose perspective was being put forward and who exactly the message was targeted at.

Issues arising

There is a need for the people who have most direct experience of the drugs issue i.e. drug users and their families, to be involved in the design and development of health promotion materials.

There is a need for the Health Promotion Unit and local communities to work together on developing materials and local communities need access to health promotion budgets.

Developing health promotion materials as part of a community health campaign is an important and effective empowerment process for local people.

Recommendations from the Conference

Three key themes run through the recommendations from the conference:

education, training and support services for communities

networking amongst communities

developing partnerships with statutory agencies.

First, resources need to go into local communities to enable families to access the education, training and support services that they need. Secondly, families and communities need to be resourced to develop networks, which enable them to support each other, to share experiences across communities and to work together on common issues. Thirdly, effective partnerships need to be developed between community, voluntary and statutory agencies in developing the services which are needed to meet the needs of families.

The following recommendations were made:

Family support

- Family Support Groups should have access to funding where they need it. Potential sources of funding include the Health Boards and Local Drugs Task Forces. The needs of families need to be addressed as part of the new Task Force plans.
- The rights of families and the issues for families need to be made explicit in the National Drugs Strategy and in policy documents drawn up by the Health Boards and government departments such as Health, Justice, Education and Social, Community & Family Affairs.
- There needs to be funding to facilitate networks of support groups so that they can continue to come together to support and learn from each other. Potential funders include the Health Boards, the DSCFA and Dept. of Tourism, Sport and Recreation through the National Drugs Strategy.
- Family support work needs to address a range of needs i.e. parents, partners, siblings, grandparents, friends.
- The attitudes in communities need to be supportive of families. Changing attitudes involves a strategy around more community education and awareness around drugs and related issues and challenging of intolerant or intimidatory responses.
- A series of events e.g. commemoration services, should take place in communities across the city to highlight issues for families and celebrate achievements to date.

Community health campaigns

- A forum should be set up involving EHB, Dept. of Health, Dept. of Education and communities to evaluate previous health campaigns and to look at community based alternatives.
- Resources should be allocated from existing state health promotion budgets to support the work that is taking place at community level.
- Local people need access to up-to-date information on health issues in order to develop strategies for health campaigns at local level.
- Community health campaigns should be developed as part of an overall community development strategy in local communities. Health issues should be seen as belonging to people in the same way as other issues such as unemployment, facilities, services etc.

Hepatitis

- There is a need to establish a partnership Working Group drawn from communities and the Health Boards to look at the issue of hepatitis.
- The knowledge and information on Hepatitis that has been gained by the Family Project through their work should be shared and disseminated through a range of local strategies e.g. articles in local newsletters. . sessions with local projects and groups etc.
- The kind of materials produced by the family project on hepatitis should be made available to other communities by redirecting some existing health promotion funding.

Service development

- The concept of aftercare for drug users should be broadened, both to recognise family as a resource in aftercare provision, but also to offer support to family in aftercare situations.
- Families have a key role in facilitating and supporting the drug user to reintegrate back into the community and this role needs to be recognised and supported.
- There is a need for more information and training for local communities in alternative therapies such as acupuncture.
- A joint pilot project should be established by Health Boards and local communities to look at the effectiveness of alternative therapies as part of drug treatment and aftercare.
- The lack of childcare facilities is a general problem for communities. Drug users and their families have particular needs around childcare which need to be taken into account as childcare strategies are being developed.
- Services for pregnant drug users need to develop in a way that concentrates on the woman's overall well-being and not just her drug use.
- There is a need to develop respite services for active drug users and for families.

Evaluation of the Conference

One of the key challenges in organising this conference was to ensure that the target group i.e. family members of drug users, were fully involved in every aspect of the conference and that the conference was organised and run in a way that was relevant, appropriate and accessible for people. In order to evaluate how effectively this worked, a small number of participants from other communities were asked to come together for a facilitated discussion about their experience of the conference and issues arising from that experience. This session was taped to form part of the audio documentary and the key points from the evaluation are summarised as follows:

- The materials are both relevant and informative for people and are of a very high standard.
- The format of the workshops, which was based on the materials, allowed everyone to experience the materials for themselves and this was very useful. People felt very involved and included in the workshops.
- The overall atmosphere of the conference was very welcoming and encouraged people to get involved. People enjoyed a conference that was about hearing voices and experiences that are the same as their own, rather than hearing from 'experts'.
- People felt that there was a lot of learning from each other and again it is significant for communities to see each other as a source of learning.
- It was clear to people at the conference that producing the materials was a very empowering process on many levels for the members of the Family Project. This is something that people will bring back to their own communities.
- The people from the Family Project who facilitated groups for the first time at the conference found the experience to be an important one for themselves and it has helped them in developing their skills and confidence.
- Overall, people felt that both the work of the Family Project and the conference have validated the strengths of the community, and have demonstrated the empowering process involved in people producing their own health materials.

Conclusion

The organisation of this conference brought together two groups, Community Response and Citywide, who are committed to a community development approach to the drugs crisis. This means involving the people who are most affected by the problem in developing the solutions; it also means recognising, acknowledging and validating their experiences. The work of the Community Response Family Project is a powerful affirmation of the effectiveness of community development strategies around drugs. Through the project, the voices of families are being heard and innovative responses are being developed.

One of Citywide's key roles is to facilitate communities in sharing experiences and learning from each other and in developing common actions. Citywide could clearly see the value of sharing the innovative work of the Family Project with other family support groups who were getting involved with the Citywide Family Support Network. The members of the Community Response Family Project have shown an extraordinary generosity in sharing the results of their work with others and the success of the conference is very clearly based on their commitment and dedication to their work over the years.

One of the key features of the conference was the level of involvement by the target group, through the Family Project, in the planning, organisation, facilitation and running of the Conference. The Family Support Network proved an effective means of contacting the target group i.e. families experiencing the drugs issue, in other areas across the city. The conference itself was designed in a way that allowed for maximum participation by all who attended. It also allowed for elements of relaxation, fun and informal contact, which were very much appreciated. The feedback suggests that this format worked extremely well.

The conference generated a huge interest in the materials produced by the Family Project. Community Response is now co-ordinating the circulation of the materials.

Finally, in relation to the recommendations which have emerged from the conference, Community Response and Citywide are continuing to work together to progress the implementation of those recommendations. As stated earlier, this conference is neither a beginning nor an end, but part of an ongoing process that began with the Family Project and will continue to develop through the Family Support Network. The voices that speak through this conference will continue to speak - the challenge now is to ensure that the wider community and the policymakers listen to the voices and learn from what they have to say■

*'Before I came to Family Support, I wouldn't have been able
to speak at a meeting without crying.'*

*'I was ashamed to go to meetings. You lose all that. You learn
that you re not the only one.'*

'It does you good to talk to someone outside your own family.'

'Its expressing yourself. Living now. It brought me back to life.'



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