# "…ONE STEP AHEAD OF WHERE I WAS"

**An overview of the development of peer support training in
The
Ana Liffey Drugs Project**


**By
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**TABLE OF CONTENTS**

# SECTION ONE: INTRODUCTION

**INTRODUCTION**
In 1982, the Ana Liffey Project was established as a response to the increasing problem of drug use in the north inner city in Dublin. The incidence of drug use had escalated and the founding aim was to work with drug users in a non-judgemental manner and to assist them in reducing the harm associated with drug use.

A drop-in service was established where drug users were welcome to access the service irrespective of their particular drug habit. It was a means whereby people using drugs could find information on how to reduce the health risks associated with drug use in a friendly, non-judgemental environment.

Since its inception, the service has continued to expand and develop with the numbers of people availing of the services increasing all the time. More recently the drop-in service has undergone some changes with informal support being supplemented by a women's drop-in, a literacy programme and a regular open forum where those using the drop-in can join in discussions on a variety of relevant issues. Running parallel to the drop-in is a counselling programme, a visiting and educational programme in the prisons, a family outreach service and a community outreach programme. A range of groups including a newsletter group and a parents group are also supported. A more recent development has been the introduction of a children's project which includes a childcare training course which leads to NCVA accreditation.

Ana Liffey can date its European funded training programmes for drug users back to 1993, when it co-ordinated a training and development programme under that name of VISTA. Many valuable lessons were gained from this experience and the organisation realised it had built considerable expertise in delivering relevant training to people using drugs. In 1996, the Ana Liffey project again made a successful application to the EU Horizon – disadvantaged Programme. The initiative became know as the Project Asterisk and was funded for two years. The focus of the work was to utilise drug user's own experience, knowledge and skills with regard to drug use and the harm and risk associated with drug taking. This might potentially be a means of encouraging participants to become peer support workers or peer educators.

As part of the programme, Community Action Network was asked to undertake an external evaluation which would assist in helping the Ana Liffey staff to think through and plan the emerging new project. The interim evaluation report (March 1997) emphasised the need to further develop the peer support concept based on clearly agreeing procedures for the intake of participants and agreeing achievement criteria in conjunction with staff and participants for the programme. Issues such as effective time management and attendance were highlighted as basic requirements as was the need for a well-planned, follow-up programme. These were acknowledged and subsequent programmes attempted to address these issues.

In addition, it was stressed that the overall organisation needed to re-think its purpose and organisational structure and roles and responsibilities. A recently instigated "think-tank" structure was seen as a useful means of more clearly defining the organisation's approach and enhancing communication between staff and management council members. In March 1997, the acquisition of new premises was seen as an urgent requirement in the provision of relevant and high quality service for people using the project.

The external evaluation continued throughout the life of project Asterisk and was instrumental in assisting both staff and participants to think through the impact and future development of peer education. When the director and Project Asterisk co-ordinator resigned in mid 1997, the evaluator assisted the remaining staff and participants with the continuation of some highly successful European trans-national work in which Ana Liffey strongly influenced approaches to evaluation and to taking a more holistic view of approaches to drug treatment. The final written report was not completed as the organisation faced a number of upheavals as a result of significant staff changes.

Despite this, many useful insights were gained from Project Asterisk and the approach was further progressed by successfully applying to the North Inner City Drugs Task Force for continued funding. The peer support educational programme defined it's overall aim as follows:

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

Funding commenced in June 1998 with a target of approximately ninety people to complete a series of twelve week training programmes.


**THIS RESEARCH PURPOSE AND METHODOLOGY**
When the CAN research team met with the newly appointed director of Ana Liffey in March 1999, it was agreed that it would be useful if the evaluator Liz Hayes could use her experience of evaluating Project Asterisk as a starting point for developing an overview of the following three peer support programmes which took place between April 1998 and September 1999. Anne Colclough joined Liz as part of the research team in June 1999.

Following this meeting, a research outline was designed and the overall purpose of the research was detailed as follows:
- to review the experience of Ana Liffey in the development of the concept, the provision of training and the implementation of a peer support programme
- place this experience in the broader context of current thinking regarding the training opportunities for people using drugs
- assess the impact of developing the peer support approach on participants, clients in the Ana Liffey, staff and those directly involved in the provision of training for peer support workers.

It is hoped that the report will act as a stimulus and resource to other agencies involved in the provision of service to the drug community and that it will make specific recommendations of the further development of peer support in a broader policy context. As the research progressed, the researchers also addressed issues of integration concerning peer support within the Ana Liffey organisation.

In developing the methodology within the resources available for research, it became clear that more would be gained from the research if a collaborative approach between researchers and staff could be achieved. Staff within the Ana Liffey were keen to undertake some of the fieldwork, particularly the literature review, as it was felt that it would be useful to have a practical reason for researching material on peer support as reading normally goes on the proverbial long finger in the life of a busy project. It was also agreed that the researchers would design the questionnaire to interview course participants and a member of the Ana Liffey staff would conduct the majority of the interviews.

While this approach was born out of necessity due to a lack of resources, it is our view that it has the potential to create positive interaction, enhanced analysis and learning both for the organisation and the researchers.

The following methodology was used to gather information for this research:
- literature review of research on peer support and the current policy for service provision for training opportunities for people using drugs or for those undertaking recent withdrawal or maintenance programmes (to be completed by Ana Liffey staff)
- documentary analysis to include documentation from all three Ana Liffey peer support initiatives, annual reports and policy documents
- individual interviews with key people involved in the provision of training for peer support within Ana Liffey
- focus groups with staff in the Ana Liffey, people using the drop-in and participants in the peer support programme
- questionnaire to all participants who undertook peer support training within Ana Liffey (administered by Ana Liffey staff)
- discussion of findings in progress and the draft report with staff group.

Following the data collection phase a basic framework of analysis emerged. The report opens with a section on the overall context and then goes on to profile peer support participants. An overview of peer support is given under four headings: (a) contact (b) communication (c) community and (d) co-ordination. From this the conclusions and recommendations are drawn.

**A WORD ON LANGUAGE**
In writing about the world of "drugs" it is always a challenge to be sensitive to the way in which those using drugs are described. People using drugs find themselves being associated with stereotypical images such as "junkie" "addict". Also, wider society is often not too interested in educating themselves about the lives of the people behind the labels.

This report contributes to an ongoing process of demystification regarding drug culture and is describing the very human experience of those living in this culture and those who work along side them offering support and motivation. In addition, the idea of harm reduction is a contentious issue because on some fundamental level it accepts the reality of drug culture which requires a variety of responses.

For this report, we interchange the terms such as "people who use drugs" with "drug user" with "participants" and occasionally we use the term "client" as this word is common usage by staff in the drop-in. But in using any of these terms, we speak first of a person and then of their social behaviour.

# SECTION TWO – CONTEXT

## INTRODUCTION

The Ana Liffey Drugs Project uses a client centred approach which is largely informed by community development principles. Such principles promote the idea of working alongside people in a way that values their personal experiences as a means of initiating change at both an individual, community and wider policy level. A cornerstone of a community development approach is the idea of working with groups of people and a recognition that social inequalities exist as a result of how society is organised and therefore need to be constantly analysed and challenged.

