

Seasamhacht* Ábaltacht* Obair* Léann
S.A.O.L.® PROJECT LIMITED
58 Amiens Street
Dublin 1
Ph: 8553391/8553393
Fax: 8553395

WOMEN AND DRUGS – THE EXPERIENCE OF THE SAOL PROJECT

This paper has been written as a result of the experiences of the SAOL Project over a 14 month period. It includes a description of the context in which SAOL operates and the type of things we do on a day to day basis as well as it's contributions to the lives of women who are drug users in the North Inner City of Dublin.

What is the SAOL Project?

The SAOL Project is a two year pilot programme for former and stable women drug users whose purpose is to move through development work and capacity building from addiction and dependency to self direction and self reliance, it operates on the basis of social justice, adult education and community development principles, and focuses on re-integration into the community.

All of the women who are on the programme were on a methadone maintenance programme through the City Clinic in Amiens Street. The project is the first of it's kind in Ireland specifically targeting women drug users and came about largely as a result of a research project carried out under the aegis of the Eastern Health Board.¹ This research identified a critical unmet need in the area of drug stabilisation, i.e. intensive support, development, education and rehabilitation programmes.

SAOL was established in mid 1995 and had it's first intake of women in October 1995.

Who funds SAOL?

The Project currently operates on an annual grant from the Eastern Health Board, funding from FAS, the State Training Authority in the form a Special Community Employment Scheme and some private contributions and donations (notably from Poetry Ireland Ltd). In addition the project successfully applied for European funding under the Social Exclusion Budget for 1996 to enhance the base programme of work. The budget for 1997, to complete the pilot phase of the programme, will be met by funding from the Eastern Health Board and FAS.

¹ Female Drug Users and Service Provision, Carmel Dunne, Dissertation. M.Sc Community Health, TCD, Dublin September 1994.

Project Management

The project is managed as a partnership between the Eastern Health Board, the local Inner City Community, a local voluntary drugs services agency and FAS. We presently employ four full time staff, i.e. Manager, Administrator and two Development Workers. In addition we contract in a number of sessional workers for specific expert pieces of work.

What does the SAOL Project do?

On a day to day basis it gives fifteen women the opportunity to explore their own potential over a two year period through a participative style of adult learning that involves vocational as well as practical skills training².

Participants are encouraged to have a sense of ownership around the project and are also encouraged to become involved in regular reviews of course design, delivery and management. The project is designed to be flexible enough to meet the changing needs of the women and structured enough to ensure that the training does not become unfocused.

Project Development

Training takes place from Monday to Friday from 10.00 am until 2.00 pm. An initial needs assessment with the women selected allowed us to develop a framework of activities covering training, education and development, the aim of these particular training modules is to enhance existing skills, to expose these women to new experiences and educational opportunities and to enable them to make informed choices about their own lives.

Specific Training Modules

- Personal Development training
- Relaxation and Holistic Therapy
- Art Therapy
- Literacy and Numeracy³
- Parenting Skills⁴
- Group Dynamics
- Community Development
- Social Analysis
- Computer/keyboard skills

² See list of specific training modules further in this presentation

³ The particular target groups have a high level of literacy and numeracy difficulties.

⁴ In C. Dunne's report, children are mentioned as the most important reasons why women are remaining stable on the methadone programme. The mothers are extremely anxious that their children should have a better future and for this reason the area of parenting and involvement of the children in appropriate activities is seen as crucial to the successful outcome of this project.

- Sewing
- Knitting
- Hairdressing
- Cooking/catering
- Money Advice and Debt Management
- Welfare Rights Information
- Family Planning
- Womens Health & Nutrition
- Social and Recreational visits to theatre, Cinema, etc.
- Outdoor pursuits

WHY DO WE DO WHAT WE DO?

The project operates from a set of values that believe that endemic drug addiction in areas like the North Inner City of Dublin stems from a fundamental in quality in our society. Education attainment standards are poor and opportunities for learning and development are few and far between. The project also believes the social justice is a right for all and as a result we operate from a set of principles which include information and empowerment on basic citizens rights and access to appropriate services in times of need or crisis. This issue of social justice and rights often leads us into an advocacy role and we at times find ourselves being critical of services which are available to these women.

So in practice what does all this mean? Well, on a recruitment level this means that we targeted staff who have all round skills in terms of their work with people at a community based level. Workers with a background in community development who cooperate from a particular set of principles including respect and equality. People who incorporate an adult education approach to their work, who have a social and political analysis on their work, who operate from a background of their own experiences of disadvantage, who are flexible, skilled in group techniques and who, above all, bring with them an energy and dynamism to the work.

So what does this thing called Community Development and Adult Education really mean?

There are a number of key principles which have to be involved if one is taking a community development approach to their work. These principles must all be in place if one is to truly say that they are taking this approach and not just using the language to explain that a project is based in a community and works with the people in that community.:

Cornerstones of the community development principles

EQUALITY	EMPOWERMENT
WORKING COLLECTIVELY	SOCIAL ANALYSIS

Equality: On a practical level, this means respecting the rights of all people involved in the project as equal and encouraging and respecting critical evaluation of our work.

Empowerment: Empowerment means just exactly what it says. It means giving people the information to allow *them* to become informed about their lifestyle. It means exposing them to a range of choices that may or may not change this lifestyle. It means giving them the confidence to assert themselves - very often in unequal situations. It means allowing them to make their own *informed* choices about their futures.

