

Community Response



Annual Report 2001—2002



CRAWLIN' UP THE WALL

Now heres a story all about phy.
If everyone will listen I'm going to tell you why.
I thought it was the crack, banging up the smack.
Now I've got the monkey on me back.
Get a doctor quick, I'm feeling very sick.
I'm strung out to bits.
I can't feed me fix.
Scheming, scamming, I tried every trick.

CHORUS

Roche, Rohypnol, Coke, I took it all.
Now I find I'm Crawling up the wall.

I was robbing the gaff.
She wouldn't have it no more.
So she said to me get out the fucking door.
Then I done a snatch,
To get meself a batch.
I'm stealing, I'm dealing.
I'm fucking up me veins.
No matter what I bang up.
The buzz is not the same.

CHORUS

Roche, Rohypnol, Coke, I took it all.
Now I find I'm Crawling up the wall.

I got meself a batch.
I couldn't pay it back.
Now I'm on the run.
The dealers carry guns.
I've nowhere to hide.
I have to get offside.
I end up in the nick.
I'm going down for six.
Now I'm in the Joy.

I'm starting out on Phy.

CHORUS

**Roche, Rohypnol, Coke, I took it all.
Now I find I'm Crawling up the wall.**

Now I find I'm crawling up the wall.

Now I'm with the doctor

Who put me on the Phy.

Life is easier.

I don't have to lie.

I'm stable I'm able.

Now I can pay my way.

I have not got me bird.

Nagging every day.

CHORUS

Roche, Rohypnol, Coke, I took it all.

If you want to mess with drugs you're off the bleeding wall.

By Spontaneous Six

COMMUNITY RESPONSE
ANNUAL REPORT 2001 – 2002.

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CHAIRPERSONS ADDRESS

On behalf of the Management Committee I would like to welcome you all here today.

The past twelve months has been a very positive time for Community Response. When the present Committee took office we were aware that this would be an important year for the organisation. A lot of work needed to be done. And the committee and staff pressed on with it. One year later we can see the fruits of that work.

We recruited three new community drug workers.

A staff handbook, in collaboration with staff, management and an Industrial Relations Consultant was compiled. It was discussed at staff and management level and then approved.

The long awaited library took shape. At the moment we are awaiting funding to complete this project.

And this is just a small fraction of the work that has happened over the year.

The Management Committee meets once a month. We make decisions that we hope will contribute to the smooth running of the organisation but it is the staff who keep Community Response alive and kicking. They are the ones that make this organisation a strong, vibrant and caring entity. On behalf of the Management Committee I would like to let them know that their work is much appreciated and always recognised.

On a personal note, this last year for me has been very interesting and enlightening. I have enjoyed, yes, enjoyed my time on this committee and hope to continue as a member of it over the next year. The majority of the committee have also expressed a wish to continue.

Community Response has had a terrific year and hopefully this success will continue long into the future.



Bernie Downes.
Chairperson.

BOARD OF MANAGEMENT

COMMUNITY

Bernie Downes	Chairperson
Kim Bowes	
Pauline McAdams	

STATUTORY

James Fletcher	South Western Area Health Board
Lorraine Kelly	Probation and Welfare Services

VOLUNTARY

Brendan O'Donoghue	Rialto Drugs Team
Ray McGrath	Merchants Quay Ireland

CO-OPTION

Mick Lacey	The Drug Treatment Centre Board
May Peters	Community Response

RESIGNATIONS

Jack Roache	Community
Eilish Byrne	Community
John Whyte	South western Area Health Board
Catherine Daly	Community
Sue Shepard	Probation and Welfare Services

STAFF

Robbie Byrne	Team Leader
May Peters	Administrator

CDW Team

Mark Dowling
Paula Duggan
Monica O'Reilly

HIV/Hep C Team

June Colgan
Debbie Mulhall

Community Drug Workers Training Programme

Susan Gannon	Co-ordinator
Noreen Byrne	Trainer
Deborah Kelly	Administrator

Co-option

Eilish Byrne	SWICN
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AIMS & OBJECTIVES

WHO ARE WE?

Community response is an organisation consisting of Statutory, Voluntary and Community people who either live or work in the South Inner City area of Dublin and are concerned with the drug problem there.

WHAT ARE OUR AIMS?

Community response aims at developing and devising practical and effective ways of tackling the drug problem and its effects in Dublin's South Inner City. Central to our aims is the involvement of the local community in seeking solutions to the problem.

Community Response are working with individuals in the South Inner City area of Dublin, helping them to determine their own solutions to the drug problem.

OUR RESPONSE

Community Response are working to ensure that local communities are resourced to work along with Service Providers to ensure that:

- The treatment needs of drug users are met.
- Effective responses to the issues of drug supply and drug related crime are addressed.
- Family members of drug users receive support, information and training.
- Drug Awareness Programmes are delivered in all Schools, Community Training Workshops and Youth Clubs in the South Inner City Area.
- Education and training be provided to Community and Youth Groups, Agencies and Services in the area of drug awareness.
- Proper and effective Community Policing is developed

OUR EDUCATION PROGRAMMES CONSIST OF THE FOLLOWING MODULES:

- Drugs Education
- Addiction Process
- Addiction and the Family
- HIV/Aids
- Adolescence
- Self-esteem
- Social Awareness
- Community Development
- Youth Work
- Group Work
- Attitudes & Beliefs

Community Response believes that the problem of Drug use and related issues are best addressed by the empowerment of individuals in the Community through a sharing of knowledge, information and skills.

