



ANA LIFFEY
DRUG PROJECT

ANNUAL REPORT 2020





CHAIRPERSON'S STATEMENT

Welcome to the Ana Liffey Drug Project's Annual Report for 2020.

It is a privilege to act as Chairperson of Ana Liffey - over the last number of years I have proudly watched as the team work diligently with very vulnerable and marginalised people. However, during 2020 I observed an unbelievable, and unprecedented, level of dedication and effort from the team. Our work, and that of our partner agencies, has saved lives by working to reduce the spread of COVID-19 and to reduce the number of overdose deaths amongst the people we serve. The devastation caused by COVID-19 amongst our client group could have been much worse.

Suffice to say that, despite the restrictions necessitated by responses to COVID-19 the work of Ana Liffey Drug Project has continued throughout the pandemic. From mid-March 2020 onwards the organisation rose to the challenge, by working in partnership to reduce the spread of COVID-19 amongst the people we serve. Across the organisation the teams worked imaginatively, flexibly and solidly since the crisis began. Equally, from the point of view of the Board of Ana Liffey, 2020 required a high degree of flexibility whilst maintaining steadfast stewardship of the organisation.

Our current strategic plan for the period 2021 & 2022 is entitled 'Turning words into actions'. The title is taken from an indicator to one of our values,

“We turn words into actions.” and the value it refers to is ‘The Ana Liffey is pragmatic’. It was this value that came to the fore during the initial crisis and then continued to be obvious throughout the COVID-19 pandemic. By working to all our values Ana Liffey responded quickly, delivering services and building trust with our service users and partner agencies alike; and I have no doubt that this fidelity to our ethos will continue in the years to come.

As always, I'd like to take this opportunity to express a few words of thanks. First, to all those who use our services it is an honour for us to know and serve you. Second, to all our staff, volunteers, interns, and students - thank you for all your hard work during 2020 providing services that meet the needs of the people we serve.

Thirdly, to all those who support us - our funders and donors – without your support it would not be possible to deliver the full range of services we do. Thank you for your confidence and trust. Thanks also to my colleagues on the Board – your commitment, knowledge and experience has helped Ana Liffey enormously and is much appreciated. Lastly, I'd also like to thank Vivian Geiran and Brendan O'Connor for joining the Board in 2020; you are both very welcome and a great addition to the Board.

Eddie Matthews

Chairperson



ana
1800 7

TREASURER'S REPORT

In 2020, Ana Liffey Drug Project had an income of €1,862,135 (2019 - €1,861,085). It had expenditure of €1,852,946 (2019 - €1,833,050). At the end of the year the company had fixed assets of €843,993 (2019: €843,993), current assets of €703,487 (2019: €668,761) and current liabilities of €275,586 (2019: €250,049). The net funds of the company amounted to €1,271,894 (2019: €1,262,705) and the directors are satisfied with the level of retained reserves at the year end. As we had done in 2019, our 2020 company financial statements were prepared in accordance with the FRS 102 Charities SORP, which we have adopted voluntarily as a matter of good practice.

