



**40th Anniversary
'We Are Innovative'
Conference Report**

8th December, 2022
Radisson Blu Royal Hotel, Dublin



ANA LIFFEY
DRUG PROJECT

Welcome

I will start with what this report is not....it's not a technical report, it's not research, it's not an evaluation or anything of this sort. This is a keepsake, a memento of a very special occasion that marked a day of celebration of 40 years of working with people where they are at.

I was delighted to join the Ana Liffey family for the celebration of their 40th anniversary.

I say 'family' because it was evident from the Radison Blu Royal Hotel programme of events just how close the relationship is between staff members, funders, partner organisations and service users whose participation in large numbers added so much to the occasion.

In 2016, Ana Liffey's CEO Tony Duffin took me and my *Hot Press* photographer colleague on a walk around Dublin city-centre.

I was shocked by the amount of drug-related litter that we found down every alleyway, including discarded drug paraphernalia just metres from the Irish parliament building, Dáil Éireann. My eyes were opened.

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Two years later, I accompanied Ana Liffey on a fact-finding mission to Lisbon where I saw first-hand how the compassionate, health-lead ‘Portuguese model’ has benefitted tens of thousands of lives. Again, I had been shown something new only this time it was another way to respond which resonated with me.

At the 40th anniversary event there was lots of impassioned talk about the benefit of peer workers; the greater availability of Naloxone and training in how to use it; dual diagnosis and other tailored responses to individual situations; and there were good discussions on fostering a greater understanding of problematic drug use at a national, local and community level.

Despite the ongoing challenges team members and service users face every day, the mood was overwhelmingly positive and boosted by the kind words from President Michael D. Higgins, Minister Paschal Donohoe and the then Minister of State Frank Feighan who all understand the nuance of the work Ana Liffey does.

The most poignant moment of the day for me was talking to a service user who had tragically lost several family members due to their drug use; but, thanks in no small part to their engagement with Ana Liffey’s Mid-West team, they had managed to stop using heroin; return to work; repair fractured relationships; and generally, start enjoying life again.

That, for me, is the essence of the work Ana Liffey does and why everybody associated with the organisation should feel proud of what’s been achieved over the past 40 years.

Stuart Clark,
April 2023

8th December, 2022

Ana Liffey Drug Project celebrated its 40th anniversary on 8th December, 2022 with the day-long 'We Are Innovative' conference in Dublin's Radisson Blu Royal Hotel.

Among the circa 140 participants were the Minister for Public Expenditure, National Development Plan Delivery and Reform, Paschal Donohoe TD, who delivered the welcoming address; members of Ana Liffey's Dublin and Mid-West Region teams; colleagues from the Department of Health, Health Service Executive and An Garda Síochána; representatives from the Scottish Drugs Forum, CityWide, EuroNPUD, UISCE and other ally NGOs; academics working in the field of drug research from Ulster University and the University of Limerick; drug reform advocates; peer workers and clients from both Dublin and the Mid-West whose contributions were key to the success of the conference.

Delegates were greeted on arrival by the 'VanaLiffey' mobile unit which was parked in front of the Radisson Blu. Mobile units are a vital part of Ana Liffey's outreach services.





Paschal Donohoe, Minister for Public Expenditure, National Development Plan Delivery, and Reform with Ana Liffey CEO Tony Duffin

Following a breakfast meet-and-greet, Ana Liffey CEO Tony Duffin told attendees that:

“The two themes of today’s conference are innovation and partnership. The title – *We Are Innovative* – is taken from Ana Liffey’s organisational values. We have a rich history of innovation; and the conference is filled with conversation on current and future innovations covering a range of topics – like the health impacts of crack cocaine use, preventing fatal overdose, supporting recovery and much more.

“Since Ana Liffey’s inception,” Tony continued, “we have recognised the need to work in partnership - with the people who use our services; with funders and donors; with statutory agencies and other NGOs; with third level institutions; and many other partners. We can’t do this work alone. I am happy to say that at today’s conference our partnership work is evident on the stage and in the audience.”



Congratulations From The Minister

Tony then introduced a video message from the then Minister for National Drugs Strategy, Frank Feighan, who thanked Ana Liffey for “providing invaluable support to the most marginalised and vulnerable people in society.

“When Ana Liffey started in 1982, it was the first low-threshold harm reduction service in Ireland,” the Minister continued, “and created a welcoming space where people who are using drugs could look at their life and options for positive change in a non-judgemental environment. This model has gone on to be replicated throughout Ireland.

“Subsequently, over the past forty years Ana Liffey has, through its tireless work, gone from a local project to become a national service, ever-changing and adapting to the evolving needs of its client base.”