TEAM LEADERS REPORT

There is a time to reflect and there is a time to move on, to learn from the past and not repeat the same mistakes.

This has been a year when we have taken what we have learned and applied it to the present in order to make Community Response a sustainable Community Development Organisation. Our objective was to consolidate the work of Community Response and I believe that with the support of our Management, Staff and the wisdom and lived experience of the Community that we have begun to recapture the vision and ethos of an organisation that will stand the test of time. We are at the service of the community and it is to the needs identified by the community that we respond. We are on a daily basis delivering a range of responses which include training in the CDW 2 year diploma course, workshops in HepC/HIV, Drug Awareness programmes and ongoing Community Development for local groups and support to developing local drugs services.

We are part of the City Wide Family Support Network and are about to conduct a piece of research to look at the overall needs of families affected by drug use, funded by NACD.

We have applied to South Inner City Local Drug's Task Force for a full time Family Support worker and will soon be in a position to consolidate the lobbying and campaigning we have been involved in over the years in order to provide quality Family Support.

Although we have been effective in many areas there are issues which we still need to respond to. Issues such as growing alcohol abuse, homelessness, youth at risk and new multicultural communities in so far as these people find themselves struggling with drug problems.

One growing concern among local communities is the increase in cocaine use and its resulting impact on individuals, families, communities and current drug services. We are attempting to address questions and fears through our education programmes and broader service issues through various forums. Clearly these are not issues we alone can address, rather it is in genuine partnership that we will make some impact on these complexities. This is not new to Community Response, Partnership is our founding ethos. However it remains in our opinion one of the obstacles for equal participation of community voices. If we are to make partnership work at the service of drug problems, then it is vital that the

capacity of communities to participate is increased, encouraged and genuinely respected. Huge strides have been made on this level but much work remains for us to do.

We are aware that both the South Inner City Local Drugs Task Force and the Canals Community Local drugs Task Force are acting on these issues, Community Response is contributing to the debate and hope to be in a position to take positive action in the coming year.

As always funding remains an issue that forever seems to plague the voluntary and community sectors. In addition to the growing concerns about the impact of the current economic climate in which cutbacks is the order of the day; we and others have very real and present concerns in relation to the bureaucracy and its resulting delays that seems to propagate itself at an alarming rate. Also we are short one post usually funded under Section 65, a community drug worker post is vital if we are to provide a reasonably resourced and comprehensive service to the very communities that state agencies say they want to reach and “develop”. We are in discussions with other groups about the above difficulties and hope something shifts in the bureaucracy to make things run more effectively. In the meantime watch this space, as I no longer believe that we are working with passive and apathetic communities of other years but with vibrant, articulate and critical communities who will refuse to bear the brunt of massive cutbacks as they did in the 80’s.

I would like to take this opportunity to thank the Management Committee and Staff for their hard work and support in the past year. To those who have moved on, a very special thanks to Mary Desmond for her insightful input to the CDW training. We are deeply grateful to Phil Connolly for all the work she has done over the years and we would like to acknowledge in particular the excellent job she did as our Community Development Worker. Thanks also to Catherine Daly and Jack Roach for their work on the Management Committee at the beginning of the year. We welcome on board Mark Dowling, Community Drugs Worker, and Paula Duggan and Monica Reilly, part time Community Development Workers. Last but not least Community Response are indebted to the Community of the South Inner City who share their knowledge and experience with us and who are the seed bed from which all our projects grow and develop.

Robbie Byrne,
Team Leader.

OUTREACH TEAM REPORTS

The Outreach team has grown not only in numbers over the years but in the range of work it carries out. It is made up of the following people:

- Debbie Mulhall Hep C/HIV/AIDS
- June Colgan Hep C/HIV/AIDS
- Mark Dowling Drug Education
- Monica O'Reilly Community Development
- Paula Duggan Community Development
- Robbie Byrne Team Leader
- Ailish Byrne Librarian

The following are the core areas of work that the outreach team is engaged with:

1. Health promotion
2. Drug Education
3. Community Development
4. Family Support
5. Community Library

HEROIN

**Starts off with smoke a few lines
One Q turns to two
And so on**

**Then it gets to the stage when
you feel you're not even there
anymore**

It's like they put that first

**There are times I would love to grab hold of him,
take him from his body,
make him look at what he's doing
to himself
To me**

**And going out at the weekend only
To find all the couples sitting having
a chat and a drink,**

**And there you are
On your own again.**

By Spontaneous Six Group

HEP C TEAM

This health promotion team is made up of Debbie and June and is currently waiting to recruit a full-time worker funded jointly by the SICTF and CCTF. Fiona Nolan offers her services and has just recently helped us complete an evaluation process that will help us to track the outcomes of the project. Also Robbie Byrne oversees the work and offers guidance and direction to the project.

What characterises the project is its complete openness to anyone and everyone to access the course, which the list of people we work with can attest to. In addition we liaise with various bodies in order to keep up to date with the latest information and work on this to translate it into an accessible form.

The programme is carried out in a process-centred way, which honours the right of every individual to have control over their own bodies and well-being and to make informed choices around treatment and lifestyle. We believe that Hep C in particular is an issue at present and will in the future be even more so. It will have a huge impact on both personal and public health issues, not to mention the impact on family structures and issues of primary child care. It is estimated that around 80% of I.V. drug users have Hep C, given the progressive nature of this virus these figures give an indication of the degree to which individuals, families and public health will be affected.