Given this emphasis on analysis, the staff in Ana Liffey contributed to the research process by reviewing the current literature regarding the social construction of drug use and the theoretical basis for the idea of peer support among drug users. Their findings along with a brief summary of the Ana Liffey organisational context form the content of this section.[1]

## QUESTIONS OF IDENTITY

The Ana Liffey staff found that any discussion on peer support inevitably forced them to look at questions of identity and the place of drug users in wider society at the end of the twentieth century. Traditional models of identity emphasised identity as some integral state but failed to fully take account of ethnic, racial or national conceptions of identity. The concept of identity was also seen to be effected by what happens at an unconscious level and therefore is also understood in a very subjective manner.

Moreover, questions of identity require an analysis of specific historical and institutional practices which includes examining how power is used and appropriated within society. In other words any discussion of the place of people using drugs in society also involves a political analysis of how wider society is organised.

Increasingly, we realise that issues can no longer be isolated from the social context or from the dynamics of relationships which emerge from a more complex understanding of what identity means. For example, the Ana Liffey staff pointed us to literature illustrating the marginalisation and social stigma affecting drug users. They quote empirical evidence on the marginalisation of drug users in Ireland. In a recent study of Irish attitudes the category "Drugs Addict" was found to be one of the most stigmatised identities in contemporary Ireland. Of sixty-two identity categories "Drug Addict" was ranked sixty-one just above "Provisional IRA" who at the time of the research were not on cease-fire. MacGreil who carried out the study went on to conclude that:

> "When one considers that many may be victims of circumstances and in need of extensive social support, the appalling severity of such public attitudes becomes more apparent."
> (MacGriel 1996 pp 342)

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[1] See appendix for the full literature review.

## A CHANGING WORLD

In considering models of education which might inform the development of a peer support programme with drug users, it also became clear that the emancipatory education models (e.g. ideas similar to those found in community development) which stress the importance of identity in social transformation are somewhat wanting as we face increasing globalisation and a greater sense of fragmentation and isolation. In short, the old ties of class and the nation state are exerting a diminishing hold on people's perception of themselves. Identity is becoming more a matter of lifestyle, and as such has come to take on a more fluid and fragmentary character.

> "In high modernity, the influence of distant happenings on proximate events, and on intimacies of the self, becomes more and more commonplace. The 'world' in which we now live is in some profound respects thus quite distinct from that inhibited by human beings in previous states of history. It is in many ways a single world, having a unitary framework of experience." (Giddiens: 1996 pp 5).

Educational approaches which are highly aspiational in character and which seek to link the struggles of all oppressed groups towards a fundamental social transformation may be a very necessary source of hope and strength in an increasingly fragmented world. However, hope needs to be balanced with practicality and a response to people's immediate needs. Therefore the Ana Liffey organisation is struggling to find a model of work which is both realistic in terms of the drug user's place in society and also makes a positive difference to that person's well-being.

## CLARIFICATION OF TERMS AND APPROACHES

When the Ana Liffey organisation developed the original Asterisk Programme with the aid of European funding it was promoting an idea that seemed to make "common sense" given the experience of offering a drop-in service to drug users, their friends and families. The ethos of the drop-in is to be "non-judgemental" and "client-centred" yet motivational in terms of supporting drug-users to deal with all aspects of their lives including their drug-use.

Given the organisation's exposure to drug treatment approaches at both European and National level, it was clear that most initiatives were premised on the basis of people working towards the idea of becoming "drug free." The peer support concept has at its roots, the idea of harm reduction.

The two words 'peer' and 'support' require some clarification. In the context of drug culture the term 'peer' is often associated negatively. What would ordinarily be seen as a system of mutual aid between people who occupy a shared social space and share some degree of common experience is often interpreted as 'peer pressure' or a means of reference, information gathering and social learning for the contingencies of a 'deviant career.'

Equally the term 'support' is often linked to ideas of self-help and mutual support. For example, the idea of mutual support most familiar to drug users is Narcotics Anonymous. While it operates form many egalitarian principles it does have a system of mentoring which could suggest some degree of a power differential between people as a result of how well they have coped with the experience of becoming drug free.

The ideological basis of peer support is fundamentally different in that Narcotics Anonymous advocates an **abstinence** model in relation to drug use whereas 'peer support' has **harm reduction** at its core. Narcotics Anonymous could also be described as an inward organisation given that its constitution and commitment to confidentiality means that it chooses not to engage in public debate. In contrast the idea of peer support includes an active engagement with external agents - service providers, policy makers etc – with the result that the 'message' of peer support can appear more immediate and piecemeal in content.

The approach of Narcotics Anonymous or peer support could almost be described as self help activities. Much discussion has taken place as to how 'self-help' is often associated with a 'disease paradigm'. Given that the Ana Liffey approach goes beyond the medical model and is more firmly rooted in analysing drug use from a community development perspective, peer support is presented as an 'interest group' which promotes a broader range of activities e.g. education, harm reduction, mutual support and political activism. However, it is the concept of mutual support which seems to have gained the most emphasis. Thus support happens through a dynamic meeting of the educator and the educated (those requiring education) where in the sharing of experience, each person becomes the educator and the educated. Within this, issues of community and equality are central to the process. The European Peer Support Manual highlights the idea that peer support is promoted through an education process. Hence the original Ana Liffey Asterisk Project eventually became known at the "Peer Support Training Programme."

**A MODEL OF PEER SUPPORT**

The idea of peer support has always been associated as part of a response to drug misuse. But the concept of peer support was galvanised by organisations in the Netherlands as HIV became more common and harm reduction interventions were introduced. Programmes were run by drug users themselves or by drug users in conjunction with professionals and eventually these programmes gained recognition and began to be funded by Statutory organisations.

Elements of peer support included:

**Acceptance**

Harm reduction training requires an acceptance and understanding of drug users as first and foremost 'human beings' who have an entitlement to the respect and rights afforded to all of human kind. Acceptance means acknowledging that people are free to choose the lifestyle they lead and that the consequences of that lifestyle will impact on both themselves and others. While the idea of harm reduction has really only become popular in the light of HIV/AIDS the concept of acceptance predates this. For example syringe programmes to prevent the spread of Hepatitis were being operated by a drug user interest group in Rotterdam in the 1980's. One can only wonder at how many lives could have been saved if this system had operated in Ireland at the same time.

The impact of **social influence** on attitudes and the promotion of **self-efficiency** through role modelling and skills training are also seen as key features of any peer support programme. The manual highlights a number of aspects which influence behaviour.

**Attitude**
Attitude shows how someone values a particular activity which is rarely logical or rational. Developing a picture of motives, ideas and beliefs regarding safer behaviour will assist a process of change.

**Social influence**
This could also be called 'local culture'. There are social activities that are accepted by our peers and to behave differently can incur problems. It is hoped that by providing drug users with the necessary skills to become positive role models then through social influence, this can impact on unhealthy drug use activity.

