Community Response
Family Project
Annual Report 1998-99

CONTENTS

Introduction

Dublin inner city communities are historically close-knit and the bonds of family and extended family are extremely important. 'Looking after our own', your own child or neighbours' children, is a core value and the place you come from matters. The resilience, wit and ingenuity of this indigenous population, at difficult times and in the face of extreme economic hardship, is part of our culture and the foundation on which the new economic success is now being built. How does one define social exclusion in this context and what does sharing 'a cup of sugar' or 'a sup of phy' mean in a Celtic Tiger economy?

CONTEXT AND RATIONALE

Communities in inner city Dublin now confront the reality of a third generation using heroin. At the end of the 1990s, even younger people are using hard drugs and more women are using heroin. The first major heroin epidemic occurred in the 1970s. With drug related crime, imprisonment among the local population increased and HIV infection grew, often in prison. Sometimes drug use within extended families and across generations meant that families suffered multiple loss, sadness and bereavement. Regrettably, many young people died of AIDS related illnesses and now grandmothers especially, having lost their own children, raise the next generation.

The link between social exclusion and heroin use is well established. The south inner city is one of the worst affected parts of Dublin. Here, more drug users live with their family of origin than in any other European city and therefore families carry the burden of care. Even with some state intervention, families have been devastated and community networks remain under severe pressure. Increasing numbers have contracted Hepatitis C. This brings more grief to the families and will ultimately cost the health services more than HIV and Hepatitis B together have to dale. Specific prevention and education measures are yet to be put in place. Therapies which work with HIV, do not do so with Hepatitis C. Current strategies only reach those who access treatment.

Community Response and the Family Project

Community Response has a community development philosophy that addresses the dynamic interaction of heroin, HIV, hepatitis and social exclusion. The organisation has been concerned with problem drug use since the 80s and was formally constituted in the early 90s.

The Family Project evolved from a previous project when the play *Taking Liberties* was devised and performed by Inside Out Theatre Company with Tenderhooks drama group. The play toured community venues, proving to be an effective social animation tool and an empowering experience for participants and audience alike.

IMPLEMENTATION

The EU Integra Family Project works with families affected by heroin use and related health issues, against a background of continuing social exclusion. The project includes people who live with the direct consequences of drug use in their family or neighbourhood, community activists and other concerned organisations.

Outputs and Outcomes

The Project produces health information which is culturally appropriate on:

- Family support needs
- Family issues, in relation to drug use
- Methadone - from the partners of drug users perspective
- Material on Hepatitis C

Project actions include inter-agency work. Some needs have been identified:

- Skills and resource inputs for generic service providers who deal with heroin use and associated health needs
- Ante and post-natal care of drug using women
- Integration of women's health and child care policies with drugs policy
- Partnership 2000 to consider these implications
- Department of Social, Community and Family Affairs and the Department of Education to be represented on Local Drugs Task Forces

Community Response Family Project plans a Family Conference, jointly with the Dublin City Wide Drugs Crisis Campaign, in October 1999. Inside Out Theatre Company will produce a new play during 1999

Innovation, Effectiveness and Learning

In some neighbourhood, up to one third of the population has a family member with heroin, HIV, or related health problems. Against this background:

- The Family Project demonstrates the value of community arts and media in a health promotion and information strategy.
- Accessible events, like the community play, Taking Liberties, which explore major social themes, are important cultural expressions. Audiences have a shared 'community conversation' that opens up the possibility for action.
- To collectively express cultural identity, to reflect authentic experiences and to voice their own story, people must be central in the entire process.
- The Family Project has, with local people, designed actions to produce material which is relevant to local communities.
- People identifying their own needs and producing their own material is an effective first step to community health and well-being.
- Drug users, and women especially, can have their needs met within 'user friendly' general health services and in neighbourhood family centres.
- The Project collaborates with general health services and a generic family centre to examine responses to heroin use, community and family health. These actions demo nitrate a need for further capacity building.
- The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) 1998 report suggests future trends moving from a 'demand reduction' strategy to a general health response.
- The implications of Hepatitis C for drug users and their families are serious.
- A community health framework and a family oriented approach, integrating education and treatment, would inform a progressive practice model.
- Community Drugs and Health Teams, focused on drug use and family health, should be established. As a priority, these community-based teams would act as a local liaison structure in an integrated service delivery plan.

Recommendations

What would a comprehensive community health model look like? Viewing heroin, H1V, hepatitis and social exclusion from a family perspective helps to clarify the relationships between specialist drug services and general health services; between specialist drugs policy and family, women's health and child care policies; across the criminal justice system, the prison service and general health and drug services.

- We need a 'bottom-up' community health model and a framework which integrates drug treatment, education and prevention.
- We need flexible responses at institutional level and in the allocation of resources.
- Practice models that address the dynamic interaction between health, heroin use and social exclusion need to be formulated.
- Interventions are still medically led. We suggest a community health model, with Community Drugs/Health Teams (CDTs).
- Without effective national policy and with no preventive measures or education programmes in place, there is serious concern about Hepatitis C. That concern is shared city-wide and is reflected in European research.
- In the context of drug use in Dublin, Community Response believes that huge health and social implications need to be faced.
- Achieving social inclusion must be pan of a dynamic and imaginative community health strategy.

Conclusion

The Family Project, working with people in communities where heroin use and social, economic and cultural exclusion have been the norm for generations, is taking a first step to empowerment and towards a new community health model. Community Response, in recognising the strength of these families and these communities, endeavours to move towards the goal of health and well-being for all.

Family Project, Community Response First Annual Report, March 1999

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The Family Project receives its Funding from the European Social Fund under the EMPLOYMENT Initiative *Integra*. The Department of Enterprise, Trade and Employment is the authority for the European Social Fund in Ireland.