Another area that we are involved in is in the development of a comprehensive programme on co-infection whereby a person has both HIV and Hep C. There is a huge need for clear accessible information on this matter as there is a lot of fear and confusion on this issue. We are also trying to expand and refine our work on alternative health resources, excellent tools for helping people have a sense of addressing their own health problems in conjunction with more traditional approaches.

We are also hoping to get access to group supervision in the near future that will help us track and make sense of as well as improve the work we do at present. We see this as a vital part of the work we do.

We are especially excited about the development of a community-led health campaign that is to grow organically from grassroots communities. We will draw on many different disciplines, agencies and people to get this off the ground. The outcome we hope will offer all concerned a model for community health actions on all sorts of health issues including drug-related problems.

The following is a brief account of some of our aims and objectives and the groups and individuals we have worked with to date as well as future developments. What the lists do not capture is the powerful spirit, resilience and humour that characterised the people we worked with. Special thanks is due to all of you as it is you who bring life and meaning to the project.

Aims/Objectives

To engage with individuals, families, communities affected by Hep C/HIV/Aids or in direct contact with those affected in a health education process which seeks to provide current, accurate and accessible information on Hep C/HIV/AIDS, types transmission and treatment options etc.

Build solidarity in communities through education process as a way of addressing issues of isolation and stigma that can result from fear and ignorance.

Create a climate in which it is possible to implement a community —led health campaign with a view to deepening awareness, informing policy and treatment developments.

Increase individual capacity to comprehend, assess, request, access and utilise a range of medical and other services

To design culturally relevant materials for use in health education process

To use good adult education practice in the implementation of the programme

To design a process-centred health education programme that is accessible to all sections of the community/organisations

To equip people with the information/skills necessary to make healthy choices in daily life, thus; contributing themselves to the prevention/delay/alleviate symptoms in the progression of Hep C/HIV

The programme content is as follows:

- Session 1 How the body works
- Session 2 Hepatitis A & B
- Session 3 Hepatitis C
- Session 4 HIV

Each of these sessions includes information on Traditional Chinese Medicine

The team facilitated the following groups:

- TURAS Jamestown Road Training Centre
- Rialto Young Women's Group
- Fatima Young Women's Group
- Aids Alliance Fastnet
- Tender Hooks Drama Group
- Dublin Corporation Homeless Policy Unit
- R2E Dolphin House Youth Group
- Merchants Quay Daily Drop In
- Merchants Quay Staff
- ARC Crumlin
- Donore Community Drug Team

Requests for sessions have been received from the following:

- Young Offenders, Bridge House, Parnell St
- Charlemont Street
- Donore Community Drug Team
- Dolphin House CE
- Fatima Women's Community Development CE Group
- Inchicore Youth Project
- Hill Street FC
- THURAS
- Oliver Bond
- Anne Fanning, Cork Street Clinic
- Connolly Men's group
- ARCCrumlin
- Anne O'Kelly, Rialto CDT in Mountjoy Prison

The team also liaised with the following:

- Helena Irish, Hepatology Clinic, St James Hospital
- Sandra Dellamere, GUM Clinic, St James Hospital
- Anne Ryan L.i.c A.c M.A.F.I. Member of Acupuncture Foundation of Ireland.
Training Community Education Groups in health care and self treatment
- The British Haemophilia Society
- HEPCATS

- Women's Support Group AIDS Alliance
- Dr. Kieran Harkin, Dolphin House & Fatima Satellite Clinic
- Sean Daly, Master of the Coombe Hospital
- Dr. Martin Whyte, Paediatrician, the Coombe Hospital
- Dr Kira Butler, Our Lady's Hospital, Crumlin
- Drug Liaison Midwife, Rotunda Hospital
- Health Promotion Unit
- Hilda Feeney, Supervisor of cleaning department, St James Hospital
- Dr Walter Cullen. Dept of General Practice, Coombe Health Centre
- June Stanley. Hep C Liaison Nurse

At present the HIV/HepC workers are training on a Community Drug Workers course in conjunction with Community Response and UCD.

Updating and revision of sessions is ongoing.

In total the team facilitated 11 groups and 75 participants. Feedback from the groups was positive, the main point stressed was that the informality of the delivery of the sessions made participants feel at ease, therefore it was easier to fully participate.

This year was very successful and the team are looking forward to next year being even more so, as the number of enquiries we are receiving has increased. Liaison with new groups is showing that there is a huge interest in the sessions. At present priority is given to the Dublin 8 area but enquiries are now coming in from all areas.

DRUG EDUCATION/COMMUNITY DEVELOPMENT

The reason these areas of work share the same heading is that Drug Education has always been the springboard from which most aspects of the work of Community Response have had their beginnings. It is the initial point of contact through which people articulate what needs, fears, and concerns they have regarding drug problems either personally or within their families and communities; anything from dispelling myths to more intensive support training and education on the drug issue.

The drug education programme almost stalled to a halt due to staffing and funding problems but it is very much on the move again, overseen by Robbie Byrne with his guidance and input. It is in the main implemented by Mark Dowling recently employed full-time to take the responsibility for the programme though we are short a post for this work, so it makes it difficult to commit to every request that comes in. Paula Duggan and Monica O'Reilly also new additions to us, implement these programmes at present. This is how they initially engage with communities for longer-term process on the role of Community Development in addressing drug problems in their local area.

Phil Connolly had been doing this work very successfully but sadly Phil has moved on but the work continues very well with Monica and Paula. Again Community Development work is also carried out directly by Robbie Byrne.