**Self-efficiency**
If a person is convinced and realistically believes that they can do something, there is a greater likelihood that they will. As people find the inner strength to believe in their own abilities, this will influence their willingness to undertake more difficult but safer drug using practices.

**Intention**
This refers to the actual wish to carry out safer behaviour. Two factors influence the strength of intention i.e. barriers and lack of skills. The lack of the necessary means can prevent a person behaving safely, so for example, clean syringes are not always available when they are required. Encouraging people to get extra syringes in case their peers are in need of them at awkward times or encouraging people to address the issue with the relevant authorities are ways of addressing this. In addition, people may not necessarily have the skills of such basics as safer injecting, safer sex and safer drug use so while the intention may be there, the skill to carry out the intention may not be available.

**External variables**
Issues relating to place of residence, age, gender, level of income, family networks, race etc are all external factors that effect the potential for change but are rarely within the influence of a peer programme. Equally the issue of how communities respond to drug users will also have an impact on the degree of change which can be expected.

The manual goes on to offer guidelines on the organisational aspects of running a programme and Ana Liffey has found itself addressing many of these issues as they sought to develop and integrate the programme.


**THE ANA LIFFEY ORGANISATIONAL CONTEXT**
One interviewee noted that if a person decides to use the Ana Liffey services – particularly the drop-in – then they really made the decision that they are a serious drug user!! The open door policy of accepting people where they are and working at the pace of change that the drug user instigates means that people who are not in a position to change through the use of other services are more likely to come to Ana Liffey for support, respite and social contact.

Working in this way often means that change is a slow process which will never resemble a pre-planned clearly thought out linear process which eventually reaches a desired goal. This presents huge challenges for the organisation in that what it offers is different from predominant models based on the idea of becoming drug-free. This impacts both on how the organisation is perceived and where it sees itself fitting with

the wider drug treatment scene. For example, the demand for a place where people using drugs can meet get a cup of coffee, access support and information is such that the drop-in regularly sees 60-100 people go through their premises on a daily basis.

The development of a peer support training programme emerged from the experience of the drop-in and from various attempts to politicise clients using group work approaches. The organisation realised the importance of promoting harm reduction practices. Several people who used the Ana Liffey services had the potential to make a positive contribution to the work of Ana Liffey while at the same time availing of opportunities to be more informed and get support to take steps towards personal change for themselves.

However, given that Ana Liffey tends to work with the "serious drug user" it is severely under-resourced and the challenges of the work puts severe pressure on the management committee and staff to deliver a relevant, consistent and high quality service. Despite these constraints, the organisation still manages to experiment with different approaches and is constantly seeking new ways of working with one of the most excluded groups in society.


**CONCLUSION**

In conclusion the modern world is fast becoming a global village. Events in one area of the world have global consequences. A person's identity linked to nation, class and culture was perceived as clear cut. Now a person's lifestyle determines their identity. Therefore the identity of the "drug user" as defined by lifestyle has taken on a global meaning.

The existing education models based on the old idea of identity are no longer relevant for a fragmented world. Educational models that are aspirational in character need to be balanced with practicality and a response to people's immediate needs.

The idea of using an educational model that does not require abstinence (e.g. like Narcotics Anonymous) but has harm reduction at its core is innovative. The model that emerged in the Netherlands to deal with harm reduction is known as peer support. This model deals with the drug user as they are and not as what they are going to become in the future. The Ana Liffey ethos and philosophy lent itself to offering this approach to its clients.

# SECTION THREE – THE DEVELOPMENT OF A PEER SUPPORT PROGRAMME

**INTRODUCTION**

This report has largely drawn on the material and insights gained as a result of the last three peer support programmes run by the Ana Liffey and funded by the North Inner City Drugs Task Force. However the story of peer support would not be complete without referring to the work carried out between 1996 and 1998 on the Asterisk project. During this time staff in the Ana Liffey took on an approach that built on the previous work of the organisation. Since that time the organisation has had to contend with the challenge of testing ideas and adapting actions as peer support participants, regular users of the service, staff and management come to terms with the meaning and action of a more complex way of working.

At the core of this experience lies a contrast that gives rise to a paradox. For four mornings per week there is a drop-in service which offers unstructured support to anyone who wishes to use the service. Few demands are made but if a client asks, staff are available to offer whatever assistance they can. At any one time, there could be thirty people socialising and chatting in the very small physical space used for the drop-in. Noise, busyness, the occasional crisis and lack of time characterise the space. At the same time, anything between two and fifteen drug users are upstairs – in an area normally reserved for staff use – working with facilitators, university lecturers, co-ordinators, community artists, nurses, evaluators etc. on some notion of harm reduction and personal development. Here demands are made, a contribution is expected and one can get access to information and learn new skills in a friendly, supportive atmosphere. And after all that, there will even be a party and a graduation ceremony where family and friends will recognise achievement.

This section gives a brief profile of participants and goes to describe the peer support programme using what the researchers came to call "the four Cs of peer support." We were anxious to avoid a linear framework that would suggest a step by step process with a beginning, middle and end. Our research indicated that this would not fit with either the ethos of Ana Liffey nor with the evolution of the peer support initiative which is based on an **action, reflection, learning action** approach. We finally decided on a series of inter-linking circles:

- **Contact** describes how people became involved in peer support, expectations and application process.
- **Communication** looks at delivery of course content and group dynamics.
- **Community** assesses how participants used new-found knowledge to interact with others outside of colleagues on the course.
- **Co-ordination** raises issues of how the courses were organised, staffed and evaluated.

The story would not be complete without all of the circles and as such we suggest that this model could be used for further planning and evaluation of peer support. And just as peer support in Ana Liffey is ever changing we found ourselves adding the additional C of context. The previous section illustrates the importance of taking account of where peer support fits with the bigger structural questions around how society is organised and of the need to place any intervention in some form of historical and theoretical context.