Layout and design, Kieran Doyle O'Brien

CONTEXT AND RATIONALE

The link between heroin use and social exclusion is well established. The south inner city of Dublin, the catchment area for Community Response, is an area experiencing the third decade of heroin use and many more of social exclusion. Community Response began in the late 1980s and was formally constituted in the early 1990s as a partnership of community, voluntary and statutory interests. The work is based on a community development philosophy, focused on heroin use and associated issues. Community Response has developed six main strategies:

1. *Education and Training:* Sixteen local people recently graduated as community drugs workers and the training programme for 1999-2000 is in development.
2. *Drugs Awareness:* This is effective outreach from a community development perspective, as well as being an educational tool.
3. *Research:* 'Dealing with the Nightmare' is a major piece of research and further research is planned.
4. *Networking:* Community Response is part of wider networks dealing with health, education, employment, justice etc. Drugs issues are thereby integrated into other agendas. We are currently building capacity in ICTs, media, video production etc, with the staff team and project participants.
5. *Campaigning:* We campaign for community involvement in integrated service development, especially community drug teams (CDTs).
6. *Family support work.*

> *The highest proportion of known drug users in a block of flats was: 19 known drug users in a block of 65 units.*
>
> *Dealing with the Nightmare, community Response, June 1996*

The Family Project

The Family Project came from, and is integrated with, our other community development work. Community Response research, *Dealing with the Nightmare* (1996) revealed the scale of heroin use and the impact on families. We estimated then that nearly one third of families in one local authority flat complex was living with heroin use.

Many drug users from the south inner city have died of AIDS/HIV related illnesses, because of the practice of sharing needles for injecting drugs. Many families are bereaved and grandmothers are sometimes bringing up the next generation. Many drug users have siblings or other relatives who are drug users. Some families are multiply bereaved. This is the legacy of the 1980s.
In the latter part of the 1990s new treatments can delay the progression of AIDS and many families continue Co care for family members. Services to respond to family needs have not been developed to match. In fact, families have carried and continue to carry the greater burden of care.

What is happening now?

Young drug users are now often identified as a second generation of drug users. Trends indicate that younger people are experimenting and at risk from hard drugs, while more women arc using heroin. In 1997, the Coombe maternity hospital recorded that 51 babies were born with Neo-natal Abstinence Syndrome. The Coombe's catchment area is citywide. In the 1990s, younger users, more women drug users, multiple use in families and across generations, are all common features. Heroin use has become the norm for some families and is rife across the community.

Cairde, the voluntary support agency, has commissioned research to assess the needs of families affected by HIV/AIDS. Issues emerging fall into three categories:

- *Emotional needs*
- *Social support needs*
- *Health needs*

Hepatitis

Though the prevalence of HIV may be declining in the second generation, the issue of Hepatitis C for this generation is starkly apparent. The impact of Hepatitis C on HIV positive people is also an issue. In the Irish Medical News in 1998, Dr. Des Crowley is quoted as having told a conference that HIV prevalence was currently being successfully managed, with new diagnoses now at 20 per year. However, he said that 80 to 90 percent of drug users were Hepatitis C positive.

In recent research, published in *Addiction* (November 1998) researchers stare that in Dublin, among IDUs (intravenous drug users) who commenced injecting in this decade, their data supports the view that Hepatitis C will create a larger health burden that either Hepatitis B or HIV/AIDS. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) indicates caution regarding the decline in prevalence of HIV. Anecdotal data would suggest similar caution in Dublin.

At the end of the 1990s, Hepatitis C, younger drug users, more women drug users, multiple users in families and generational use are some of the major features of substance abuse. Caring for family members with AIDS, deaths through AIDS, overdoses and accidents associated with drug use are all continuing. Over the decades, convictions for drug associated crime have increased. Families are coping, on an ongoing basis, with the impact of imprisonment. Families inter-generationally seem to be extending their care and resources to the children of the second generation of drug users. To consider the needs of the second generation, the third and future generations, family and community support systems will need to be considered as a major strategy in these inner city areas, in relation to drugs, health and associated social services.

In almost all countries, the prevalence of HIV infection in drug injectors is declining, or stable. Modelling studies, however, show that new generations of injecting drug users continue to he infected, meaning that H IV has become endemic. Young and new injectors often show more risk behaviour than more experienced drug users.

RMCDDA 1998S Report, page 15

Policy Context and Practice Issues

What provision and policies exist for families affected by drags, HIV, hepatitis and social exclusion? The Ministerial Task Force on Measures to Reduce the Demand for Drugs (‘Rabbitte report’ 1996) states: ‘As a priority, the Tusk Force recommends that s range of departments and their supporting agencies should develop programmes, aimed specifically at addressing the deficit in parenting skills which has become apparent in modern society and which exacerbates the problem of substance misuse and aim-social behaviour in general.’

Although Community Response welcomed this initiative and many of die recommendations in the report, our research and analysis does not suggest a deficit in parenting skills but rather, families are left unsupported within the dynamic interaction of drugs, HIV, health problems and social exclusion over decades. The priority need, at policy level, is a recognition of this interaction. One of the main policy areas the Family Project seeks to address is to define needs that emerge when drugs/HIV, family health problems and social exclusion and justice issues are inextricably linked.

The extremely high prevalence of Hepatitis C in most countries indicates ongoing risk behaviour among injectors, much of which is probably unnoticed - sharing spoons, cottons and other ‘works’.

EMCDDA 1998 Report, page 15

Many addicts have children who often find it difficult to lead a normal childhood. Their everyday life may lack stability and material and emotional resources. Moreover, they are at risk of being stigmatised, disadvantaged and there is the threat of being removed from the family. Support systems are necessary for these children and their parents, but few exist.

EMCDDA Annual report 1998, page 58

Family Policies

In its final report to the Minister for Social, Community and Family Affairs, The Commission on the Family notes the lack of coherence and clarity of objectives, in relation to family policy. The Commission identifies 'priority communities'. An identification of families with drug/HIV, other health and social exclusion issues as a priority group, within those communities, may be necessary.

The Commission on the Family makes the point that family policy has never been co-ordinated, or separately identified, in any way. There is a range of policies in relation to families. Mostly, these relate to provision for an individual family member, with recognition of the dependency aspect of family relationships. Different policies cover social welfare, health services, child protection and family law.

A high number, 57%, had one or two children and one young woman was pregnant with her first child. One third of drug users who had children did not live with them. All were young men. They were generally still involved with their partners, but their partners lived in their own family homes. The prevalence of users with children is an important finding.