The following is a brief overview of the work carried out by this part of the outreach team:

Community Development work with:

- Pathways
- SWICN
- SICLDTF
- Fatima Regeneration Project
- Dolphin House Community Development Association.
- Donore CDT
- CAP Oliver Bond.
- Crystalas.
- Rialto Family Centre.
- Rialto Network.
- CCLDTF
- Basin Lane Recycling Project

- Connolly Information Centre for the Unemployed.
- RAPID
- Young People at Risk Project.
- Community Media Forum.
- Fatima Estate Management.
- Four Cities Project.
- City Wide Family Support Network.
- Mercy Family Centre.
- Clanoir.
- Inchicore CDT.
- Rtalto Ie Ceile.
- RDRD Ringsend.
- Travelers Support Group.
- National Drugs Strategy Team.
- School Street and Guinness Enterprise Centre.
- Family Support for ex Prisoners.

AGM's, Launches, Workshops Seminar's, Forum's Attended

- AGM Liffey South West MABS
- St Catherine's Sports and Leisure Centre.
- Youth Workers Forum.
- Community Media Workshop-
- Dolphin House Senior Citizens Project.
- Social Economy Seminar in Tailors Hall.
- Urban Change & the concept of Community in The Oblates, Inchicore.
- Getting to know and understand power. In the Oblates, Inchicore.
- AGM. SWICN in Nicholas of Myra Parish Centre.
- Education and Prevention Sub group in St Nicholas of Myra.
- City Wide Conference in Dublin Castle.
- Eoin Ryan visit to CAP.
- Meeting with Eoin Ryan in Kildare Street.

We are represented on the Management Committee of:

- CAP Oliver Bond.
- Donore CDT.

DRUG EDUCATION

The following groups were facilitated:

- St Andrews Community Centre, Rialto.
- Fatima Women's Development Group
- CAP Oliver Bond.
- Mercy Family Centre. Young Mothers Group.
- Rialto Youth Project.
- Fatima CE Group.
- Mercy Family Centre. Family Support Group.
- Bridgefoot Street Residents Association.

Requests for sessions were received from the following:

- Connolly Information Centre for the Unemployed.
- Whitefriar Street Group.
- YMCA Group.
- Bleubell Group.
- CAP Oliver Bond.

The following is a brief example of a programme, although we tailor make programmes to suit the needs of any group;

The drug education programme covers a wide range of drugs commonly used locally with particular emphasis on the effects on the individual, family and communities. We use social analysis tools to help people reflect on the root cause of problem drug use in their communities.

A typical programme may look like the list below, although we have tailor made specific sessions on addiction, estate management, community policing, young people and drugs as well as solvent abuse.

WHAT IT COVERS?

- Factual information on drugs/cannabis
- Ecstasy
- Heroin
- Methadone
- Alcohol
- Dependency
- Cocaine

Drugs Awareness Programme.

Aims/Objectives

Aims:

- To design culturally relevant drug education / training materials and programmes.
- To deliver drug awareness / training programmes to local people, community groups.
- To engage with community groups through drug awareness programmes with a view to working in an ongoing way with those groups.

Key Points:

- Draw on and take account of the local culture and situation.
- Raise key issues with regard to the central concerns of local people with regard to the drug situation.
- Raise key issues with regard to the impact of widespread opiate addiction with an emphasis on Treatment & Health Issues, Experience / support needs of Families.
- Long-term needs / responses in the community / issues of conflict.
- To value, development promote the utilisation of local people in the development and delivery of local drug services and sees as central, the input of local people into community response's and with regard to services.
- Seek to create the space in which people can reflect on and analyse the situation and therefore contribute to the development of effective long-term responses, preventative strategies and effective interventions in relation to urgent needs in relation to treatment, healthcare and policing.
- Be delivered through a highly participative adult education model located in the broader framework of community development.

FAMILY SUPPORT

Sadly we have not a lot to say about family support since last year except that we remain committed to devising strategies that ensure that family issues are put high on **every relevant agenda and kept there.**

Community Response from its earliest beginnings has been engaged in Family support, regrettably we have not been able to source funding for this work since our incredibly successful European funded project. A sad indictment of long term funding strategies of so called empowerment initiatives that our own country does not follow through on!

However we have been approved locally by the SICTF for a Family Support Post and are awaiting word from the NDST. So fingers crossed we will get their approval and we can then commence with this much needed work. In the meantime we are represented on and play an active role in the following forums regarding the family:

Dublin City Wide Crisis Campaign Dublin City Wide Family Support Network*

*There will be a launch of a family conference report in October that we had a role in and this will cover strategic recommendations to ensure family needs are addressed at all the relevant levels.

Another piece of news is that we have got funding approval from the NACD, the research wing of the National Drug Strategy. The funding will enable us to carry out a comprehensive needs analysis of families' needs locally as well as training us to carry out a broader range of research projects in the future. Throughout the research process we will draw on local people to assist in the design and implementation of the research.

LIBRARY

The library was set up in July 2002. The purpose of this facility was to provide information through literature, video and audio tapes on drugs and drug related issues in the Community. When fully stocked the facility will be available to groups and anyone in the community who wishes to use it. We are sourcing grants to buy materials.

This facility is also available for workshops and meetings for 8 to 10 people.