The Minister went on to reference Ana Liffey’s championing of Supervised Injecting Facilities (SIFs) in Ireland; the contribution to European drug policy through Ana Liffey’s participation in the Civil Society Forum on Drugs; the successful opening ten years ago in Limerick of Ana Liffey Mid-West Region; and the Health Equity Action Team’s work.

Message From The President

Next, Tony Duffin read out a letter of congratulation from Ana Liffey's sole patron, President Michael D. Higgins, which reenforced the positive tone for the programme of presentations and panel discussions that followed:

"There is no doubt that many lives have been saved by the successful, coordinated response by groups such as Ana Liffey, working in partnership with the HSE, Gardaí, local government and NGOs," President Higgins reflected. "May I commend your organisation too, for your response and leadership shown during the pandemic in ensuring a successful roll-out of the vaccination to at-risk groups, such as those experiencing substance abuse. I suggest that measures taken in response to the pandemic could provide a basis for improved service delivery across society."

Following those kind words from Minister Feighan and President Higgins, and a spirited address from the Vice Chair of Ana Liffey's Board, Vivian Geiran, attention switched to the first of the presentations on *The Health Impacts Of Crack Cocaine Use In Limerick City*, which was co-delivered by Ana Liffey Mid-West's Rachel O'Donoghue and Dr. Dervla Kelly from the University of Limerick.

Derived from vital research that has informed HSE's new dedicated response to crack cocaine use in Limerick, it was warmly received; as were the *Supporting Recovery: What More Can Be Done?* and *Decriminalisation Advocacy Efforts In Five International Jurisdictions* presentations delivered respectively by Ana Liffey's Dawn Russell and Katy MacLeod from the Scottish Drugs Forum.

More on these presentations later!

**Vice Chair of Ana
Liffey's Board,
Vivian Geiran**





Considerable Ground Covered

The panel discussions that followed were chaired by myself, Stuart Clark, the Deputy Editor of *Hot Press* magazine, and run in accordance with Chatham House rules, which means that quotes from them can be used but not directly attributed.

The four highly topical panel titles were *Health-Led Approaches To People Who Use Drugs*; *Don't Be Lucky, Be Safe – Preventing Fatal Overdose*; *We Are Innovative In Our Delivery Of Services*; and *Nothing About Us Without Us – The Meaningful Participation Of People Who Use Drugs*.

With five delegates including the chair participating in each, and ample time for questions from the floor, considerable drug policy ground was covered.

Significant themes which emerged during them were Ana Liffey's rapid and effective response to the unique challenges presented by the COVID-19 pandemic; the closeness of Ana Liffey's working relationship with partner organisations; the ability of the Dublin and Mid-West teams to identify, connect with and maintain relationships with different cohorts of people who use drugs; the crucial role Naloxone plays in reducing overdose deaths and the need to make it more widely available; the on-going battle to reduce the stigma around drug use; the importance of peer workers and the need to pay them for their services; and why successful programmes are reliant on service providers listening to service users. And that was just the tip of the iceberg!



Here's how Ana Liffey's 40th Anniversary Conference unfolded in full



The Ministerial Opening Address

Along with his ministerial duties, Paschal Donohoe is a Fine Gael TD for the Dublin Central constituency, in which a number of Ana Liffey's services are located.

"I am acutely aware of the difficulties problematic drug use causes individuals, families and communities," the Minister noted. "Throughout its history, Ana Liffey has been creative and innovative in how it helps and supports all those impacted. I am delighted to be here today to mark the 40th Anniversary of Ana Liffey - a homegrown response to Ireland's drug problem and an organisation that has made a real positive difference to the lives of so many people in the North Inner City and elsewhere."

Doing More

The Health Impacts Of Crack Cocaine Use In Limerick

Funded by the HSE CH03, this report was co-presented by Ana Liffey Mid-West Team Leader, Rachel O'Donoghue and Dervla Kelly who along with her University of Limerick colleagues Yaa Duopah, Khalifa Elmusharaf and Lisa Moran, conducted the research.

The objectives were to report on the lived experience of the people who use crack cocaine in Limerick city and its environs and the associated health and social impacts; to assess what impact the COVID-19 pandemic has had on the use of crack cocaine in the area; and to examine the current service responses locally.

Drawing on data provided by 33 people who smoke and/or inject crack cocaine, it found that the drug is easily accessible throughout the city at increasingly reduced prices.

Among the highlighted consequences were the detrimental effects on both physical and mental health; housing and relationship difficulties; problems maintaining employment; the financial burden; and the sex work and antisocial behaviour that's often associated with it.