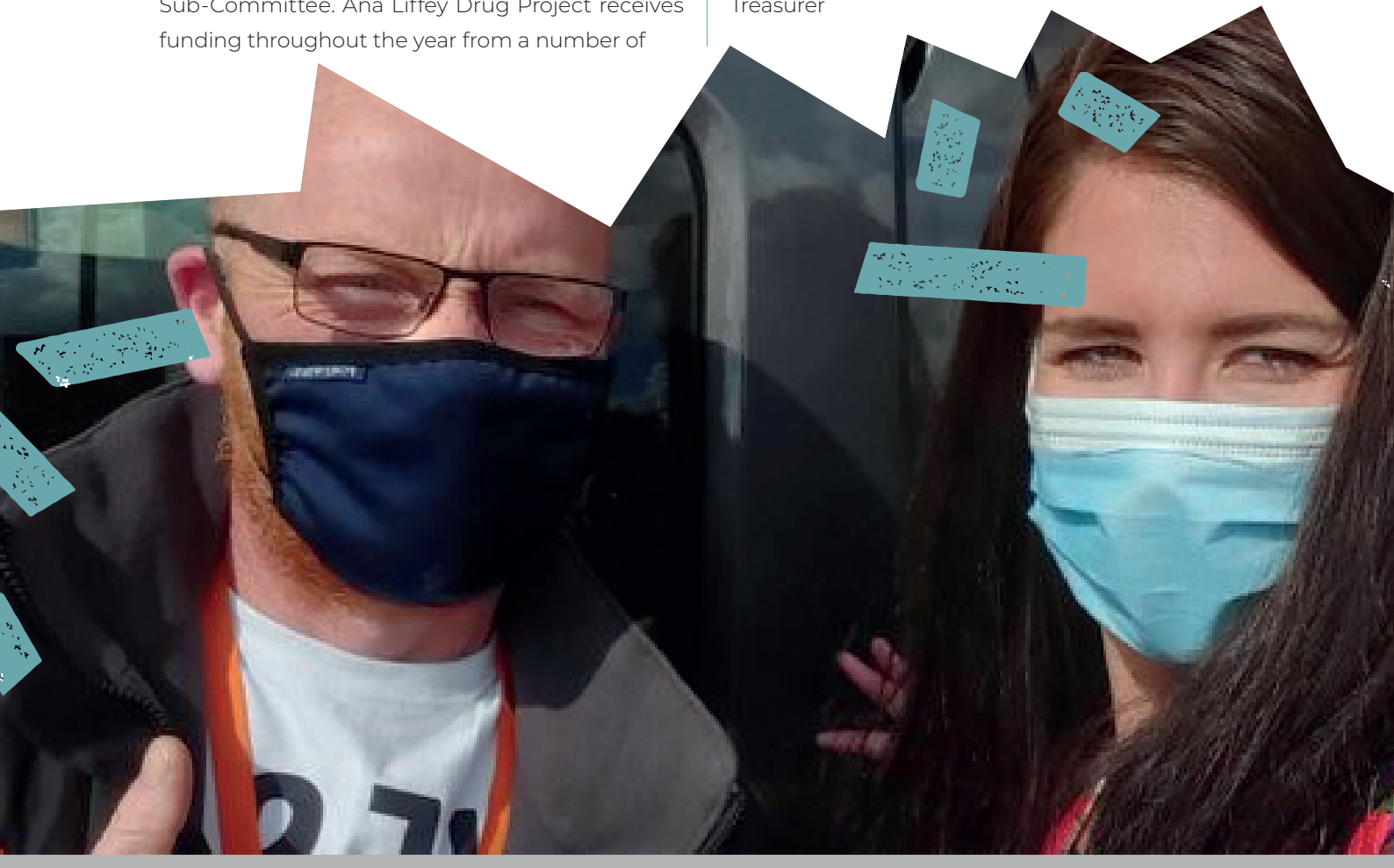
In addition to reporting in compliance with the charities SORP, the board keep a view on financial matters with a financial update at every board meeting as well as quarterly meetings of the Finance Sub-Committee. Ana Liffey Drug Project receives funding throughout the year from a number of

statutory and non-statutory funders, as well as from public donations. We're very grateful to everyone who contributes to the running of the organisation. I'd also like to express my thanks to the management team of the organisation, and in particular to Leonie Blyth – it's important to note the adaptability, creativity and hard work of all our back-office staff throughout the pandemic.

Also, my thanks to our auditors, Donal Ryan and Associates, and in particular to Donal and Fernanda for their work during the year in ensuring the company monitors and reports accurately on financial matters. Finally, the company's full financial statements are publicly available on our website at aldp.ie

Greg Ward

Treasurer



CEO'S REPORT

As you will see when reading this Annual Report, we have named and thanked many people - I think more people than ever before. It seems appropriate that this should be the case, as 2020 was like nothing any of us had experienced in our lifetimes and there was an immense pulling together on a single goal; to reduce the spread of COVID-19 amongst the people we serve. The level of partnership work was unprecedented and ensured that this goal was achieved – as an example, according to Dr Austin O’Carroll 4% of people who are homeless in Dublin City contracted COVID-19, compared with 50% of people who are homeless in the city of Paris.