**THE C's OF PEER SUPPORT**
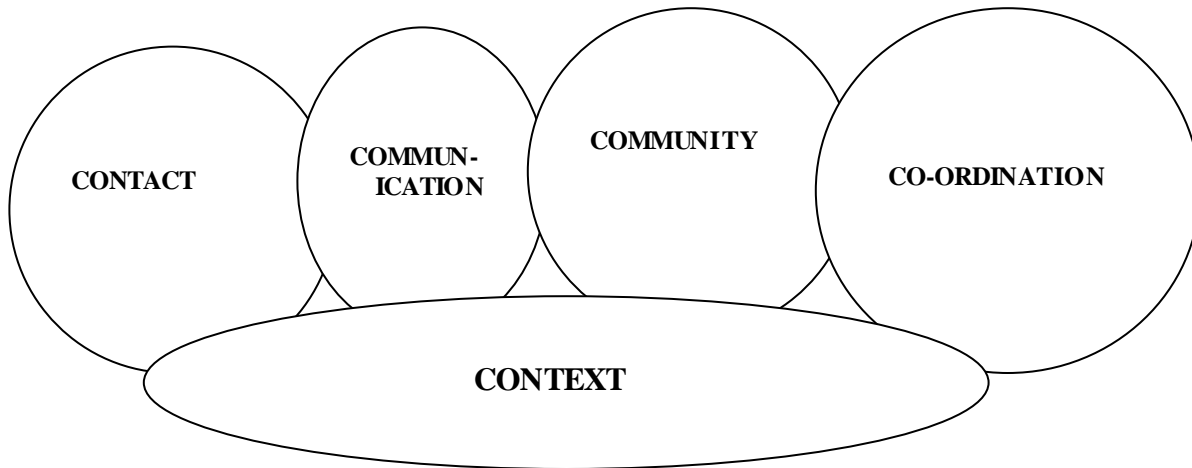


**PROFILE OF PARTICIPANTS**

One interviewee summed up the profile of participants involved in peer support as a "bunch of older unique, loud, gregarious people usually at the tail-end of de-toxing and generally in regular use of the services provided in Ana Liffey." In order to get individual perspectives from the participants, a questionnaire was designed comprising of both open-ended and closed questions and within that we sought some basic information about people's personal situation. The questionnaire went on to explore the following issues:

- views on course and its content
- experience of group work and conflict
- experience since completing the course
- links to Ana Liffey
- views on peer support as a concept

The findings form a primary source of material for this report. A brief summary of personal profiles are presented here.

The questionnaire was targeted at participants from the last three peer support courses. Sixty-three percent of graduates were interviewed and there was an equal balance of men and women.

**Q 1. Which peer support course did you do?**

|  | NO. 1 | NO. 2 | NO. 3 |
|---|---|---|---|
| Total who started each course | 16 | 16 | 15 |
| Total who finished each course | 8 | 10 | 8 |
| Total interviewed | 5 | 7 | 5 |
| Percentage finished | 62% | 70% | 62% |
|  |  |  |  |
| **Total percentage interviewed 65%** |  |  |  |

Respondents to the questionnaire were aged between twenty and just over forty years. With most falling into the twenty-five to thirty-four age group. All but one of those

interviewed completed a primary school education while two completed a secondary education. Five people said they did not attend secondary school and a further five only completed two years of secondary education. In our view, this confirms the need for the development of programmes based on the idea of relevant lifelong learning opportunities.

In terms of family background, the average size family that people came from was 5.5 and they in turn have created an average family of 2.3. Four participants had no children. Fifty-two percent of the children were in the eight to thirteen age range while eighteen percent were under three years. The importance of childcare provision and the value of developing work with a child centred focus is highlighted here.

The majority of people live in permanent accommodation with fifty-two percent in local authority housing while two lived in hostel accommodation. Everyone was dependent on state entitlements and fourteen of the seventeen interviewed had been in paid employment at some point in their lives. Jobs included factory workers, cleaners and porters and CE Schemes. People live on very low incomes and experience the many facets of living in poverty.

One third of respondents became involved in the drug scene by the time they were seventeen. At the time of the interviews, two people said they were clean while fourteen were on methadone maintenance. One person said they were back on street drugs. One interviewee dated their contact with Ana Liffey back to 1982 but most came in contact from 1993 onwards. The following table gives an overview of how people heard about Ana Liffey.

**Q 13. How did you discover that Ana Liffey existed?**

| DISCOVERED ANA LIFFEY THROUGH | TOTAL |
|---|---|
| Friend | 6 |
| Word of mouth | 5 |
| Partner | 1 |
| Sister | 1 |
| Counselling Service | 1 |
| Merchants Quay | 1 |
| Court | 1 |
| Came themselves | 1 |
| Homeless – Dropped in | 1 |

In summary all the participants have a shared history which means that they understand how others feel, think and operate. Given the overpowering importance of drugs in people's lives, one could see how important it would be to have a sense of belonging with a group of people who share a common experience. While everyone interviewed has a unique life story, they share common threads in background, education and history of drug use. The majority come from backgrounds which would place them within marginalised communities who already experience disadvantage and inadequate service provision. The use of drugs excludes people still further from their own communities and wider society. Peer support is one means of encouraging self-worth and confidence and enabling people to make a contribution to society again.

**CONTACT**

The concept of working with drug users in an educational setting where the focus is not entirely on their drug taking habits and efforts to get them to become drug free is quite unique. As one interviewee suggested it is much easier to get funding for training programmes if participants are deemed to be drug free. In the Ana Liffey context, the drop-in service became the main recruiting ground for potential participants although other drugs projects in the area were also informed. Staff talked informally to people, information sessions were organised and a simple application form was completed. (See appendix for copy of form). Most people sought help in filling out the form and a number of people got additional help as they had reading and writing difficulties. Applicants also completed an interview process.

Feedback from participants suggests that the application process was easy and was regarded as a formality rather than an assessment for suitability. It was a matter of "apply and be accepted." This perception may be due to staff wanting to encourage anyone who showed a level of interest in being a peer supporter. As one interviewee said "I was approached as a suitable candidate." Staff interviewed by focussing on people's strengths and for many this was a real acknowledgement.

> "When I passed, it felt like accomplishing something bit. The biggest thing in my life so far."

Discussions within Ana Liffey suggested that participants presenting for the peer support programme needed a lot more support and encouragement compared to the early days of peer support when potential participants were more highly motivated and better able to take part in the programme. Staff felt that several previous graduates had moved beyond peer support and the services of the Ana Liffey. There was a sense in which the current group of regular Ana Liffey service users needed a lot more support to get to the stage of being able to be in a group on a routine, weekly basis.

The application process is open and encouraging but participants also want to see getting through the application process as an indication of commitment and as a means of checking out if the programme is what best suits them at this time. From a co-ordination perspective, it is essential that potential applicants understand the expectations being placed on them. In our view, attention to this phase of the process could help to reduce the number of people who drop out at a later stage.

Analysis of the questionnaire and interviews with participants indicated that everyone expected to gain something from the course. A summary of the reasons given for doing the course were quoted as follows:

- to occupy time
- to do something new as had never done a course before
- to receive information
- to develop better communication skills
- to get confidence and self-development
- to get work or a work placement
- to get stabilised
- to receive counselling
- to just do what I had to do and learn what I had to learn

Most of what people wanted to gain was of a personal nature and only a few mentioned the aim of using new-found skills to look for paid work. While all of these expectations are perfectly valid, participants did not have expectations around building on their own skills and knowledge to become peer support workers. Later we will see how many of the participants used their new found skills to act as peer supporters but this was not necessarily the starting point for course participants.

Drug users are more used to hearing about programmes aimed at personal development or at encouraging them to become drug free. As one interviewee said "what other group in society would put up with having so much counselling thrown at them with so few practical outcomes!" Consequently, a course aimed at encouraging them to be information and support givers to aid harm reduction whilst taking drugs may be flying in the face of more conventional treatment expectations about becoming drug-free.