So far people from the following organisations have been in to visit the library:

Trinity House. Oberstown, Lusk.
RDRD Ringsend.
Charlemont Community Centre.
Carnegie Centre. Lord Edward Street.
Drimnagh Medical Centre.
Coombe Medical Centre.
HEP CATS
ERHA
BRIDGE House, Parnell Street.
City Wide
Warrenmount School.
CAFÉ
Crystlas
SWICN
Grainne, Francis Street, Adult Education Centre.
Vera Leader.
Beverly Ivory, Coolmine.

CAP held interviews.
Family Support Sub group meetings held

ACKNOWLEDGEMENTS

We at Community Response would like to thank:

Jim Doyle/Louise Devlin/
Brid O'Connell:

SWAHA

Peter Devers,

Canal Communities Community Drugs Task Force

Colm Browne:

South Inner City Local Communities Drugs Task Force

Fiona Nolan:

Consultant to Hep C programme

Paul O'Sullivan:

Industrial Relations Consultant

Jack Doyle:

Connolly Information Centre for the Unemployed

Dennis Girvan:

Fitzpatrick, Morris, Barrett

To all the groups who have participated in our programmes.

**COMMUNITY DRUG WORKERS TRAINING
CO-ORDINATORS REPORT**

ALICE

Alice is a drug user
The state calls her an abuser
When they see her they swear
They have never been trained
They don't know her pain
Some do have feelings
But don't like her dealings

“Who the hell is Alice”

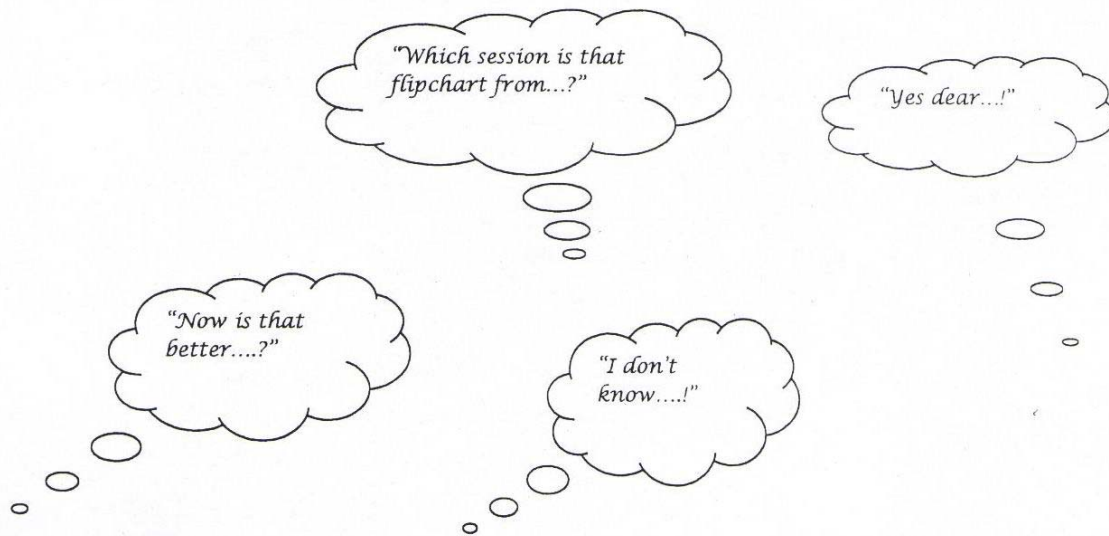
Alice did something wrong
The press made into a song
Alice can't clear her name
Because of drug using shame
They called her a menace
She's trying to do penance
She's going around in a trance
All she wants is another chance

“Who the hell is Alice”

Alice signed on with the clinic
Now the doc was quit a cynic
She asked for her files
And they had nothing compiled
She asked “what do you mean”
My rights for them to be seen
Now Alice is doing well
Even though she's been through hell
She's left with her label
Despite the fact that she's stable

“Who the hell is Alice”

By CDW Student



Community Drug Worker Project

Deborah

Mary

Noreen

Susan

CDW Project Background/Structure

The project began as a pilot Programme overall aim is:

To train local people as Community Drug Workers so that they are in a position to take an informed active role, with recognized authority in the development and delivery of local drug services in a community development Programme.

A major aim was to develop the Programme to diploma status. The following outlines the work and structures that evolved to realize core aims and objectives.

History of Developments

Community Response Drug Awareness (5 week Programme)



Training Needs Emerge



Training for Trainers (10 week Programme)



1 Year Part-time Programme

- **16 Local People**
- **2 half days per week/Limited support**
- **1 year long/little follow-up/little linking with services**
- **NCVA Accreditation Level 2**
- **2 full-time staff**



Project Development Phase

- **Evaluation of Programme**
- **Redesigning of Programme**
- **Securing diploma award**
- **Project support mechanisms**
- **Service Labor requirements**