To set the scene...on 31st December 2019, China alerted the World Health Organisation (WHO) to several cases of unusual pneumonia in Wuhan, a port city in the central Hubei province. In February 2020, the WHO officially named this new Coronavirus 'COVID-19' and on 11th March 2020 the WHO declared the COVID-19 outbreak a pandemic. On 12th March 2020 Schools in Ireland closed to help reduce the spread of COVID-19. Five days later, on 17th March – St Patrick’s Day, then Taoiseach Leo Varadkar addressed the nation stating that, 'Never will so many ask so much of so few', referring to the people on the front line of the response to COVID-19 in Ireland. Ana Liffey Drug Project were part of that front line response An Taoiseach referred to.

In Ireland, early in the pandemic, people who are homeless and who use drugs were identified as one group of people at particular risk of experiencing adverse health outcomes following infection with COVID-19. The principal concerns for this population included an increased risk of unintentional withdrawal, accidental overdose of People Who Use Drugs

(PWUD) when using alone, and an increased risk of infection and transmission of the virus amongst the homeless and drug using communities. As a result, there were significant efforts made by statutory services and organisations providing health care support to ensure that people in this cohort were appropriately protected from the virus and supported in following the COVID-19 public health guidance. As part of this effort, a number of changes in Ireland’s policy framework concerning controlled substances were implemented to better support such responses.

The core of the policy responses was the expansion of harm reduction practises to improve access to opiate substitution therapy (OST), in particular methadone treatment; improved access to naloxone; and the management of high dose Benzodiazepine dependency. In combination with this expansion of harm reduction policies, additional accommodation for homeless PWUD was funded to support decreasing occupancy in traditional 'hostel' style homeless accommodation with dormitory bedrooms, and to allow for isolation of positive and suspected cases of COVID-19 and those who had additional vulnerabilities and who needed to shield as a result. Through street outreach work, it was ensured that rough sleepers were offered accommodation.

Services working with affected populations such as PWUD needed to adjust their service delivery to adapt accordingly. Ana Liffey Drug Project is such a service provider and supports PWUD including those with additional vulnerabilities such as homelessness or underlying health co-morbidities. Throughout the pandemic, Ana Liffey staff, in the Midwest and in Dublin, worked tirelessly and in partnership with statutory services, and other Non-Government

Organisations (NGO), to ensure those in high-risk groups were supported.

In October 2020, Ana Liffey carried out in-depth interviews with a small cohort of our service users, all of whom had experienced both homelessness and engagement with treatment services in respect of drug use. These interviews highlighted a number of important points regarding the lived experience of people who use Ana Liffey's services during the COVID-19 pandemic. By far the most important impact that changes driven by COVID-19 had on the lived experience of the interviewees was housing. Prior to the pandemic, all interviewees reported being homeless in very unstable situations. The effort to bring people experiencing homelessness into more stable housing situations was, at least in the experience of the interviewees, both successful and unprecedented. It also had profound positive effects that went far beyond the mere provision of housing, or the prevention of transmission of disease. Moving people to secure accommodation resulted in self-reported decreases in drug and alcohol use, an ability to focus on other issues like engaging with treatment programmes or opening financial accounts; and an enhanced sense of security.

“Yeah...after cutting down on tablets. The both of us are really after cutting down on the drink”

and

“Everyone is even saying to us that we are looking a million times better.”

The interviewees indicated that, at the time of interview, they understood their accommodation to be secure until, either, at least June 2021 or October 2021. The interviews underlined an often-heard mantra – that housing needs to come first.

Within this, it's important to recognise that the majority of interviewees believed that they only got into their current accommodation because of the pandemic – without COVID-19, they would still have been in unstable accommodation. Thus, to a certain extent, the extraordinary efforts of the State, partnering with both NGO and private accommodation providers, during the pandemic provide a natural experiment on the provision of housing to a homeless population that uses drugs who may not otherwise have benefited.

The changes in prescribing practices noted at the outset of the pandemic were noticeable on the ground, both in general and also in terms of personal experience. Interviewees noted the increased effort to get people onto Opioid Substitution Therapy or Benzodiazepine stabilisation prescriptions, and also that this was happening in situations where previously such interventions would likely not have taken place. Again, these interventions were generally experienced in positive terms - as having more freedom because there was a less frequent need to go to the clinic, for instance, or because easier access to medications through formal sources negated the need to access illicit markets.

“before the pandemic, you wouldn't get a benzo detox, you wouldn't get put on a maintenance or anything, but since now, the pandemic came in, people are getting took on like that [snaps fingers]”

In the context of naloxone, findings were more mixed – half of interviewees seemed very familiar with Naloxone and the other half were not – and the majority reported not having a current script for Naloxone.