Service users expressed concerns about there being no drug like methadone, which can be used to treat crack cocaine addiction; their limited knowledge of treatment options; and the barriers posed by a lack of trust in services.



Ana Liffey Mid-West Team Leader, Rachel O'Donoghue



Lecturer in Medical Education at the University of Limerick, Dr Dervla Kelly

The key recommendations included greater flexibility in outreach services and the involvement wherever deemed suitable of peers; enhanced coordination between drug and mental health services; more education and training on dual diagnosis for addiction and mental health workers; the enhanced distribution of drug paraphernalia; crack cocaine-specific rehabilitation and treatment centres; improved engagement between An Garda Síochána, the Probation Service, courts and addiction services; a need for the Garda Youth diversion programme; the introduction of a case management intervention – e.g. LEAR project; and more community awareness events.

Supporting Recovery

What More Can Be Done?

Examining “the attitudes towards the role of harm reduction interventions in building recovery capital”, this HSE CHO9-supported presentation was delivered by Ana Liffey Drug Project’s Head of Services, Dawn Russell, whose research has been carried out in conjunction with Dr. Jo-Hanna Ivers from Trinity College Dublin.

Dawn conducted eleven in-depth interviews with sectoral leaders in Dublin, Cork and Limerick, which identified such problem areas as the polarisation between recovery and harm reduction that still exists; the lack of leadership in terms of recovery; recovery and recovery capital not being widely understood; the language of recovery needing to change; and an over reliance on the medical model of treating addiction, and Methadone Maintenance programmes that are solely medication-based.

The general consensus among the interviewees was that harm reduction keeps people alive and healthier; harm reduction/ low threshold workers help to build recovery capital; and case management supports recovery capital.



Ana Liffey Drug Project’s Head of Services, Dawn Russell

Questionnaires were also sent to 53 frontline workers in Dublin, Cork and Limerick, 84% of whom felt that improvements could be made in how harm reduction services contribute to building recovery capital.

In her concluding Opportunities To improve, Dawn spoke of the need “to change from the current approach to recovery which treats addiction as an acute crisis to understanding that recovery is a journey which often requires long-term supports and services.”

Decriminalisation Advocacy Efforts In Five International Jurisdictions

Conducted by Scottish Drugs Forum Research and Peer Engagement Manager, Katy MacLeod, on behalf of Ana Liffey and funded by the Open Society Foundation, this report looked at the coverage of drug-related issues in Scotland, Poland, Norway, Ireland and the American state of Maine.

In her introduction, Katy stated that the evaluation key aims were to “scope the current situation in each jurisdiction” and “identify emerging themes across the jurisdictions and the key lessons learned.”

The mixed method approach included media analysis of print, digital and social media platforms in those jurisdictions and twenty-five qualitative interviews with experts from across all of them.



Key themes that emerged from the research were the power of personal stories in building grassroots support; the conflation and confusion of terminology – e.g. the difference between decriminalisation and legalisation; the need for shared understanding and communication between medical professionals, law enforcement, legislators and those with lived/living experiences; how politicians and the public often respond better to incremental change; the importance of challenging stigma and framing drugs as a public health issue; and the positive impact advocacy can have on media terminology and framing, bias, misinformation and coverage of medicinal use.

Health-Led Approaches To People Who Use Drugs

The day's first panel comprised a member of Ana Liffey's Law Engagement & Assisted Recovery (LEAR) team; a former senior UK police officer and harm reductionist; and representatives from the Department of Health and An Garda Síochána.

First up for discussion was the new Health Diversion Approach to drug possession for personal use, unveiled by the Irish Government in August 2019; but, yet to be implemented.

"The first thing we should do is clarify what's meant by a 'health-lead approach'," one panellist reflected. "The four core elements I associate with it are 1). Drugs cause health harms; 2). Many people's drug use is linked to their social conditions, their background and experience of issues like homelessness;



3). The need to avoid stigma and punishing people because they use drugs; and 4). That, above all else, we try to prevent drug-related illnesses and premature deaths.

"Under the Health Diversion Approach," they continued, "people who are found in possession of drugs, and would normally end up in the criminal justice system, will be referred by An Garda Síochána to the health system. That referral would be mandatory and include a health assessment intervention, which is an opportunity for people to have a chat with somebody about their drug and alcohol use."

“THESE PEOPLE’ ARE BROTHERS, SISTERS, SONS, DAUGHTERS, MUMS, DADS. THEY’RE REAL HUMAN BEINGS WHO SHOULD BE TREATED ACCORDINGLY.”