The researchers did not get an opportunity to talk to those who had dropped out of the course but we asked fellow participants for their views as to why people dropped out. The following reasons were given:

- "Classes- what they did not like they did not come in for."
- "Weren't properly medicated, either stoned or withdrawing, not stabilised."
- "Had no real commitment from the start."
- "Didn't want to get themselves together."
- "Were not ready for the idea of peer support."
- "Waiting outside for tablets."
- "They were not interested"
- "Wasted staff time and our time also."
- "They would not get out of bed."

In summary they were not ready for peer support.


**COMMUNICATION**

We used the concept of communication to analyse the course content and the group dynamics – including the relationship with staff and external tutors – within the twelve-week programme. The course ran on four mornings per week from 10.30 – 1.00 p.m. Attendance and punctuality were constant bug-bearers and caused frustration all round. Others felt that the time-table changed without notice and that course content depended on who turned up on the day: understandable if only two people attend a session on group dynamics!

The course content was broken down as follows:

| Theme | % |
|---|---|
| Philosophy of drugs, their use and effect | 38 |
| Art for personal dev. And harm reduction | 21 |
| First Aid | 13 |
| Assessment and feed-back | 9 |
| Communication/confidence building/listening/ group bonding | 7 |
| Outings | 6 |
| Peer support and moving on | 6 |
| **Total** | **100** |

The content of the programme represents a balance of activities. Participants responded well to sessions which were interactive but were less keen on sessions that required a lot of listening to gain knowledge. They seemed to remember activities rather than knowledge. Group outings were enjoyed. For example a trip to Bray was remembered as "getting out of the concrete jungle and getting in touch with nature." However some of the knowledge sessions were covered in one session so if they missed that session, they may have missed an entire topic. One interviewee suggested that the course would benefit from very practical living skills such as cooking, healthy eating, managing money, knowing rights and entitlements. People need to be able to identify clear goals and practical outcomes from the course.

**Approach**

The art component made up a fifth of the course content and used creative activities to promote personal development and talk about harm reduction. "It made you think and brought back memories." The approach described by the facilitator who is particularly interested in cartooning as a medium is highlighted here. He suggested that in thinking through a cartoon strip:

- participants could focus on the problems without having to reveal too much of themselves
- it is necessary to edit thoughts for a word balloon, hence people have to think clearly
- the medium of painting is an activity that comes together quickly and offers immediate results
- people enjoyed it and had some good fun

This description shows how creative approaches are an innovative means of working with people who have little experience of learning in a formal group setting.

Other trainers talked of asking questions to ascertain the level of information already available and then built their lecture around the themes and ideas that emerged. Others paid particular attention to using techniques to avoid boredom and were used to having a plan but then being flexible and changing the content as the need arose. One external trainer talked of enjoying working in the centre even when it was chaotic. He described using an authoritative approach with courtesy: a matter of being "firm but gentle." He saw himself "imparting scientific knowledge using layman's language" to ensure his message is received correctly. The co-ordinators constantly worked to establish boundaries and an appropriate environment for learning. All of this takes patience, flexibility and incredible skill and such people are an invaluable asset to Ana Liffey.

In interviewing trainers for this report, we were struck by the level of commitment and openness to learning which everyone displayed. It would have been an extremely valuable exercise to facilitate a session where all of the people who work on the peer support programme could get together to share experience and to make suggestions for the structure of future programmes.

Participants response to trainers ranged from being good to excellent with some who were boring and did not have enough experience to run the course. The co-ordinators were described as "making the day brighter" and "very good, very professional in their approach, also joined in activities which gave people more motivation to overcome embarrassment."

**Group processes**

A key aspect of the peer support training was the emphasis on learning together as part of a group. One external trainer explained how she felt very supported in the group as individual members asked people to speak in turn and told people to listen more. Overall the participants liked being part of a group.

> "I would have liked it to have gone on longer, I liked it very much."
> "I enjoyed the work we done together, I made friends and I liked being part of something again …… a sense of fulfilment."
> "Felt I was doing something with my life …… no longer an outcast."
> "A feeling of belonging.2

All of these quotes illustrate the sense of isolation felt by participants and how this was eased by being part of a group. The commitment to confidentiality was appreciated and this along with becoming more aware of how to communicate effectively was seen as improving people's ability to "trust" more.

As with all groups, conflicts are part of life. Interviewees felt that poor attendance, punctuality and people joining the group once it had been established added to the potential for conflict. Participants thought that conflicts were "handled well but understaffed". They learned to use different strategies to deal with distraction, cross-talking, too much talking, 'know all's' and people making accusations. Generally trainers were seen as "being able to tell of other ways that things could have been dealt with." The co-ordinators were seen as taking criticism when "dumped on" and "they succeeded in pulling us together when communication broke down."

The range of views and explanations for what happened in the group illustrate the importance of group processes in establishing a sense of belonging and in enabling people to communicate effectively and share experience. Comments regarding the difficulties experienced indicate an awareness of how conflicts and a lack of co-operation get worked out in groups.

**Graduation**

The twelve-week course ended with an assessment of participation and a review of attendance so that staff could decide on who was ready to graduate as a peer supporter. Required attendance ranged from seventy down to forty per cent. This researcher attended the graduation of the second peer support group and agreed with the staff member who talked of the emotion and pride in achievement which both she and the graduates experienced. For many, it was the first time to receive external validation in the form of a certificate. There was a genuine sense of excitement as friends and family joined in the celebrations organised in the foyer of the Peacock theatre.

This marking of achievement and celebration is a vital part of the course format and is key to building confidence and showing that drug users do learn and can make a contribution to the wider community.

**COMMUNITY**

This section looks at how participants on peer support courses used their found knowledge to make a contribution in the community. The term community includes the wider Ana Liffey Project, friends, family etc as well as the geographical communities in which participants lived.

The over-riding impression was that participants had an expectation that they could do something worthwhile but that there was no infrastructure to support their expectations. As one interviewee stated: "the basic ethos is a good idea, where it falls down is after the completion of the course. It would be nice to meet up socially once a month." In the early stages of this round of peer support courses, members of the first group helped co-facilitate the second peer support group. A couple of other people worked in the drop-in centre but this practice was discontinued as a result of power struggles amongst clients in the drop-in. The lack of a structure to have a recognised role from which to make a positive contribution within Ana Liffey is a loss to the development of peer support.

One of the researchers attended an "open forum" meeting in the drop-in for a review of the peer support programme. Previous course participants gave their views and talked of how their self-esteem and communication skills had improved. One participant talked of how the course gave him a reason for getting out of bed in the morning and that he felt he had a job, a place to go and that "his payment was information". Peer support graduates act as positive role models within the project. As their confidence increased, they are more likely to challenge the status quo and push to find a voice and a role within Ana Liffey.

Despite these constraints it was clear that several participants had moved on from Ana Liffey to become involved with other organisations such as Dublin Aids Alliance. Another participant had attended a Writers Course in UCD. Staff realised that they needed to be aware of and link in with other organisations such as the Local Employment Agency and other drugs projects such as Merchants Quay so that they could share experience and further promote the concept of peer support.