The pandemic had observable impacts on drug markets – similar to reports from other jurisdictions, there was some evidence that prices had risen and of short-term shortages, as well as less reliable supply. There was also some evidence that there had been a shift away from open street markets towards prearranged meetings. A possible driver behind this dynamic was the fact that street markets were perceived as being less trustworthy than before, something that may in itself be driven by suppliers' appetite for risk in circumstances where there are very few people on the street and their presence is more likely to draw attention. The net result was an elevated risk that drugs purchased on street markets were not what they should be – that purchasers may be 'getting ripped'.

“Before all of this happened, all the pandemic, it was grand, you would go over and get your gear or your crack, whatever you're into, you wouldn't get ripped. But now, if you walk down the [place] now, you're bet, you'll just get ripped...”

It was clear that the pandemic impacted on the interviewees lived experience in multiple and diverse ways beyond those already noted. While all disliked the lockdown scenario, one interviewee in particular found it very isolating and difficult to cope with.

“It was horrible, I felt like I was going off my head. I'd go over to the coffee shop and I'd be queuing, it was like I was just in a day dream all the time, and

people coming up “[Name], are you alright?” and all, and I was just ‘mhmm, mhmm’. It was like I was in a trance. I felt like I was really losing it, I really wanted to die. I don't know what kept me going.”

All interviewees were grateful for the help and work of Ana Liffey staff during the pandemic, but equally, most missed the face-to-face and social interactions that come from open access services; the one exception to this being the interviewee who reported having successfully adapted to meetings on Zoom. Finally, the economic impact of traditional routes of making money, such as asking people for spare change, should also be noted.

“I was tapping [begging] back in March [2020], and I must have been sitting...for about 10 hours and I made what, about 3 or 4 Euro”

WHAT WE LEARNT

Through our shared experiences over the course of the COVID-19 pandemic in 2020, we learnt a lot.

The improvements in Opioid Substitution Therapy and Benzodiazepine provision were welcome and we hope to see this maintained. Stable and secure housing provided more than shelter; it facilitated stability and an ability to focus on other life issues that are simply not possible to prioritise when a person is experiencing homelessness. People value face-to-face services, for both the contact with service providers, but also for the social element. The

situation forced by COVID-19 has provided opportunities to think about service delivery in different contexts and in ways that maximise resource usage in a meaningful way. This is just some of the learning, there is much more that will be gleaned, in time, from our shared experience of the COVID-19 pandemic in 2020.

ACTIVITIES

In terms of direct service delivery with people who use drugs, we adapted and maintained our services to operate safely throughout the pandemic in Dublin and the Midwest Region. We continued our work on advocacy, participating in a range of projects and forums. Finally, we also carried out work on governance as we work towards full compliance with the Governance Code.

Led with great commitment and drive by our Head of Services, Dawn Russell, 2020 was an exceptionally busy year for our front line services in Dublin and the Midwest where our teams adapted to great effect.

The following section sets out a summary of our activities and performance in each area:

MIDWEST SERVICES

Early in 2020, prior to the pandemic, the Pharmacy Needle Exchange in Limerick City vastly reduced, with only a small number of pharmacies on the outskirts of the region still providing emergency packs. As such, supported by HSE CHO3 and the MWRDAF, Ana Liffey became the only provider of Needle and Syringe Programmes (NSP) in Limerick and much of the Midwest too. Working throughout the year, including three waves of COVID-19, we delivered NSP on the ground meeting people face-



to-face. We met a greatly increased demand, with 340 people accessing the NSP.

Very early in the pandemic Ana Liffey's Midwest Team worked flexibly and creatively. We were the first team to support isolation pods on the ground with practical and psychological supports. For example, between Friday 13th March to Wednesday 18th March 2020 our staff were on-call to provide support to Social Inclusion service users who had to self-isolate due to being symptomatic for COVID-19. This level of commitment and flexibility remained evident throughout the year.