The panel discussed the upcoming Policing, Security and Community Safety Bill, which may include the legal basis whereby An Garda Síochána can make those referrals. Asked about the various diversion schemes operating in the UK it was explained that: “The jewel in the crown of the British justice system is Community Resolution - because it requires no arrest, no interview and no admission of guilt. A police officer finding an individual in possession of a controlled substance can that day refer the case over to drug services, even if that individual is on bail for another offence. The speed of transition from police to health expert, and the tailored intervention that ensues, is what’s crucial.

“What, above all, we need to remember,” the panellist continued, “is that ‘these people’ are brothers, sisters, sons, daughters, mums, dads. They’re real human beings who should be treated accordingly.”

Echoing those sentiments, another panellist said: “We have a human-based approach and, through Ana Liffey, a great tool. Instead of going, ‘Sorry, that’s outside of the Garda’s remit’, I can say to people, ‘There’s somebody I can put you in touch with. They will ring you immediately and help.’ I make a referral with their consent to Ana Liffey, which helps build trust between me, them and the wider community. It’s a joined-up approach to helping men and women, regardless of what drugs they use, to access resources.”

Panellists discussed Ana Liffey’s close relationship with An Garda Síochána:

“We couldn’t do the work we do in Dublin 8 without their assistance,” one of them said. “A lot of the people we help are hidden in their homes. They’re not reaching out for help, but come to the Gardaí’s attention - not necessarily for negative reasons but often because they’re vulnerable in society.”

We also heard about the links between drug use and domestic abuse; racial disproportionality in the UK, which results in black people being twelve times more likely to be charged with cannabis possession than white people; and the need to school politicians in the nuances of progressive drug policy.



Don't Be Lucky Be Safe

Preventing Fatal Overdose

Comprising of a senior GP working in the Dublin area, a Northern Irish academic, an Ana Liffey team member and a Mid-West service user, this panel focused on the frontline interventions carried out both during and after COVID-19 restrictions.

The main topic of discussion was Naloxone, the life-saving medication recommended by the World Health Organisation for the treatment of opioid overdose.

“For once there are no ‘buts’ or notes of caution that need to be struck – Naloxone is 100% non-toxic and has a proven track record of saving lives,” one of our panellists said.

Echoing those sentiments, another panellist urged that, “It should be a part of any home or workplace first-aid kit, and issued to all service providers and first responders. From police officers to A&E nurses, everyone I’ve spoken to about it recognises Naloxone as the life-saver it is.”





Another panellist added that, “Everybody who wants it should be able to get Naloxone without prescription for either free or a nominal sum. You have condoms in pub vending machines; why not Naloxone as well? The more places it’s available the better. This needs to be addressed now, not next week or next month or next year...”

They went on to describe how a close friend, who had gone unconscious and was turning blue, had the effects of their overdose reversed by Naloxone that a fellow service user routinely carries in her handbag.

It was revealed by a panel member that, “There’s been a great response to Ana Liffey’s Naloxone training sessions, which typically last for about an hour. As well as health care professionals and first responders, we’ve given training to service users, their friends and family, which is enormously reassuring for all involved.”

Other areas covered were the emergency moving of people into Private Emergency Accommodation (PEAs) during COVID-19 restrictions; stabilisation programmes for those using benzodiazepines and other prescription drugs; the emergence of flumazenil as a treatment for cocaine overdose; and the huge harms caused by drug-related stigma.





We Are Innovative In Our Delivery Of Services

Four Ana Liffey staff members discussed the delivery of frontline services during the COVID-19 pandemic restrictions – and the learning from that period, which has carried through to the present day.

First up, one of the Dublin team members spoke about Ana Liffey’s dual diagnosis case management.

“People in Private Emergency Accommodations (PEAs) who were struggling with their mental health and drug use were referred to us, mainly by Dublin City Council,” they explained. “We met them in those PEAs or, if they were about to be discharged into a hostel, in hospital. That way they knew there’d be support waiting for them in their PEA.

“We got self-referrals from people also looking for a bit of support and developed closer relationships with HSE Community Mental Health Teams who started referring out to us for drug work.

“Some people link in with us for a couple of months while others stay with Ana Liffey for longer – it just depends on the individual,” they continued. “Myself and one of our mental health nurses recently attended a dual diagnosis open dialogue session in the Northeast Inner City. People from the community get to meet different service providers, which is hugely beneficial to all involved. Moving forward, it’d be great to have those types of meetings all over Dublin.”

A member of the Health Equity Action Team (HEAT) described how their role expanded during the pandemic to include COVID-19 testing; responding to the needs of people who’ve fled from the war in Ukraine; and working in Direct Provision accommodations.