Dealing with the Nightmare, Community Response research 1996

Priority areas for centres (Family/community resource centres) should be those areas contending with multiple disadvantage and where families are facing significant challenges in trying to rear their children and secure positive futures for them.

Commission on the Family, *Strengthening Families for Life,* July 1998

Drugs Policy in Ireland

The policy approach covers two strands, the supply reduction policy which involves the promotion of co-operation and co-ordination, at international level, to control the criminal business of illegal drug production and trafficking. There is national action on several fronts, including the seizure of assets to tackle distribution, drug pushing and money laundering.
The demand reduction policy to discourage drug taking, which comprises the second strand of the policy approach, includes education about drugs, investment in improving the socio-economic and environmental conditions which contribute to the demand for drugs and measures to cope with the consequences of addiction, including treatment and rehabilitation. The Commission on the Family welcomes and endorses all these drugs policies.

Department of Justice

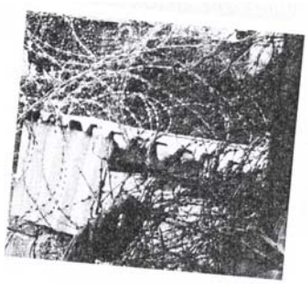
The Department of Justice study, *Tackling Crime,* suggests better use of resources to give a more effective service to families affected by drugs. Community Response believes that this is 'worthy of study', but that it needs to be framed within the dynamic analysis suggested.

Many of these families will be in receipt of different forms of support from various social services. The annual cost involved in providing these services, including, for example, the cost in many cases of imprisonment, can be quite considerable. The Department believes that this subject is worthy of study, with a view to establishing whether by means of a more effective use of the same level of resources, these same families could be better served and the taxpayer provided with better value for the resources committed to helping them cope with their difficulties.

Department of Justice, *Tackling Crime,* May 1997

It is estimated that around 500,000 injecting drug users are infected with Hepatitis C in the EU. It is therefore important to develop a detailed understanding of which measures are most effective in preventing transmission. As those most at risk of developing long-term liver problems may be those infected by both Hepatitis B & C, the vaccine for Hepatitis B may be one cost effective method of preventing disease.

EMCDDA Annual Report 1998 page 30



Hepatitis C

Dr Chris Forde's paper at the third International Conference on Hepatitis C (November 98), *Why HIV prevention strategies for injecting drug users have failed Hepatitis C,* draws attention to the fact that prevention, harm reduction and treatment policies need urgent review. She outlined some of the ways HCV (Hepatitis C virus) transmission is different.

- HCV is a sturdier virus, needing less blood for infection.
- HCV can be passed more easily, through sharing equipment and paraphernalia.
- It can withstand more environ mental changes, surviving in dried blood for up to 3 months, unlike HIV which dies quickly outside the body.

The Health Council of the Netherlands advised the Dutch government in 1996, to execute an immunisation programme, for Hepatitis B, directed at the total population and specific programmes for high-risk groups. Vaccinations and registration will be executed by the municipal health service.

EMCDDA Annual Report 1998 page 49

In Dublin, the harm reduction strategies in place are those that were designed and implemented for HIV At a practical level, drug users in treatment will generally be offered the Hepatitis B vaccination. Is there a need to direct this at the general drug using population, and for a public education campaign? Some individual outreach workers or agencies may have developed practices that take account of Hepatitis C.

Drug users in Britain still remain largely unaware of HCV. Those who are aware are frequently poorly informed or confused about the different types of hepatitis, transmission routes, risk factors etc. Official interest is muted and the medical profession appears not to have recognised the significance of the epidemic. In conclusion, the British situation can best be described as being too little, too late, while HCV numbers continue to increase against a background of increasing drug use, inadequate resources, publicity and awareness and support for all with HCV. In the absence of a national strategy to prevent further infection, are we leaving a legacy far the millennium?

Paul Wells, HCV & IDUs: *A Legacy for the Millennium,* International Journal of Drugs Policy, no 3 1998

Where is our public education and community health strategy ? What of the many drug users in Dublin who are not part of the treated population? A book booklet for families has been published, by the Department of Health, and hepatitis has been included in GP's training in the Methadone Protocol. Where is national policy and prevention strategy? Hepatitis may also have implications for methadone prescribing. It may indeed be that demand reduction k the starting point for a broader general health policy.

Maintaining the continuing focus on HIV serves only to enable the spread of HCV among recruits into injecting. The overall strategy for reducing harm associated with injecting drugs has to be the adoption of a bloodborne virus approach. Treatment services, particularly those offering maintenance regimes, need to recognise that an increasing number of clients are likely to develop HCV related liver problems. This will require them to develop and adopt an holistic treatment approach and carefully balance the dependency related prescribing needs with maintaining a healthy liver function.

Paul Wells, Methadone prescribing & HCV among IDUs, Euro Meth Work no 14 1998

Prevention and Education

The following could be a starring point in considering practice issues. In recent research from London, *Health Promotion and the Family,* it is stared that despite much of the rhetoric urging health promoters to engage with the settings in which people live, love, work and play, the site of the family and households as a focus for health education and promotion research has been relatively neglected. Their study clearly identified that health concerns are only one set of many for most families.
While the Commission on the Family endorses the substance misuse programme at primary school level and the 'On My Own Two Feet' initiative, an analysis of the circumstances of the priority groups suggests further exploration of frame-works might be necessary to respond adequately, such as integration of education and support strategies for families.

Families are limited by resources in the actions that they can take. Families may understand health issues and wish to act, but healthy decisions are traded off against other competing demands, time, money and the views of other family members. Choosing healthy options may not be the first priority or be as important as other aspects of family life.
One important contribution this report could make would be to stimulate thinking about how taking a family centred perspective might offer some powerful arguments for intersectoral, whole of government approaches to health promotion.

Health Promotion International, Vol 12 no 3, 1997

Treatment:
Family and Community Oriented or Medically Led?