Significantly, throughout 2020 - as the COVID-19 pandemic continued to have an unprecedented impact on the provision of health and social services – our Midwest Team continued to provide frontline drug services:

- We continued face-to-face key working for our client group who are vulnerable and are regularly in crisis. 280 people received key-working and psychosocial supports from the Midwest team in 2020.
- We engaged with a whole new cohort of newly homeless street drug users during the pandemic. We assessed them and helped them to engage with services. The majority of the services we referred people to were being provided remotely; and so our team had to support people to engage online.
- We worked on complex domestic violence cases, exacerbated due to lockdown.
- We provided overdose prevention training and naloxone to service users who were frightened about the potential impact lockdown would have on overdose rates.

DUBLIN SERVICES

We served a similar cohort of people in Dublin, an overview of our work in Dublin during 2020 is as follow:

1,921 people received COVID-19 specific interventions i.e. provided with COVID-19 information and education; provided with supplies; found on outreach to be triaged; and transported to testing and isolation accommodation. 328 people living in Private Emergency Accommodation received assessments and brief interventions/sign posting; and 32 people residing in NGO provided accommodation received assessments and brief interventions/sign posting. 198 people received case management.

81 people accessed the needle and syringe programme. 56 people were assessed and provided services via our in-reach clinic in Granby Centre; 44 of these people engaged in Community Detox with Ana Liffey and GMQ.

Working in partnership with HSE CHO9 Social Inclusion, Public Health and Dublin Region Homeless Executive; to help protect people who are homeless from severe sickness and death due to COVID-19:

- Ana Liffey team members were redeployed to a Shielding Unit in Temple Bar in April – they worked day and night shifts covering a seven day a week rota.
- Also in April, Ana Liffey designed, and implemented in partnership, a Community response team to deliver medication and social welfare payments to people in Shielding Units; and to carry out on the ground track, trace and isolate work.
- In August, the Covid-19 Homeless Response Team was initiated, as part of that team Ana Liffey were then the on the ground support to Service Users and the sector regarding COVID19 information and management. we provided sectoral support via a dedicated help line and email; and we worked directly with Public Health Doctors at the frontline of the pandemic response to people who are homeless in Dublin City Centre.

- As the third wave of the pandemic took hold, Ana Liffey's dedicated help line ramped up in December – with our staff available 84 hours per week.
- From May 2020 Ana Liffey staff worked every day of the year and were available to service users, the sector and to Public Health in Dublin to respond rapidly and flexibly to COVID19 cases.

PARTICIPATION

In 2020, we worked on drug related intimidation in the North-East Inner City of Dublin, where we delivered both research and community based strands of the Drug Related Intimidation Initiative, resulting in the publication of a significant report. We continued our work focused on a health led approach to the possession of drugs for personal use.

We also continued our work on relevant fora, remaining active members of the Civil Society Forum on Drugs; the National Voluntary Drug and Alcohol Sector; and the Correlation - European Harm Reduction Network.

During 2020 we entered into a process to develop a strategic plan for 2021 & 2022. Through this process the organisation developed 'Turning Words Into Actions – The Strategic Plan of Ana Liffey Drug Project 2021 & 2022'. Which will help us focus on what is important to us and our stakeholders. I wish to thank Susan Duggan, the external consultant, who carried out the stakeholder consultation on a pro bono basis.

FINALLY

I would like to sincerely thank the Board for their support and guidance; the Senior Management Team - Dawn Russell, Leonie Blyth and Marcus Keane - for their diligence and dedication; the frontline staff, and volunteers, for their hard work and flexibility; our service users for their willingness to work with us, and trust us, when fear and uncertainty permeated the public consciousness due to COVID-19; and all those who have helped Ana Liffey throughout 2020 – a year we will all remember.

Tony Duffin

CEO

WHO WE ARE

BOARD

The directors who served throughout 2020, except as noted, were as follows:

- Alice O'Flynn
- Brian Dalton
- Catherine Comiskey
- Edward Matthews
- Greg Ward
- Jack Nolan
- Roderick Maguire
- Vivian Geiran (Appointed 25 March 2020)
- Brendan O'Connor (Appointed 16 September 2020)

The Board has three subgroups – the Finance Subgroup; the Clinical Quality & Safety Subgroup; and the Governance & Human Resources Subgroup. The board met on eight occasions in 2020; and all subgroups met regularly in 2020.