Working collectively: Community Development can only happen when the processes involved are collective as opposed to individual. Very often, however, this means that work must start with the individual and it is for this reason that personal development is an important focus of our work. However personal development in and of its own is not enough. There is a need to develop the group to take collective responsibility for the actions of the individuals within it.

Social analysis: It is not enough that the treatment of drug addiction focuses only on the individual and the addictive behaviour of that individual. Solutions to drug addiction cannot be found solely within the individual. While addiction therapy is an important component in any rehabilitation programme. An equally important component is providing the tools to analyse the social factors that lead to drug addiction. Very often providing and using these tools can lead to tensions between the medical and social model of drug treatment. Indeed we have been accused of 'rescuing' people from their addiction by allowing them to 'believe' that it is not their fault and that therefore they do not need to do anything about it. This type of simplistic analysis is often unhelpful and needs to be openly and honestly discussed and debated by both disciplines. Social Analysis can provide us with an understanding of drug addiction. It is this understanding, combined with using the other principles, of our work that can often lead to solutions being created.

SO WHAT ARE SOME OF THE PRACTICAL OUTCOMES SO FAR?

SAOL attempts to take a holistic approach to its work. It is not easy. It is very often extremely stressful. But nonetheless, within the limits of its own resources, the project has made a commitment to this process with these women.

The SAOL project has been going now for just over one year and while we are still only halfway through this pilot there are some very real measurable outcomes. The outcomes are both quantitative and qualitative. There are outcomes in terms of educational levels, conceptual levels, self esteem levels, confidence levels, acquired new knowledge, reduction in methadone, etc. etc. it is important to state that the SAOL Project does not operate from an abstinence model - therefore if these women choose to remain stable on methadone, then provided that this choice is an informed one and that the consequences and responsibilities that go with being maintained on a highly addictive substance are accepted, then the work of the Project has been done.

However, the reality of the situation for these women since they came onto our programme are as follows:

- Four of the women could not read or write before they came to this Project. All of the other women, with one exception, had reading and writing difficulties ranging from high grade literacy problems to very low literacy skills. This is a particularly poor indictment on the education system that they were part of for most of their young lives. Five months into the Project they had written poems and short stories and we have had two collections from the project published. President Robinson has requested the opportunity to write a foreword for our next publication. All of the women are studying for examinations in English - ranging from the leaving Certificate to the NCVA levels.
- Several of the women have reduced their methadone intake daily and have also either reduced or ceased using other prescription drugs. Here are some key quotes from the women discussed during review sessions.

“When I started SAOL I was on 200 mls. (daily) By Christmas (1996) I was down to 6 mls (daily) but I went up to 10 mls (daily) again when my child was sick”

“When I started SAOL I was on 250 mls (daily). I am now down to 75 mls (daily)”

“I am on the same dosage since I started.”

“ I was on 70 mls (daily) when I started SAOL and I am on 10 mls (daily) now”

“I was on 90 mls (daily) and I am now on 50 mls (daily).”

“I was on 100 mls (daily) when I started SAOL and I am on none now.”

There are other positive outcomes which are evident to us as staff and management and we hope to have these confirmed as a result of our forthcoming independent evaluation.

COMMENT FROM THE MANAGER ON THE SAOL WOMEN AND DRUG USE

In SAOL the 'normal' rules of an education project don't often apply. The 'normal' rules of a development project don't often apply. The 'normal' rules of a training project don't often apply. The 'normal' rules of a group process don't often apply. One could be forgiven for thinking that the SAOL project is just not 'normal'! However what it does provide is a normality and a stability that gives voice to those women who have been unheard.

The woman drugs users living in an area like the North Inner City of Dublin does not just have the problems of trying to get money for her daily 'fix'. She lives in a fractured and severely damaged community. She copes with extreme social isolation and disadvantage. In the experience of SAOL the woman drug user, and in particular those with children, also copes with factors such as:

- poor-housing
- financial worries
- unemployment
- educational disadvantage
- low nutrition
- little social/community support
- extreme levels of stress
- can often suffer domestic abuse
- being in 'trouble' with schools because of her children's behaviour
- often visiting her male partner in prison (and very often having to score drugs for him to enable him cope with life in prison)
- poor medical services
- having to cope with loss and bereavement
- often coping with past sexual abuse
- coping with the 'maze' of social services
- frightened to say that she cannot cope because this type of exposure might suggest to the authorities she is not a capable mother
- being frightened to approach the authorities, particularly for health care, because of 'judgements'.

One can see that even if you remove the need to get money for the daily 'fix' by providing methadone maintenance, you are still left with all of the other factors.

Drug use for women is not simply about coping with trying to get the money for your daily 'fix' Drug use for women has layers and layers of complications.

Complications that are too difficult to simply label as addictive behaviour and to deal with exclusively in this way. People don't make healthy choices in a vacuum: they make them in the context of their own environment. These choices are subjects all the pressures and influences that surround them.

A holistic approach is needed in the treatment of women drug users. A holistic approach which recognises that the factors that led to drug abuse and the subsequent chaotic lifestyles are inter-related and must be addressed and supported. In our experiences, these factors are both inside and outside the control of the individual. Until we, as a society, can accept and admit that drug use is not simply an individual's choice but often the result of no other choices, then we will not make any serious impact on the type of endemic drug problem in areas like the North Inner City.

*Joan Byrne
Manager
SAOL Project
7th February 1996*