Project Core Group

Taster Course

Introductory Course

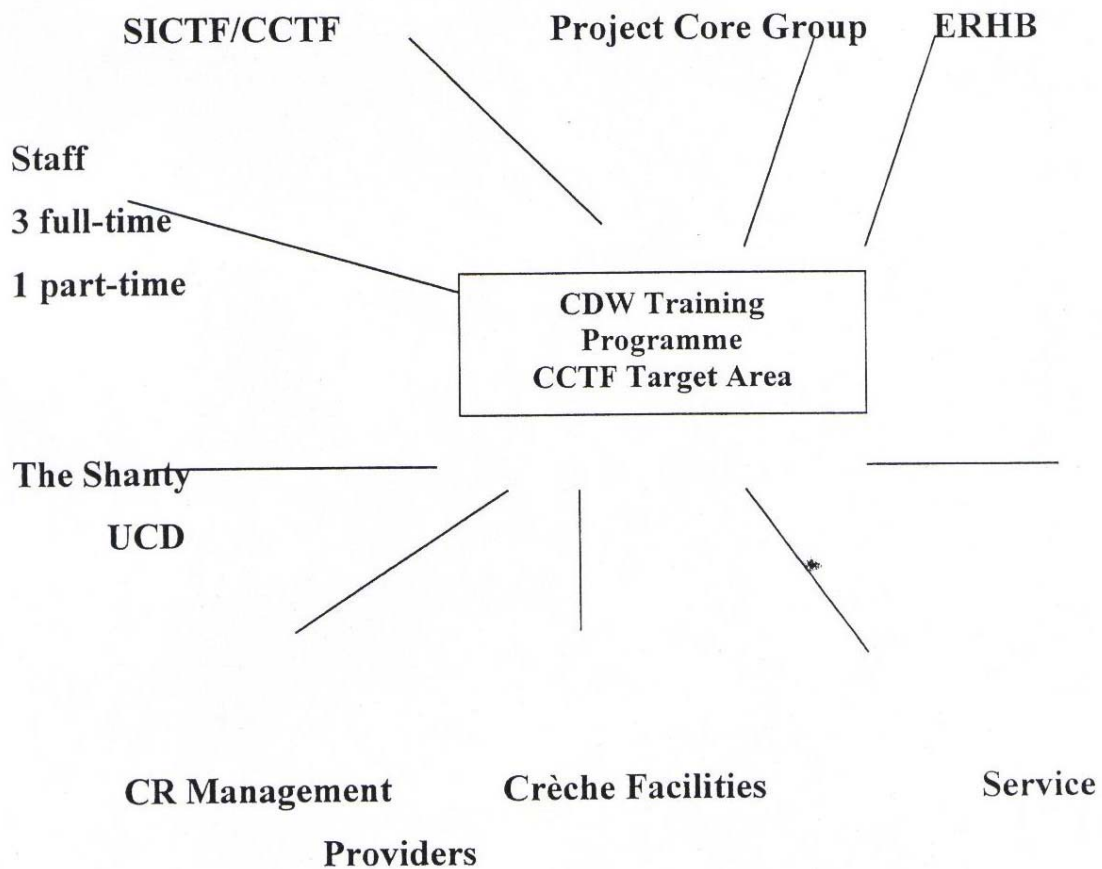
- **To establish participants needs at several levels**



Diploma in Community Drug Work

- Joint application from C.R. and The Shanty Project (Tallaght) to UCD for diploma award (Accreditation Secured)
- Established Project Core Group
- Course runs over:
 - Two years - Two full days a week
 - Drug-skills focused/situated in community development
 - Funded throughout by either and both local drugs Task Force
- 27 people on training programme

Project Structure



Community Drug Workers Training Project Report

It seems like only last month that I was writing a report and welcoming Deborah, Noreen and Mary to the project! And like last year I begin by acknowledging that we have lost yet another gem; Mary Desmond one of our trainers.

Mary hauled in from Bray everyday, bringing with her tremendous resources for the project and students. Mary is much loved by the students and ourselves here in Community Response. Many hours of conversation with Mary culminated in the development of a new module on various theories on addiction, this was really needed and could not have happened without Mary, so many thanks to her, we miss her and wish the very best in all that she does.

As for the rest of us, Deborah, Noreen and myself it has been a very busy time, especially up until June of this year. At the end of June we had a residential weekend during which we basically had closure with the group. It was a powerful process, very moving and everyone involved were the better for it. The group is a remarkable, tremendously talented and enthusiastic. It is a privilege to work with them. You will see from the programme of work and the development of the course just how committed these people are and determined to get the qualification they need to make a more comprehensive contribution to the drug issue. Their staying power has amazed all of us here!

The following is an outline of the project work, the people and agencies involved, funding sources, key issues impacting on the project and a note of thanks to those who have made a contribution to the work.

Programme of Work/Duration of Course

Summer Taster course 2000

In July 2000 a taster course was run for 18 people mostly from the Canal Communities Task Force area. The course aimed to:

- Give people a sense of what it was like to take part in a two day a week programme
- Gather and analyse the learning needs and issues for the group
- Explore the different learning styles
- Identify some of the issues involved in accessing training

The course went extremely well and those who took part were offered an interview for the diploma introductory course in the Autumn. Of the 18 who attended 14 came forward for interview. Therese O'Driscoll, Susan Gannon and Sandra Campbell ran the course for a period of four weeks.

Project Core Group June 2000 - Till End of Project

The notion of a project core group emerged from our experience on the first C.D.W. Training; it was clear during it that there was a need for a broader spectrum of people to take action around specific support needs and wider employment issues. An invitation was extended to over 40 organisations with the help of John Bisset in the Canals area in the hopes that a small number would take an active role with the rest being kept informed through project organizers (See attached list)

Therese O'Driscoll initiated the formation of the project core group, a collection of drug service providers, CE Scheme representatives and community representatives. The remit of the group is as follows:

- To commit to the process over a two year period
- Individual to be released to attend by their organisation
- Feedback development to own organisation
- To mutually define Community Drug Work to research /analyze relevant issue to the discipline