When peer supporters were asked about how they used their skills and knowledge, a range of examples were cited:

> "Felt a lot stronger after a month, so applied for two jobs and was offered both".
> "Met a seventeen year old, just out of prison and give him information on clinics and Trinity Court and he is now accepted on a maintenance programme."
> "Went to visit a friend who is HIV in St. John of God hospital and he was not being treated well, so told him to get on to Cairde who got on his case and he is being treated well now."
> "Am using my skills in Aids Alliance I'm a different person – one step ahead of where I was.

As well as the above quotes, one interviewee told of being asked by a neighbour to talk to their son and daughter about using drugs and he explained to the parent that "their kids have to want to give up drugs. They cannot be made to give up drugs." One interviewee noted how one participant helped another with literacy difficulties on the programme.

From the perspective of harm reduction and promoting personal development, one can clearly see that peer support is delivering many positive outcomes at both personal and community level. However, as with any group of people who get to avail of new

opportunities for learning, attitudes and beliefs change and people begin to expect more from services and are "no longer prepared to be written off as a junkie."

Given Ana Liffey's commitment to working with the most marginalised within the drugs community, peer support is slowly but surely causing the organisation to question and re-think its approach. After all if they continue to successfully run peer support programmes they run the risk of removing their own client base!

## CO-ORDINATION
Co-ordination is taken to mean how the courses are planned, organised and reviewed. A number of issues fall under this heading.

### Environment
Peer support courses take place in an upstairs room in the Ana Liffey premises. In comparison to the space in the drop-in, this luxury accommodation away from the hectic nature of the drop-in with tea-making facilities close by and a member of the administration staff on hand to offer support and practical help when needed. In comparison to mainstream education facilities, this could only be described as below standard and highly unsuitable. The proximity of the training to the drop-in also causes distractions and tensions as expectations regarding behaviour and the purpose of the activities are so different. One member of staff suggested that peer support should take place in a separate neutral venue with its own structure and staff while other staff see the drop-in acting as a feeder to peer support.

> "Ideally it should be in a different place away from the drop-in. But maybe people in the drop-in would not see what it was about. It should be brighter, in contrast with this building, not sterile but homely."

In the Asterisk evaluation report, this researcher strongly stated that the premises were unsuitable as a training facility or indeed as a drop-in facility. While the premises have been reorganised and decorated since that time, in our view they are still unsuitable. One could argue that not only are the premises unsuitable for providing high quality services to clients of the Ana Liffey but that staff also suffer in that they tolerate such an over crowded and inappropriate work environment. The recent success in securing additional premises – not easy for a drugs project – is a positive step towards addressing these difficulties.

### Defining roles and responsibilities
Staff within the Ana Liffey have proved that they can deliver effective peer support programmes even in the midst of organisational and staff changes and in a context where participants require intense levels of encouragement and support. In order to do this, staff change roles from being drop-in workers in an informal social setting where as one staff member put it "you hardly ever say no" to being facilitators and trainers where you make demands and work with individuals in a more structured small group.

Staff have to deal with different expectations of the same people in both settings and they move from a peer support context where change appears to happen more quickly to a drop-in where change may be so slow as to be hardly noticeable. If staff are to continue to work in this way, they require support to change roles. Roles need to be clearly defined and valued so that motivation and interest is maintained.

**The need for a team approach**
Part of defining roles and responsibilities is about ensuring that enough planning and evaluation time is available to co-ordinator of the programme. Again the Asterisk experience illustrated how experienced workers still found that the time required to run Asterisk went beyond what was originally allocated. When this happens in already under-resourced organisation, it puts strain on other parts of the system.

On this occasion, staff involved felt under too much pressure and suggested that peer support had to take a back seat in the light of other priorities.

In our view if Ana Liffey is to continue to develop its own model of peer support, it requires careful planning and evaluation. More importantly it requires a long-term strategy which ensures that the work is properly resourced and is seen as integral to the work of Ana Liffey.

**On-going evaluation and planning**
The twelve week course was planned in four week phases so that the needs of the individual groups could be addressed. Weekly planning also took place at staff team meetings although staff interviewed felt that the intention was there to give time to peer support, this was not always a reality. Daily evaluation sheets were also introduced but not always completed so verbal feedback was seen as sufficient.

While this approach indicates a high degree of flexibility both participants and staff felt that it was hard to maintain a consistent routine and focus. It should be noted that consistency was also effected by participant attendance and changes in the timetable. However, given that the group attending were long-standing drug users then time for planning preparation and follow-up should be given the priority it deserves.

During the Asterisk phase of peer support, the work was evaluated by an external evaluator and there was a small advisory group for the programme. While this support was not available during the last year, some ongoing system of self evaluation needs to be put in place. This work requires constant reflection so that action is clearly thought through and does not get caught up in the often chaotic nature of participant's lives. In our view some form of advisory group made up of staff, tutors and external agencies would greatly enhance the development of this programme.

**Pre-peer support and follow-up**
Staff are already aware of the challenges they face in offering peer support programmes and realising that participants are at different stages in terms of being able to cope with the demands of the programme. There is an increasing acceptance that potential participants may need more time to settle into the programme and equally that those who do complete the programme need different kinds of support in terms of follow-up.

Such a scenario suggests that peer support needs to re-define itself so that the emphasis is not completely focussed on facilitating the twelve week programme but rather needs to give equal attention to a preparatory and follow-up phase to the work.

In our opinion, the peer support work is presenting key challenges to the approach and identity of Ana Liffey. Failure to address such fundamental issues as progression routes for peer support graduates and how programmes can further develop to take

account of the many issues raised here may eventually lead to a lack of innovation and creativity in the approach. Some frustration amongst staff and participants is already evident. It would be good to see this as a positive indication that a re-think of peer support is needed.

The work to date has proved challenging and illustrates many positive impacts. It is now time to take the lessons from peer support and pro-actively integrate them into the approach of Ana Liffey.

Finally this section illustrates how peer support work positively impacts on drug users, staff and the Ana Liffey organisation. The three C's of contact, communication, community and co-ordination provide a crude model for examining the key elements and the challenges faced in the delivery of a peer support programme. As peer support continues to develop, this could form the basis for a self evaluation framework which would assist in assessing the impact and thinking through an ever changing and dynamic approach to working with serious drug users.

# SECTION FOUR: CONCLUSIONS AND CHALLENGES

## INTRODUCTION

The report illustrates how an organisation with extensive experience of working with drug users constantly refined its approach to meet ever-changing needs. The Ana Liffey organisation can trace the origins of developing peer support work back to the early 1990's. Members of the management council and staff are to be commended for promoting an approach which deals with the reality of active drug use while at the same time calling into question the idea that successful intervention – in terms of treatment – can only take place when people are drug free.

Ana Liffey developed peer support and grafted it onto a well-established ethos and philosophy which kept the organisation at the forefront of dealing with people who were well established drug users. Peer support was another addition to a range of existing initiatives which sought to relate to people not just as drug users but rather as people who belong within networks of friends, families, communities and wider society. The organisation does this with limited resources and continues to develop and offer services even to the point of stretching its management, staff and internal systems to the limits.