Treatment options are generally focused on the drug user. Some situations strongly indicate that family oriented treatment approaches are required. In an international study, *Methadone Maintenance Treatment & Other Opioid Replacement Therapies,* it is stated that it is common for pregnant women to have priority access to methadone maintenance in many places throughout the world. This quick access to treatment often leaves a couple in a situation in which the woman is trying to abstain form illicit drug use while her partner continues his use, because he cannot find a programme that will accept him. A family oriented approach obviates this difficulty by treating both the woman and her partner. Given that families often have a number of members using heroin, it is clear that this factor will impact on the outcome of treatment. Thus, the family oriented approach needs to inform any treatment plan.

In Dublin, in some situations, family members, partners, siblings or parents are encouraged to be part of the treatment process; e.g. when the drug user has a bed in an inpatient detoxification unit. Soon after admission, there can sometimes be a video-recorded family therapy session. The family is not always clear what that process is about. Anecdotally, they sometimes regard it as a condition of getting access to an inpatient bed. They may define their need as being an emergency or crisis. If the drug user leaves treatment before completion, the family is simply abandoned. They have been engaged in a process they did not fully understand. Apart from the ethical considerations, this clearly raises the issue of a planned continuum of service, planned with family members' needs in mind and not from a specific institutional, therapeutic modality or agency perspective.

The specific circumstances of families, as outlined, needs to inform the design of both prevention and treatment strategies. This does not mean that drug users' individual rights should be diminished in any way. All citizens have the right to education and confidential treatment. Service providers and practitioners need to be very aware of contextual and interpersonal factors. Social Learning perspectives need to inform treatment plans.

Community Involvement in Policy-Making

As indicated earlier, family members of drug users may be up to a third of the population in some parts of the inner city. There is an official policy of local involvement at all levels, so it would seem that engaging with family members who wish to accords with this policy. Empowerment strategies and resources are necessary so that this group can be active citizens at every level.

Strategies which consult with and actively encourage the involvement of local people are most likely to lead to a reduction in the demand for drugs…local groups and individuals have a very valuable contribution to make to the development of social policy and can bring to the decision table a depth of local experience…Some of these local groups have been involved in tackling the drugs problem, in their respective areas, over a number of years and during that time have built up considerable valuable experience which should be tapped as a resource.

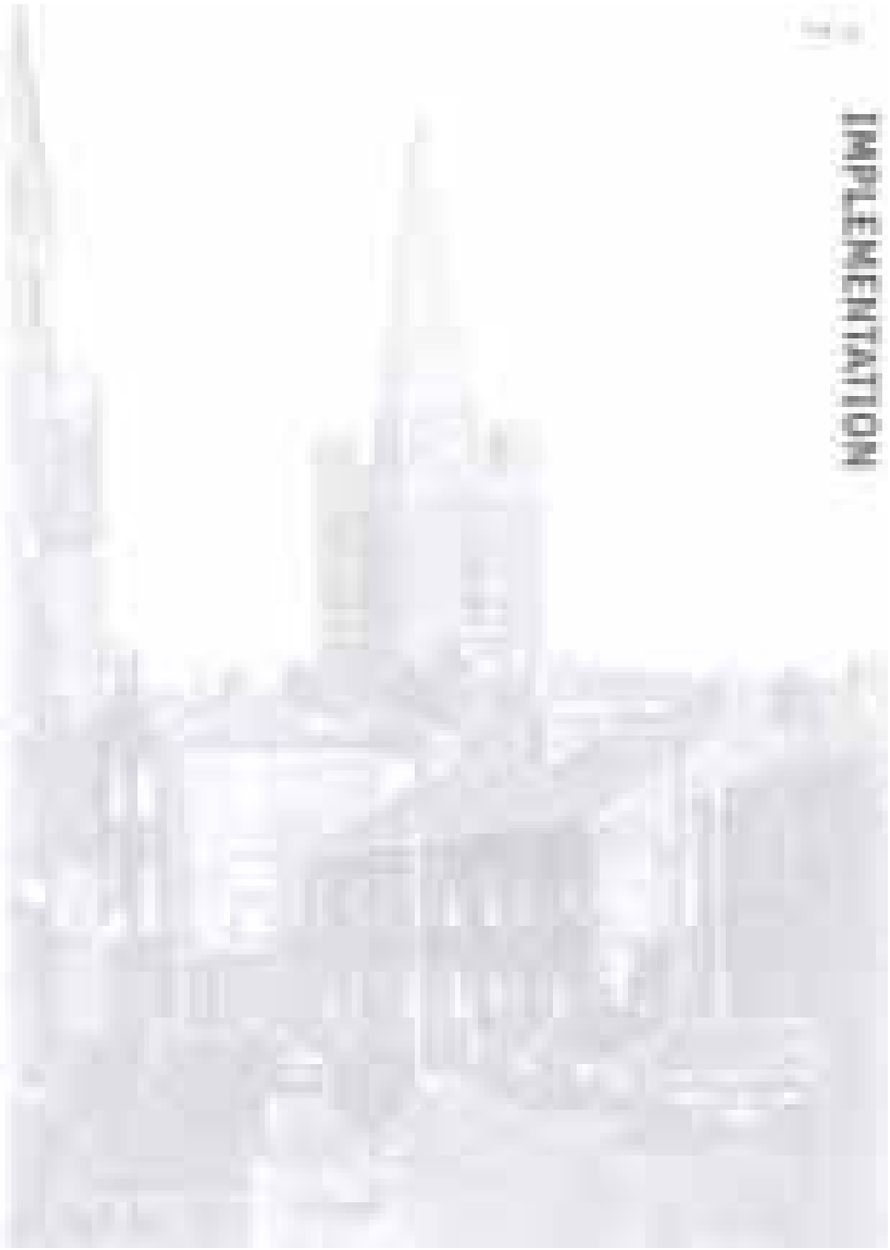
Combat Poverty Agency, submission to the Ministerial Drugs Task Force, 1996.