- To engage in specific actions that will ensure the financial support of participants throughout the programme
- To engage in specific actions to further promote and develop C.D.W. as a discipline and employable skill
- To assist in securing childcare facilities for the participants on the programme
- To assist in securing placements
- To input issues into Local Drugs Task Force who in turn feed in to NDST
- To offer an endorsement of a model of on-site training and employment of trained local people
- To input into the training through informing course organisers of service labour requirement so that they are being trained in what is relevant

Project Core members have done excellent work in terms of supporting CE Scheme employees, trying to access childcare and liaising with FAS on behalf of the trainees. In particular Tony May and Gwen Turner who support their CE members tremendously. Also Olivia Can- who has listened to me share some of the more difficult issues relating to the project, many thanks Olivia. Noel Frasier, the FAS representative has been consistently supportive and accommodating of participants whenever possible and remaining tuned into and faithful to the needs of the CE Sponsors and their projects, many thanks is due to him. The project core group as a whole is vital to the long -term success of participants and the concept of on-site training for local drug service needs.

In recent months a combination of factors and trying to get people to come together on the same date has led to a fragmenting of the project

group, eventually this has led to the end of this group due to several factors not least of which is the internal daily demands of the project.

Diploma Introductory Course October- December 2000

This course was advertised in both Task Force areas; South Inner City and Canal Communities. The blurb offered 5 places for SIC and 20 places for CCTF. Interviews took place with a panel of interviewers consisting of representatives from project staff, management representatives and representatives from both task forces. In all we recruited 31 people as the demand was so high. A place on the introductory course guaranteed the person a place on the two-year programme so long as both parties were happy to continue. However only 29 people started the course.

We had:

6 men

23 women

Ages ranging from 20 - 50+

The course consisted of 14 sessions over 7 weeks covering the following:

- Pharmacology of Drugs
- Models of Addiction
- Personal Development
- Group Dynamics
- Study Skills
- Creative Writing

We lost one person after the first day and a second after the third day for personal reasons. Twenty-seven people completed the introductory course and all returned to commence the two-year diploma course.

The course went extremely well and fulfilled its main objective, which was to give people a decent grounding in the some of the subjects we would be studying in the new year. A wonderful celebration took place in St. Andrew's in December during which **(Tony McCarthy RCDT)**

presented certificates to people with some very affirming, words. It is a very exciting and challenging time as we are designing totally new sessions and are struggling to remain faithful to demanding though rewarding person/process-centred learning, we don't always get it right but the talent, creativity and intelligence of all the participants more than make up for our occasional faltering!

Diploma in Community Drug Work January 2001 - 2002

The course commenced in January with 29 participants taking part:

Since then we have completed two modules and begun a third as follows:

- Community Education/Group Dynamics/Group Work Skills
- Community Health

The outcome of these modules is the production of 5 two-hour learning events on the following topics:

1. Harm Reduction
2. Stigmatisation of Drug Users
3. Women and Drug Use
4. Funding for Drug Projects
5. Methadone Protocol

People had to research/design and deliver a two-hour session to the entire group and then compile all their work in project format for accreditation purposes. The creativity, insights, ability and passion that was displayed by the participants in these modules bodes well for the future of drug services who have the sense to employ such talented people.

- Drug and Social Policy Mick Rush from UCD delivered this module and has covered areas of social policy generally, its origins, meaning, aspirations and practice.

These sessions have lent themselves to some lively debate, excellent analysis and some serious reading. Long may it continue Throughout the training we have tried (with sporadic) success to find the right balance between course input time and study skills, we have come up with a method that we hope will serve as a model for the rest of the training, only time and participants will tell.

Modules covered from Autumn 2001 to June 2002

- Crisis Intervention/Counselling Skills
- Work Placement
- HIV/AIDS/Hepatitis C
- Motivational Interviewing
- Research/Evaluation
- Community Development
- Family Support
- Harm Reduction Skills
- Social Analysis

Many thanks due here to:

Mary Ellen McCann who ran the Community Development/Motivational Interviewing and is doing a tremendous job as the UCD co-ordinator of this and other courses. She is held in huge regard by all of us.

Liz Hickey who ran the social analysis, which stirred great debate In the group ending with the production of photo language of a very high standard.

Thanks due to Anne O'Keefe who runs the same programme in the Shanty, with a wonderful powerful group of men and women from the area who are working in the drugs field. She perseveres as we do in the struggle that is adult learning process trying to be recognised by the academic and professional world!!

Special thanks is due to Noreen Byrne our trainer who has worked selflessly with people on their assignments, helping to put them at

ease and tap into and believe in their own ability. Well done Noreen!

Project Development module will kick off on October 3rd with Declan Reddy leading this. We look forward to working with him.

Student Numbers:

We have reached September 2002 with 16 participants still with us, congratulations to you all!

We lost 4 people almost immediately after we started the course, reasons ranged from personal to pregnancy to it was too much to take on.

Periodically we continued to lose people either to life events and happily to full-time employment. Since the course began we have had 10 students take up full-time or part-time paid employment in the drugs field. A great outcome no matter what performance indicators you use!!

Funding Sources

- Canals Communities Drugs Task Force Interim Funding
- Now CCTF Phase 2 Funding
- ERHB CCDTF Mainstreaming
- South Inner City Task Force Interim Funding

Evaluation

- The Auditor General's Office carried out an evaluation of sorts of our work practice/accounts through their process with SICTF.

- National Drug Strategy carried out an evaluation also
- SICTF carried out their evaluation on us
- Internal Evaluation of Introductory course with participants
- Regular evaluation process built into training programme
- Independent and final evaluation yet to take place

The following outlines **some** of the central/detrimental issues for the project.