STAFF TEAM

Staff Team (as at 31st December 2020):

Tony Duffin	<i>CEO</i>
Dawn Russell	<i>Head of Services</i>
Leonie Blyth	<i>Head of Finance</i>
Marcus Keane	<i>Head of Policy</i>
Devon Gray	<i>Administrator</i>
Sarahjane McCreery	<i>Project Co-ordinator (Drug-Related Intimidation)</i>

Trisha Dhakad	<i>Administrator</i>
Rachel O'Donoghue	<i>Team Leader Midwest</i>
Aoife Marshall	<i>Project Worker Midwest (Poole Volunteer Co-ordinator)</i>
Pat Galligan	<i>Project Worker Midwest</i>
Lynn Collopy	<i>Project Worker Midwest</i>
Tris O'Loughlin	<i>Project Worker Midwest</i>
Barry Carey	<i>Project Worker Midwest</i>
Rory More O'Ferrall	<i>Team Leader Dublin</i>
Damien Gagnevin	<i>Senior Project Worker Dublin</i>
Alison Harte	<i>Senior Project Worker Dublin</i>
Peter Bennewith	<i>Project Worker Dublin</i>
Orla Maguire	<i>Project Worker Dublin</i>
Suzanne Walkin	<i>Project Worker Dublin</i>
Jade McGroarty-Barry	<i>Clinical Nurse Manager</i>
Andrea de Miguel	<i>Project Worker Dublin</i>
Francesca Osborne	<i>Project Worker Dublin</i>
Aggie Starza	<i>Project Worker Dublin</i>
Rebecca Doyle	<i>Team Leader Dublin</i>
John Burke	<i>Project Worker Dublin</i>
Niamh Foley	<i>Senior Project Worker Dublin</i>
Ian Dalton	<i>Project Worker Dublin</i>
Aoife Brady	<i>Project Worker Dublin</i>
Declan Mills	<i>Project Worker Dublin</i>
Amy Dunne	<i>Project Worker Dublin PT</i>
Jaoa Amaral	<i>Nurse Dublin</i>
Niamh O'Callaghan	<i>Nurse Dublin</i>
Leah Fitzgerald	<i>Dual Diagnosis Project Worker</i>

PARTNERSHIP

Due to the COVID-19 pandemic, 2020 was a significant and challenging year for Ana Liffey; we have worked in partnership throughout the pandemic and we wish to thank the following people:

- Donal Cassidy (HSE CHO9 General Manager Social Inclusion - Addiction Service)
- Dr. Austin O'Carroll (HSE Clinical Lead for Dublin COVID-19 Homeless Response)
- Brian Kirwan (HSE CHO9 Social Inclusion Manager)
- Declan Mulvey (HSE CHO9 Social Inclusion - Addiction Service Operations Manager)
- Rory Keane (CHO3 Regional Drug Co-ordinator)
- Gearoid Prendergast (Co-ordinator, MWRDAF)
- Bevin Herbert (Administrative Officer, DCC)
- Mary Flynn (Deputy Director, Dublin Region Homeless Executive)
- Bob Jordan (National Director of Housing First in Ireland, DCC)
- Pauline McKeown (CEO - Coolmine Therapeutic Community)
- Brendan Kenny (Assistant Chief Executive, DCC)
- Dr. Kieran Harkin (GMQ Medical)
- Dr. Dierdre Dowdall (GMQ Medical)
- Dr. Margaret Fitzgerald (Public Health Lead for Social Inclusion/ Vulnerable Groups at HSE)
- Dr Mike Scully (Consultant Psychiatrist)
- Dr. Eamon Keenan (National Clinical Lead, Addiction Services at HSE)
- Richie Stafford (HSE CHO9 Social Inclusion - Addiction Service)
- Chief Superintendent Patrick McMenamin (An Garda Síochána)
- Chief Superintendent Michael McElgunn (An Garda Síochána)
- Joseph Doyle (National Lead, Social Inclusion at HSE)
- John Collins (Director of Academic Engagement at the Global Initiative against Transnational Organized Crime)
- Kasia Malinowska (Director of the Global Drug Policy Program at Open Society Foundations)
- Matt Wilson (Deputy Director of Global Drug Policy Program at Open Society Foundations)
- Marc Krupanski (Senior Program Officer at Open Society Foundations)

This list is not exhaustive and to those who have helped us and aren't listed above - we thank you from the bottom of our hearts...you know who you are!



ANA LIFFEY
DRUG PROJECT