Family Policy and Policy on Drugs

Besides endorsing the official drugs policy in general, the Commission on the Family has not developed any specific policy for this larger group. Neither Local Drugs Task Forces nor the Cabinet Sub-committee on Social Inclusion have family policies, per se, on their agenda. Unless this gap is addressed, the needs of families where there is drug abuse, will not be addressed in a consistent or comprehensive way.
Partnership 2000 states that the National Drug Strategy Team will liaise with the Social Partners on the implementation of the strategy and link it to labour market strategies. This project is concerned that the needs of families affected by drugs, HIV/AIDS, hepatitis, health problems and social exclusion - and the drug users' needs - be included on all agendas. Linkages need to be developed, within Partnership 2000, in relation to women's health and childcare. Social inclusion may thus be better achieved and strategies for participation in the labour marker may also be more effective.

A Definition of Family The working definition of Family adopted in this report is Levine's. She suggests that the family is a social system comprising individuals 'who by birth, adoption, marriage or declared commitment share deep personal connection and are mutually entitled to receive and obligated to provide support of various kinds, to the extent possible, especially in times of need. Thus the family, both of origin and of affiliation, may embrace a matrix of relationships including same sex couples and networks of close friends as well as parents, siblings, children's and other relatives.'

Bor & Elford, *The Family and HIV,* Introduction page XV


IMPLEMENTATION

IMPLEMENTATION

Start Up, Staff and Management Infrastructure. The Family Project began in the first quarter of 1998. The project is based within Community Response's premises and draws on the organisation's resources.

Core staff includes the project co-ordinator, who is responsible for the management and delivery of the project. A full-time post of community drugs worker is financed through the project, although it is designed to draw on two workers, each contributing one half of their working week. Each community drug worker is responsible for the work with, and support to, two groups over the two year period, as well as other work within the project.

The position of administrator, providing financial and administrative support to the project, was planned as a full-time secondment of the Community Response administrator during the life of the

Integra project. It was hoped to secure two Community Employment (CE) part-time workers, as part of the organisation's administration team. In fact, this did not prove possible and so, the administrative structure was inadequate and the organisation under pressure throughout the year. From September 1998, the Family Project shares an administrator (pan-rime, with Inside Out Theatre Company) under the Jobs Initiative. Independent facilitators were also accessed. Inside Our Theatre Company and A V Edge, a video production company were contracted for a two-year period.

Management

The Community Response management committee oversees the Family Project. The co-ordinator of the Family Project reports to the Community Response co-ordinator, who reports to and updates the management committee. There are two treasurers, the principal financial officer for Community Response management 1998/99 and a co-treasurer who served on management and worked as a volunteer during the previous European project. An advisory group, with two external people, was established. One co-ordinates a community network and the other works in the Community Arts field. It was agreed to finance external role consultation sessions on a monthly basis for the co-ordinator of the Family Project.

Project Management and Issues for Community Response

The staff team spent two days, in the last quarter of 1998, on reflection and analysis, with an external facilitator. It was agreed that the Community Response organisation, staff and management, needs an organisational development plan for the next two to five years. Resources which were allocated to enhance the capacity of the Family Project team will be allocated, in the second year, to that overall development plan.

Recruitment of Participants

The participant groups emerged from the previous European social exclusion project that Community Response carried out. All were involved at the project development phase of this Integra project and so were engaged, at some level, in the design of the Family Project. Each group is associated with a specific geographic area in the south west inner city.
The participant groups are:
A: Five mothers of heroin users Action: Family Support
B: Six partners of drug users Action: Methadone information booklet
C: Two parents and community activists Action: Hepatitis C educational audio tapes
D: Three members, the parents of teenagers
Action: Preventive strategies with young people at risk from hard drugs
E: Four family members of drug users
Action: Comic book, exploring drug use in the family Delivery of Project
Actions Eight key actions are:

Delivery of Project Actions

Eight key actions are:

- Each participant group producing culturally relevant health materials
- The groups together agreeing and implementing a common project
- Developing family and drugs work with a local family centre
- Interagency work, addressing ante and post-natal needs of drug using mothers
- Social animation events in the community, especially the play
- Producing a video that reflects the entire Family Project
- Organising a Family Conference to disseminate the results of the project
- Transnational activities

The original Action Plan included accredited training for participants in:

- Stress Management
- Video Expression
- Crisis Intervention
- Designing inputs for VEC child care training courses
- Piloting a family crisis intervention model locally
- Actions to enhance the training of community drugs workers
- Research on further family needs

In consultation with the National Support Structure, WRC. the project is now carrying out only the eight key project actions.

Each Group producing Health Information Materials This action is being successfully implemented, via adult education and community art and media. The Croups agreeing and implementing a Common Project together.
All of groups A, B, C, D, and two from Group E have attended a residential weekend per quarter in 1998. The aims of these working weekends is for groups to learn from one another and about each other's projects. The working weekends are designed to create the conditions for the groups to collectively select and agree a common project. This has happened and three of the weekend groups have agreed on the following actions:

To create three Community Health Messages, on video, with the themes:
- Hepatitis
- Methadone
- Family Issues

These Health Messages will be part of the Family Project Video 1998-99.

Developing Family Drugs Work with a Family Centre

- Engaging further parents of drug users in a support group within the Family Centre.
- A planning group is established to carry out the above and work is ongoing.
- Exploring other possibilities to build capacity in responding co heroin issues.

Ante and Post-Natal Needs of Drug Using Mothers

A Working Group has met quarterly to examine and document the issues from a service delivery and policy perspective.

Social Animation Events In the Community

1998 saw the launch of products produced by the project. These include the resource pack *Taking Liberties - Taking Action,* the comic *Ring a Ring a Rosie* and a methadone information booklet, *The Ups & Downs of Molly Phy.*
These public events were well attended and there is enthusiastic feedback about the Family Project's work. Inside Out Theatre Company is already working on the concept of the play to be performed In 1999. Drama workshops began in Autumn 1998 and outreach to further participants is continuing.

The Family Project Video

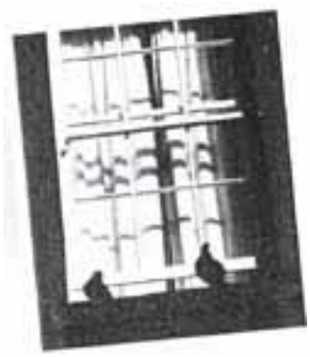
The production company, A V Edge has been working with Community Response since early 1998. Some events have been recorded and a video production workshop has been conducted with participants.