Participation in the peer support training show increased self confidence and communications skills and many talked of finding a purpose and getting access to accurate information which had a direct benefit on their everyday lives. Within the Ana Liffey, participants felt they had the right to make comments and suggestions around the running of the drop-in and they were confidently able to give opinions at the weekly open forum. At times they could support staff in the drop-in and were very vocal in their praise of the opportunities afforded by involvement in peer support. As one staff member jokingly said, "We will have to stop peer work, the clients are really beginning to make demands and tell us what to do."

Outside of Ana Liffey, many have used their new-found skills to find other training opportunities and to get involved in Community Employment programmes with other organisations. They interact with people on an everyday basis and pass on advice and information. In fact the programme's success is such that people feel incredibly frustrated at the lack of an infrastructure for them to further develop and use their skills.

What follows are a series of key challenges arising form the experience of peer support in the Ana Liffey.

## KEY CHALLENGES
- ### A CHANGING CONTEXT
During discussions with Ana Liffey staff regarding the conclusions for this report, it became clear that the context for developing peer support initiatives had changed compared to five or six years ago. Staff suggested that previously the main focus of approaches to harm reduction centred around safer injecting and safer sex. Nowadays changing patterns of drug use combined with mixing more conventional prescription drugs alongside existing drug use of methadone, the availability of "ecstasy", cocaine and ongoing alcohol abuse were seen as issues that broadened the concept of harm reduction as a response.

Services to people using drugs have increased and structures such as the North Inner City Drugs Task Force assist in creating more locally informed responses. However, even though more services may be available, the system continues to face increased demand. Harm reduction in today's context may be as much about equipping people with the skills to negotiate to stay on a methadone programme as it is about access to clean needles.

Given the expansion of services for drug users, especially in a community and training context, there is a greater need to ensure integration and mutual understanding between different services and approaches. This researcher was struck by similarities to the world of people with disabilities where traditionally, people with disabilities were primarily defined according to their disability and therefore supports were offered according to an individualised medical model which sought to "cure" the disability and gave less emphasis to the social circumstances of the person. The building of relationships to discuss approaches across services and the recently instigated "Drug User's Forum" offer the potential to broaden understanding of "treatment and intervention" and would promote the rights of drug users as part of this debate.

This report started with a reminder of the public prejudice against people who use drugs. Given that the IRA is about to decommission its arms and is no longer engaged in armed struggle, does this mean that drug users might now be at the bottom of the heap in terms of prejudice or would current research reveal that refugees and asylum seekers beat them to it? People at the margins of society especially when the economy is booming face the risk of increased individual blame for their circumstances. The assumption is that now that the country is facing the prospect of full employment, then opportunities are there for paid work and there is little excuse for not being responsible, working members of the community. Organisations like Ana Liffey need to be part of the wider public debate about how society responds to people using drugs and why it is that people from certain economic and social backgrounds are more likely to be caught in a cycle of drug abuse. That debate will be much more real and better informed if drug users are participants too. The enhancement of confidence and communication skills through programmes like peer support are an invaluable means of encouraging and supporting the voice of drug users in wider society. As one interviewee stated: "one possibility is to infiltrate them into management committees for various treatment and information groups and interact with information providers."

- **PEER SUPPORT AS DEVELOPMENTAL PROCESS**

Ana Liffey's commitment to community development principles led to promoting ideas of self help based on the articulated needs of drug users from which evolved an appropriate education process. They have clearly shown that experiential learning, group work and a flexible approach works with people using drugs and that it does have a significant positive impact. In addition, they have proved that this approach has the potential to engage long-standing drug users which – as the report title suggests – "gets them one step ahead of where they were."

However, they also found that this work is extremely challenging and that it requires time and patience to offer consistent high quality training when faced with the reality of the day to day life of a drug user. Promoting harm reduction means taking account of this reality and starting from where ever the drug user is at rather than from the requirements of the peer support programme.

For example, peer support in Ana Liffey could be described as clash of expectations: The culture of the organisation comes from a non-judgemental position which is largely about working with people who may not necessarily be committing to changing their drug-taking patterns. On the other hand the origins of peer support in Ana Liffey are closely linked to expectations about getting a job as a peer support worker.

Some participants see the course as leading to "work" given that the Asterisk Programme was originally aimed at training peer support workers who might work both within Ana Liffey and with other organisations. Staff know that this is probably an unrealistic expectation at this stage and that participants would need many additional skills if this were to be a reality. Staff hope that the information and skills gained on the course will lead participants to promote harm reduction amongst peers but participants have to deal with their increased awareness amongst peers and may not want to be found to have changed too much or else may want to distance themselves from fellow drug users.

Peer support needs to be a continuous, emerging process that changes with the needs of clients and the increased skills and experience of staff. Part of this process needs to include ongoing reflection and evaluation and clear agreement on the intended outcomes and impact of peer support.

- **NEED FOR INTEGRATION**

Even within the period of this research, changes were made to improve the day to day running of the peer support course e.g. altered structure, change of days, course duration etc. However, we suggest that recent changes in staff and the changing context demand a much more fundamental appraisal of how peer support can be further integrated into the overall work of the organisation.

Ana Liffey is justifiably proud of its track record as a street agency that operates in a non-judgemental fashion with "hardened drug users". The daily drop-in is at the heart of the organisation and from this peer support has emerged. The drop-in continues to act as the main recruiting ground for potential participants. In the light of changing needs and the experience of peer support, we would promote a more integrated approach which **puts harm reduction at the heart of the organisation.** We define harm reduction within the broad framework highlighted earlier.

The drop-in would then be one of a range of options to enable harm reduction and all of the strengths of the drop-in in terms of its informal, non-judgemental and sociable approach could be used in a much more creative way. For example, eves-dropping on doorstep conversations would confirm the sense of camaraderie which regular clients seem to enjoy. Therefore one could build on this by seeing peer support as something that everyone does when involved with Ana Liffey. Ana Liffey staff would then be actively promoting harm reduction by supporting people to be peer supporters in an informed and effective manner. The peer programme is currently focussed on getting people into the routine of attending a training programme which currently focussed on getting people into the routine of attending a training programme which is a very different experience from simply using the drop-in services. Greater integration would make planning and organisation easier and would also avoid the paradox of different expectations between the peer support and the drop-in. In our opinion, it would ease the dilemma of wanting people to move on and progress – thereby loosing

one's client base! – and wanting to work with people who find it difficult to access other services. A more integrated approach provides the possibility of doing both.