“We’re the first point of contact for people accessing a whole range of services,” they noted before going on to detail how Ana Liffey recently identified and worked with a cohort of trans Brazilian sex workers who are engaging in chemsex.

“As a result of one person looking for support, we identified a bigger problem that wasn’t being addressed,” they said. “Our team then worked with that community to provide both social and health support. I had meetings with officials from the Brazilian Embassy in Dublin who helped us identify those at risk. The response was a very collaborative one.”

“ WE CAN PULL UP DIRECTLY OUTSIDE THEIR HOSTEL GIVING THEM INSTANT ACCESS TO THE NURSE’S STATION IN THE BACK OF THE VAN. ”

The conversation then turned to the benefits of having the ‘VanaLiffey’ mobile unit out on the road.

“Instead of people who use drugs having to come to us, we can pull up directly outside their hostel giving them instant access to the nurse’s station in the back of the van,” one panellist explained. “If COVID vaccines or flu jabs or rapid testing are needed, we’re able to do it straight away.

“If people were displaying symptoms, we were immediately able to take them out of where they were to a shielding unit or, if needed, hospital.

“Another ongoing benefit of the VanaLiffey is the conversations it sparks with passers-by,” they continued. “When members of the public ask, ‘What are you doing?’ we’re able to tell them which gets word out into the community. It’s a great all-round tool for encouraging people to engage with our services.”

We also heard about the roles played by the Dublin and Mid-West VanaLiffey teams in delivering Needle Syringe Programmes; Ana Liffey teams giving Naloxone training to staff in PEAs; how former shielding units have been transformed into fixed in-reach clinics; and Ana Liffey being part of the HSE CHO9 Social Inclusion team that won an ‘Improving Patient Experience’ award for its rapid homeless COVID-19 testing.



Nothing About Us Without Us

The Meaningful Participation People Who Use Drugs

The participating peer workers, who are variously operating at local, national and international level, emphasised the importance of lived/living experience in shaping both drug policy and the delivery of services.

They also spoke of the need for peers to be properly paid for the work they do.

“It should be recognised that drug users are experts in their field,” noted one of the panellists.

“They’re integral to harm reduction services and pushing things forward. With that comes the need to pay them for their work – not in ‘thank yous’ or vouchers but in cash equivalent to what other service providers receive.”

An Ana Liffey service user on the panel told us that, “Since April, I’ve been in recovery for five years. I just try and support my community for my daughter’s sake. I want a better future for her and them.

“I wish I’d had a recovering peer to talk to when I was using, and who would’ve helped stop me getting into trouble,” they continued. “The fear of getting into trouble – like being arrested – makes people reluctant to phone for an ambulance when they need one.”

Asked about the conversations, they said: “I tell them to think about the consequence of their actions. Do I buy crack or whatever or pay the electricity bill? You have to break it down into day-to-day realities like that.”

They spoke of their pride, having undergone Naloxone training, in being able to administer it to a friend who was overdosing.

“They were in danger of dying but through my training I was able to bring them back,” they said. “That made me feel very empowered.”

“Overdose is reversible – death is not,” noted another panellist who went on to talk about the Naloxone programmes they’ve been running in the UK.

“I deliver drug education into schools,” they said. “I train police forces up and down the country to be trauma-informed. We support family members. Everybody should be trained in Naloxone and carry it around with them.”

They noted that the ‘Naloxone saves lives’ message has struck a chord with major UK news organisations like the BBC and *The Guardian* who’ve reported positively on their activities.

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”



“For me, it’s been about helping the press and the media to recognise that they’re going to get as many clicks by telling positive stories about people who use drugs, as they are talking about ‘zombies on our streets’ or ‘junkies,’” they reflected. “I’ve a number of reporters I have absolute trust in to tell the story the right way.”

The conversation then turned to stigma, which a contributor from the floor suggested “is as much of a killer as the actual drugs are.

“Too often,” they continued, “we see the most marginalised and oppressed people in society – who are essentially dying – being dehumanised and criminalised. We have to address the inequalities and imbalances of power which let that happen.”



Other points well made during the discussion were the need for service users to organise at a national level and be heard by politicians and policy makers; the value of peers in a hospital setting; and the importance of recognising the links between addiction and factors such as poor education, mental health problems, unemployment and homelessness.

The final word went to our peer Naloxone trainer.

“Too many people have died who shouldn’t have,” they said. “All of us sitting here have lost someone close to us. With the greatest respect, the answer isn’t more professionals: it’s doing things differently with the emphasis on co-creation, showing love, humanity and respect – and just getting it done.”







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