Family Conference, Dublin CityWide 1999

Planning is continuing with the Dublin City Wide Drugs Crisis Campaign for the joint conference in October. The venue has been identified and some contributors and participant groups invited.

Transnational Actions

Community Response Family Project is a partner in the Labora Vita network and a member of the AGIR 2000 network. Transnational visits have been carried out and exchanges planned. These will be further documented in the final 1999-2000 report.



Multiplier Effects

- All of the actions with participant groups have an expression through some form of media or public arts event and will contribute to a multiplier effect.
- Issues raised have already stimulated debate and are being communicated co a wider audience. The video produced will reflect the whole of the Family Project.
- All actions to date have an inherent multiplier effect.

Mainstreaming Actions

- Inherent in the work of the interagency group is the theme of the mainstreaming of drugs work in itself. In those actions we are engaged primarily with agencies whose brief it is to deliver general health and community services.
- The debate about the relationship between general health services and specialist drug services is central to those specific pilot projects.
- Discussions at Community Response team level have been had with regard to the Family Project and mainstreaming within the organisation. A number of possibilities are being explored.
- The joint planning of the Family conference, in conjunction with City Wide, was decided on as part of a mainstreaming strategy. Community Response's catchment area is the south inner city and so it was thought more effective to plan the dissemination of the findings of the project at a citywide level. This joint action is new.
- A further new action is a series of halt-day seminars building to the conference.

Outputs and Outcomes

Family Project participants are developing family support and health information products which, in content and presentation, are culturally appropriate to the target audience.

Action A: Family Support

Group: Five mothers of heroin users
This group devised a manual to accompany the video they previously produced. The video and manual combined. *Taking Liberties - Taking Action,* provides a tool for facilitators establishing family support groups, where there is drug use and related problems. The resource pack was launched in June 1998 by Minister for Local Development, Chris Flood TD, who also has responsibility for National Drugs Strategy.
The Tenderhooks group was fully involved In planning the launch and in the debate about ownership and use of the pack. Group facilitation skills training was provided. Two members facilitated workshops on various aspects of the pack. Tenderhooks are now exploring the possibility of establishing a self-help group for themselves and other family members who need support. This, while touring their play *Taking Liberties,* is the action planned for the remainder of the Family Project.

Action B: Methadone information booklet

Group: Six partners of drug users
Three members are fully active and the others remain connected with some activities. This group has produced a comprehensive information booklet about methadone, *The Ups & Downs of Molly Pty,* from the partners' perspective. It contains poetry and lyrics, as well as factual information. It was launched in February 1999.
An exciting unplanned outcome, which the group initiated, was writing and recording their song 'Crawling up the wall' on compact disc.
The group is now considering which activities to pursue during the life of the Integra project. Two want to learn more about audio and video editing. Another is pursuing training in auricular acupuncture. The group plans to explore family issues, community health and drug use further.

Action C: Hepatitis C educational audio tape

ons

Group: Two members, parents/community activists
It was planned to expand this group during 1998. However, the actions taken were not successful and we concentrate on working with the community activists who had committed themselves to the project. They are engaged in an ongoing learning process about hepatitis and how the human body works. They are centrally involved in scripting audio tapes Co engage and educate audiences on the topic.
Both participants, together with a local community worker and an holistic body worker, attended the third International Conference on Hepatitis C as part of our transnational activity. The group plans a. July 1999 launch of their educational audio tapes on hepatitis.

Action D: Preventive strategies with young people at risk from heroin

Group: Three members, the parents of teenagers

In the first two quarters of last year, this group engaged in a learning process about ecstasy and in May produced a programme for Liberties local radio. Between May and October, a group of teenagers took part in workshops on drug use and a radio programme giving their point of view was produced and broadcast. We planned further work with this group. However, they withdrew from some project activity in early 1999. It is not yet clear if they withdrew from all project actions. In evaluating the experience and relationships we must consider how to weigh the factors involved, the experience of the Family Project, with Community Response and the impact of community politics in relation to valid actions and legitimate protest about drug supply. Local authority housing policy, official policy generally in relation to drug users, especially low-level user-dealers who deal to feed their habit, other transactions in the wider market place, all arc contentious. This impacts on families in local authority housing complexes who may have an active drug user or ‘recovering addict’ in the home.

Action E: Comic book, exploring drug use in the family

Group: Four family members of drug users
This group undertook co write and produce a comic book, *Ring-a-Ring-a-Rosie,* to illustrate issues arising for families with drug use in the home. This was launched in November 1998. They are now working to improve the visual presentation, to produce the comic more economically and devise a way to exhibit and share their work.
The group previously engaged in a three month programme on stress reduction, using 'self-talk' techniques. They used 'self-calk' as a story-telling technique in the comic. This also built on an education process the group undertook in the preceding year.

In summary, four of the five Family Project participant groups have already published material on the drugs issue, from a family perspective, and the fifth group will launch educational material on tape in July 1999.

Health Information Messages

Groups A, B, C & E are collaborating, during residential working weekends, to produce, on video, three Health Messages or TV public information slots, each of three minutes duration. The themes are, drug use in relation to:
Hepatitis
Methadone
The emotional impact on families

One has already been recorded and two more will be recorded in July. Each group has been closely Involved, learning from each other about the themes, writing scripts and presenting the messages on video.

Family Project 1998-99 Video

Much of the material for the new Family Project video is recorded and a production team in place to edit and complete this action. The three Health Messages will be included in the Family Project video or may stand alone as Public Health Information on TV.

Outcomes for participants

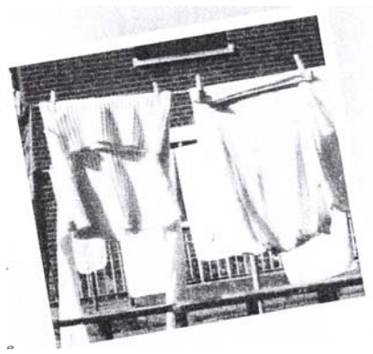
Evaluation to dale indicates that participants have gained a greater knowledge of drugs, theories about addiction and community health. They have also been introduced to production in print, audio and on video. Individual participants have gained confidence in communication and information dissemination skills. The participants' own analysis of social exclusion and the impact on their communities is being articulated.