An alternative model might look like this:

## REVISED MODEL OF PEER SUPPORT

| WHICH "C" | PHASE | DELIVERY | TIMING |
|---|---|---|---|
| Contact | Informal Peer Support | One-to-one conversations. Appropriate written materials and posters. Once off practical skills sessions. Attendance at drop-in | Ongoing |
| Communication | Personal Skills For Peer Support | Short one day courses in personal development. Group/practical skills visits. | Ongoing |
| Connection | Volunteering For Peer Support | Course run over six weeks similar to existing course but with emphasis on personal development and practical skills development. | 2/3 times per year |
| Community | Working For Peer Support | Course over twelve weeks with community involvement, clear "worker or volunteer" role with Ana Liffey. Training drug users as activists. | Once a year |
| Change (?) | Moving On From Peer Support | Peer support group meeting fortnightly for support, skills enhancement, networking. Consider individual mentoring with people outside of staff | Ongoing |
| Context | Promoting Harm Reduction | Graduation Networking Membership of committees. Training/promoting ideas to others involved in delivering services | Ongoing |

Progression from one stage to the next could be clearly defined and might use something like a portfolio approach which could be built up over a period of time. For example, one might move from contact or informal peer support to communication or personal skills for peer support after being regular member of the drop-in for three months and having attended five once off sessions. This model might follow an annual or bi-annual cycle with the more informal aspects repeated regularly and the more intense twelve week course happening once a year.

The graduation which is such a celebration of achievement for both for participants and staff could then become an annual event where everyone's contribution is acknowledged and where certification for different stages can be given in different ways (e.g. external accreditation, Ana Liffey achievement awards!)

- **AN INFRASTRUCTRUE FOR SUPPORT AND DEVELOPMENT**

The staff and management council face the constant challenge of accessing resources and providing a flexible and responsive service. Huge demands are made by a target group as a result of addiction and the often chaotic and impoverished nature of their lives. Ana Liffey sees beyond the problems and focuses on the potential of people to make a contribution to the well-being of themselves and their peers. However, this is not always easy and it is often difficult to see progress or to take time to articulate the approach in the wider drug treatment and service arena.

Within the resources available, staff work as a team to plan and evaluate work but in the last year they have had to contend with reduced staffing levels and the ongoing difficulty of inadequate physical space. This means that time for reflection, planning and preparation suffers and staff get pushed into constant reaction and crisis management. While these issues were actively being resolved within the life of this research, further attention needs to be given to ensuring that all programmes are well-planned and regularly evaluated. Staff require ongoing support and opportunities to enhance their skills for a very challenging work environment. We are not suggesting that staff loose spontaneity in favour of excessive planning and regulation. However, organisational structures and resources need to be put in order to support a highly complex approach that requires a long-term view of what success means.

I'm reminded of a conversation with one of the Asterisk participants when they were involved in a transnational visit in 1997. The conversation came round to discussing my hairstyle as the participant had worked as a hairdresser for a number of years. I found out that my request for a casual, trendy and carefree hairstyle would involve an hour long hair cut to make up for the mistakes of my previous hairdresser and an overall dye to lighten my hair colour and give it a healthy looking sheen. Then three different coloured highlights would be needed to give interest and finally he would have to wax certain strands of hair to give it definition!! On top of that I would have to have it cut every five weeks!!

The situation in Ana Liffey is somewhat similar. An approach that appears informal, creative and highly responsive requires a vision that comes from time given to reflection, ongoing evaluation and consistent action. Most importantly it requires adequate resources so that staff have the necessary back-up to deliver high quality, needs driven services.

**WHERE TO NEXT – SOME SUGGESTIONS**

This report seeks to present an overview of the development of peer support within Ana Liffey. In order to make progress, we will draw together the practical recommendations that have come from the day to day experience of peer support and secondly we pose some key questions as a framework for moving on:

The recommendations noted here are directly relevant to the immediate plans for future peer support programmes. However, we would strongly argue that any immediate plans should include a fundamental re-think of how the lessons from peer support can be further integrated into the work and mind-set of Ana Liffey. In addition we would suggest that without adequate funding to enable the acquisition of new premises and the attainment of necessary staffing levels to do promotion and follow-up work, then peer support will never reach its true potential as an innovative intervention with people using drugs. Given this context the following recommendations are made:

Context
- Given the profile of early school leaving high-lighted earlier, development programmes which promote life-long learning opportunities need to be an integral part of services offered to people using drugs.
- Childcare provision and work with a child centred focus would be a direct response to the needs of people presenting for the peer support programme
- The reality of living on a low income and the experience of the many facets of living in poverty need to be taken into account when planning peer support programmes

Contact
- Resources need to be allocated in order to pursue a range of innovative contact strategies which take account of the challenge of encouraging people to make a routine commitment to learning in a group context
- The recruitment/application process needs to continue to clarify expectations with regard to participation in the peer support programme. Attention at this stage may lessen the likelihood of people dropping out later in the programme

Communication
- Learning programmes need to have consistent routines and timetables which, are clearly communicated to all participants. Content should be reviewed in order to include more practical activities, information on entitlements etc
- Clear goals and practical outcomes need to be established in advance of the programme.
- The continued use of arts based and other creative approaches should continue to be a part of peer support.
- The continued use of external tutors is also to be encouraged. Their role could be further enhanced with organising joint sessions for tutors and staff to reflect on and further plan the work.
- The role of the co-ordinators is acknowledged as a complex task which requires adequate resources in terms of time, supervision, support and on-going development. Integration with the rest of the staff team and opportunities for joint planning and evaluation are key to ensuring on-going integration.
- The marking of achievement and public celebration of programme completion should remain as part of the programme.

Community
- A clear strategy for follow-up with participants on completion needs to be included as a key element of peer support.
- It should be acknowledged that some participants are seeking a means of making an on-going contribution to Ana Liffey or are seeking to take on an activist role. Such aspirations are to be encouraged.
- The Ana Liffey needs to find strategies to deal with increased expectations and the push for a more active voice and role within the organisation.
- The involvement of external agencies such as LES and other drugs projects would greatly enhance the potential to broaden the concept of peer support

Co-ordination
- The issue of acquiring more suitable premises for the work of Ana Liffey should continue to be a priority. Within that, appropriate training facilities, apart from the drop-in should be seriously investigated.
- Careful attention to on-going planning and evaluation needs to be an on-integral part of the development of peer support
- Support for staff engaged in this work and opportunities to reflect on the overall development of the work would be greatly enhanced by setting up an advisory group for the peer support programme.

Finally in returning to the bigger picture, we suggest the following questions as a framework for future thinking and action within Ana Liffey:

- What does Ana Liffey mean by the term harm reduction and who else could help them to define its meaning in the current context?

- How will Ana Liffey promote understanding of its approach and where does it fit with other approaches to drug treatment?

- How do the current interventions meet the needs of today's drug user and how can debates regarding treatment, education and training take place across services? What is needed for drug users to be directly involved in this debate?

- How will Ana Liffey challenge public prejudice and help inform the public debate about the place of people using drugs in wider society?

- How will Ana Liffey further integrate the learning from peer support into its overall approach and how will it consider the merits of the model outlined above?

- What resources and organisational infrastructure is needed to further develop peer support over the next five years?

In conclusion, the interactions with Ana Liffey staff, programme participants and individual interviewees were one of the highlights of our work in 1999. We were impressed with the energy and commitment of all concerned. We were especially grateful for the welcome and openness we experienced as we sought to question and debate the work of peer support within Ana Liffey.

As researchers we want to acknowledge that we are "one step ahead of where we were" in terms of our understanding of the reality of offering services and support to people using drugs in an inner city Dublin location.