"It stood out on the tape ... the ones that were talking in that (posh) accent…Talking about their cars and their mobiles ...
The small bit with the Dublin woman talkin'... She just happened to be talkin' about drugs…it sounded just like me… Yeah…"

"We all had something to say about our own voices… putting ourselves down. We do it all the time and don't realise…
Someone from Dublin 8, someone from Dublin 4… completely different…(They) think we're common… just 'cause we live in the flats an' all…Feel different about it now…"

The participants quoted after a workshop, on Voice & Accent, designed by Inside Out:

Empowerment



In project year two, we arc considering how to apply empowerment indicators being developed at European level. Throughout 1998, seventeen people were active in the project. All are women ranging in age from early 20s to mid-50s. Education ranges from little formal education to second-level Learning Certificate. Social status may be determined in complex ways, including specific family circumstances. Economic status of project participants is determined by casual work, part-time employment, marital status and full-time work/childcare in the home. The employment status of three participants who dropped out in early 1999 remains the same as on entry in 1998.

Outcomes at Transnational level

A number of visits have taken place. The Family Project is part of an action learning group, Labora Vita, with the theme: 'Local people influencing organisational change'. We are presenting a case-study which is looking at the actions of Family Project groups who are developing culturally relevant material. Feedback through this group should inform and enhance our own practice. Another significant outcome is meeting Paul Wells, expert in the hepatitis field, through our partner projects. Two participants and two facilitators from the Family Project developed this contact and attended the International Conference on hepatitis, together with representatives of our partner project. This event made a major contribution to our own policy analysis.

Capacity Building at Local Level

Community Response continues to work closely with the Mercy Family Resource Centre (MFRC). Together we plan the establishment of further family support groups, using materials already produced. This was planned for November 1998 and is not yet fully implemented. We are taking further action on this during 1999. One Family Project participant is centrally involved and this activity will be documented in our final project report.

We agreed a new plan of action, with MFRC, to enhance the work which the family centre already does with drug using women. This will be implemented and evaluated in 1999.

Policy Analysis and Practice Issues

The Family Project, the Coombe Woman's Hospital (maternity), an Eastern Health Board Public Health nurse, a Community worker (EHB Community Care Team) and the Mercy Family Resource Centre are together analysing the ante and post-natal needs of pregnant drug users. We are looking at policy and professional practice and have agreed to document our research, discussions and conclusions.

> *"In sum, community empowerment therefore becomes a social action process that promotes participation of people…who are in positions of perceived and actual powerlessness, towards goals of increased individual and community decision-making and control, equity of resources and improved quality of life."*
>
> Wallerstein, Health Promotion in action, Empowerment Approaches to Worker Health & Safety Education, American Journal of Industrial Medicine October 1992

EFFECTIVENESS AND LEARNING

Innovation:

The Family Project is novel in that its focus group has not had this kind of attention before. The project analyses drug use and social exclusion from an unique but valid perspective, from the point of view of the families affected. It is documenting the possibility of a community empowerment and community health model in the drugs field. In the emerging model we might say that: Target groups producing culturally relevant health materials is a first step in an effective community health strategy.

The World Health Organisation (WHO), at the Alma Ata Conference in 1978, set out the importance of community participation in primary health care. Subsequent WHO initiatives, including the Ottawa Charter on Health Promotion, continue to extol the benefits of participation and empowerment. The Healthy Cities Project has involved over 400 cities since 1987. A WHO 1991 position paper on health education directly linked participation and empowerment as a means of promoting healthier individuals and environments.

Community Arts and Media

Through the use of community arts and media, the Family Project has made explicit at least one strategy for community health. The target group is empowering itself in both identifying and publicly articulating gaps in provision, from a social analysis perspective and not only in the health arena. It is only a first step. It raises questions of institutional and policy change which might be required for such models to evolve further. Public spending on health promotion could be diverted to support community health and empowerment initiatives. This is one example of where institutional change could lead. To make it possible for those who are generally recipients of social services to participate in the design and implementation of those services, again institutional change is required. In the wider arena the state needs to seriously examine investment in education. in publicly funded arts activity or national cultural institutions that may further exclude communities from mainstream social, economic and cultural life.

Drugs Policy and Health Policies: Specialist Drugs Services and General Health Services

In recognising the widespread impact of heroin, HIV, hepatitis and social exclusion at family and community level, the project raises significant questions. In our interagency actions, the implications are clear. Drug users, and perhaps women drug users especially, must also have their needs met appropriately in 'user-friendly' general health services and generic family centres.
At national policy level, it implies that women's health and child care needs have to be integrated into the drugs agenda. The Community Response Family Project will be drawing on the interagency actions to further analyse the practice and policy issues in this area.

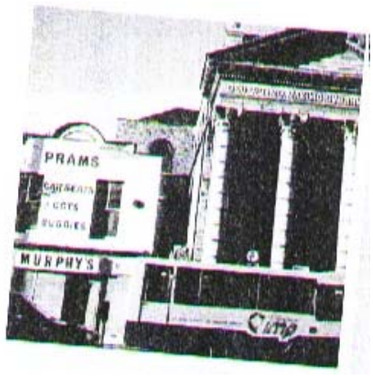
The analysis so far indicates that the Department of Social, Community and Family Affairs must be represented on Local Drugs Task Forces, the Interdepartmental Group, and the National Drug Strategy Team. It is likely that family issues are absent from Local Drugs Task Force agendas. Given the current level of activity of Task Forces, family issues need to be given priority. The public sector does not necessarily represent these interests. Representation from the Department of Education on local Task Forces is also urgent.

The CityWide Implications: One Third of the Population?

In parts of some inner city and suburban neighbourhoods as much as a third of the population are socially excluded and directly affected by heroin use and related health problems within their families. More people are indirectly affected. Community Response Family Project and Dublin CityWide Drugs Crisis Campaign plan a two-day conference on family issues in the Autumn.
We are building participation now, by engaging family members, support groups and community activists in a series of workshops leading to the conference. Community and family support groups know that there is a wide range of needs that must be addressed. This is already clear in the families affected and to everyone involved in responses to drug use.

The Family Conference, on the second day, will focus on formulating recommendations and plans of action. Thus, a multiplier effect and mainstreaming are being planned and implemented. A multiplier effect is also implicit in the new and relevant community health and information materials the Family Project is making available. We plan, again jointly with CityWide, to train facilitators in the use of materials produced by the project. Family support groups attending the conference will present a picture of what is happening in Dublin, city-wide. Evidence and lessons for policy and practice are gradually being compiled by a large body of people, family members with community activists and organisations.

Hepatitis, Drug Demand Reduction and General Health Policies



The Family Project has led to increased discussion about and raised awareness of Hepatitis C for drug users, their families and the health implications for the wider community. We are considering how best to implement health strategies for Hepatitis C, without engendering fear and prejudice for drug users and their families. The discussion is moving towards exploring an effective response in Dublin. We have invited two practitioners, experts in the field, to the conference in October. This will be the first public event in Dublin where drug use and Hepatitis C will be a major theme.
As the project is producing educational material on the subject, clearly this could have an impact on a city-wide awareness campaign. The hepatitis issue raises questions at practice and policy level about methadone prescribing. It would seem that an holistic health model of practice will need to replace the demand reduction model, if hepatitis is to be effectively responded to.

The Family Project represents one effective response to tackling the issues. The production of health materials, by target groups for target communities, the exploration of the interaction of specialist and general responses to drugs issues, and putting all of this on wider agenda, are all only first steps. It seems obvious that Community Drug Teams (CDTs) could be the liaison structure, that is, at a service provision level and on a case by case basis. The CDT would liaise between general and specialist services, across hospital and prison services etc. Community Drug Teams, which are family oriented and 'user-friendly' - in fact community health promotion teams - focused primarily on the health needs of drug users and their families, need to be established. Given the number of people affected and given the dynamic interaction between heroin, HIV, hepatitis, health and social exclusion, community health strategies that focus on the wider community in an holistic way should be explored. Community Health could be the framework that integrates treatment and education strategies.

Conclusion

At the end of its first year, the Community Response Family Project experience indicates that the Community Health framework suggested should be explored. It is now urgent to actually begin to realise some of the recommendations made in this report.

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Community Response wishes to acknowledge firstly the time, energy and commitment everyone has given to the Family Project to date but especially, Mary Brannigan, Siobhan Gannon, Denise Kelly, and Berni Nolan; Mary Carney, Rose Duggan, Vera Fitzgerald, Kay McEnroe and Maureen Warren; June Colgan and Debbie Mulhall; Tracy Corcoran, Betty Macken, Kathleen Montgomery and Marion Quigley. We also thank Anne Cunningham, Gina Nicoletti, Eileen Traynor and the young people who made tapes for local radio.

We thank our external facilitators and consultants, Heather Burke, Kieran Doyle O'Brien, Kevin Ford, David Lowdnes, Fiona Nolan, Gary Nolan, and Dave O'Brien. Kieran Doyle O'Brien's creative inputs, during the Taking Liberties-Taking Action project and again to this report, are appreciated. Special thanks are due to Ann Ryan for her support to participants and staff. The contribution of our advisory group, Irene Ward of Rialto Network and Sue Richardson of Creative Activity for Everyone (CAFE), is invaluable.

Community Response is happy to be working again with Inside Out Theatre Company, Barbara Bergin, Maggie Byrne, Robbie Byrnc and to share their administrator, Gerard Crosson. We also want to thank A V Edge video production team.

In the interagency work, we continue our collaboration with the Mercy Family Resource Centre (MFRC) and thank Chris McCarthy, Rena Cody and all the staff. Our Working Group, on the maternity care needs of drug using women, includes Rosemary Grant (Coombe Women's Hospital), Loretta Scanlon (EHB), Therese Hegarty (EHB) and the MFRC.

The Family Conference, 28 - 29 October 1999, is planned jointly with Dublin City Wide Drugs Crisis Campaign and we wish to acknowledge particularly the cooperation and support of Anna Quigley and Sadie Grace of City Wide and Kay McEnroe from the Family Project.

Matching funding, primarily time-in-kind, has been generously given by the following: Eastern Health Board HIV counsellor and EHB Community worker, Rialto Network, CAFE, Merchants Quay Project, Donore Youth Project (Small Club), Mercy Family Centre and Rialto CDT. The Canal Communities Local Drugs Task Force contributed to our attendance at the International Hepatitis Conference 1998.

Whitefriar Street Community Centre and Griffith College have generously hosted many events. All involved are grateful to Debbie and Scan for their hospitality during residential working weekends at Dunmore Harbour House. The Connolly Information Centre for the Unemployed has consistently made staff time and management expertise available to Community Response. South West Inner City Network manages the Jobs Initiative worker assigned to the Family Project.

The Family Project is grateful to previous members of Community Response management and to the new management. 1998 - 2000, for their support. Special thanks is due to Patty White for continuous service as principal financial officer for this project. Former co-ordinator Fearghal Connolly deserves credit for his commitment to the project. The significant contribution already made by the new Community Response Coordinator, Fran Flood, is also welcome.

All of the Community Response team contribute to the Family Project. Martina Sheppard and Robbie Byrne facilitate groups in community drugs work and community arts. Lorraine Donnelly carries the responsibility for financial administration and Gerard Crosson provides additional administrative support. Susan Cannon and Therese O'Driscoll bring their insights and knowledge in training and education to the team. Susan gave her own time to the production of the Molly Phy booklet.

Community Response would also like to acknowledge the guidance and encouragement of WRC Social and Economic Consultants, National Support Structure for Integra projects.

Brid Burke
Family Project Co-ordinator
March 1999

Design and layout
Kieran Doyle O'Brien

Additional photography and editing
Gerald Crosson

Printing by Snap Printing
Charlemont Street

The Family Project receives its funding from the European Social Fund under the EMPLOYMENT Initiative *Integra*. The Department of Enterprise, Trade and Employment is the authority for the European Social Fund in Ireland.

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