It was envisaged that childcare needs would be met in two ways:

1. Small weekly subsidy to participants to organize their own childminders
2. Local creche facilities staffed by CE childcare workers

The latter has proved to be near impossible! Despite support from the project core group CR staff training project staff we could not access a facility that was suitable and the local creches simply did not have the capacity to take in more children. This meant until recently a very ad hoc, unreliable, totally unsatisfactory provision being made to meet childcare needs. There has been a huge amount and deeply felt anger expressed from the participants as this has affected their ability to attend the programme. They expressed the extent and urgency of the need to Barry (TBrien from the NDST and very strongly (rightly so!) to CR staff.

The present provision is:

**Privately Arranged childcare in the morning paid for by CR St James' Youth Services
Creche providing venue and trained childcare workers for the afternoons paid for CR**

This certainly was an improvement but still grossly inadequate and did not last for various reasons. It reverted back to privately arranged bay sitters paid by Community Response.

Funding

On the issue of funding there are key areas of concern:

- **Uncertainty of Funding**
- **Length of decision making process and local and NDST levels**
- **Draw down time for new funding**

All of the above impact on the more long term planning of the project and do not take account of unanticipated financial needs that emerge such as childcare. If these mechanisms are to practically build capacity then the logistics of funding need to be more user friendly. This being said thanks id due to John Whyte and the CCTF for the assistance they have given on this matter, also thanks is due to Brid O'Connell of the SWAHB who is extremely helpful, prompt and consistent.

Training Venue

There is no proper, central training facility in the CCTF or SICTF areas. St. Andrews in Rialto which is the venue for the training have been nothing but helpful but the venue is unsuitable. We had to move last year due to refurbishment to Rialto Parish Centre and many thanks to them for all their assistance. It is my hope that a lobbying force can be established in the coming months to try secure such a building, a purpose built centre

for training and development. So anyone that is interested (if you read this far!) please contact me.

Opportunities for Involvement

- Training Venue Lobby
- Childcare Issues
- Recruitment for the next course

Please contact me if you are interested or if you have any questions.

ACKNOWLEDGEMENTS

The trouble with these is that you are bound to leave someone out and if I have, my apologies in advance, so here goes:

- Liz Waters & Toni Ryan The Shanty Project: Great Women. Great Thinkers & Doers. Many Thanks Also Joyce in An Cosan.
- Martin Walters, Harry Ferguson and Mick Rush ofUCD Mary Ellen McCann daring to put adult ed. Into practice
- Carmel, Gerry, Kay (thanks for the lovely spreads!) and all the staff in St. Andrew's Resource Centre for the welcome, care and attention to detail.
- Gerry, Linda and Carmel in Rialto Parish Centre, many thanks
- Tony McCarthy for helpful advice and practical support in our turbulent times
- John Whyte a Trojan worker on management, also all members of management, especially Paula Duggan who never failed to have a kind supportive word, also Ruth Campbell and Niamh Banks who took the time to contribute to the project
- Sandra Campbell for her input into planning and the external supervision for some of the project staff. Never a wiser woman!
- Phil Connolly and Robbie Byrne for the ongoing support and passion for the training programme, couldn't hsw got by without them
- Thanks due also to Therese O'Driscoll who contributed hugely to the spirit and work of this project. All the best in the wild west!
- Many thanks due to Rialto Parish Centre for all their help with childcare and thanks, St.James's Youth service.

- Special thanks to Frank Naughton whose supervision, generous insights and guidance has shaped this project.
- All of the agencies and supervisors who looked after our students during placement and to student employers who have supported their workers.
- Many thanks to our present management who include students on the course for their support and genuine interest in the project.

Finally thanks to the project staff who have stuck it out!!!!

Community Response Limited

Detailed Income and Expenditure Schedule for the year ended 31 December 2001

	2001		2000	
	IR£	IR£	IR£	IR£
Funding				
South Western Area Health Board Section 65		125,000		145,000
Donations		-		-
South Inner City Task Force - Interim Funding		30,800		-
PMG Integra		15,051		38,564
SW Area Health Board Hep C		-		23,000
Canal's Communities Task Force (SWA Health Board)		66,000		68,621
City Wide		526		-
SW Area Health Board - Training Course		2,800		-
SW Area Health Board - PPF payment		5,076		-
Computer Grant (South Western Health Board)		8,344		-
Administrative expenses				
Wages and salaries	165,023		146,996	
Employer's PRSI contributions	17,439		16,766	
Staff training	-		897	
Launch - Family Project and materials	2,060		-	
Facilitation expenses	20,494		40,156	
Rent payable	19,533		15,474	
Service charges	1,871		1,260	
Insurance	1,565		2,801	
Light, heat and power	1,598		1,118	
Cleaning	1,040		-	
Repairs and maintenance	386		1,504	
Training & education material	1,668		4,164	
Printing, postage and stationery	5,133		4,712	
Advertising & publications	1,397		7,403	
Telephone	1,893		2,941	
Dissemination activities	-		150	
Motor & travel	114		1,492	
Legal and professional	1,151		75	
Participants costs	130		4,033	
Audit	1,500		1,500	
Residential costs	-		4,511	
Bank charges	758		387	
Credit card charges	-		800	
Canteen,	1,244		-	
General expenses	(764)		600	
Subscriptions & donations	52		-	
Depreciation on computer equipment	3,139		1,191	
Depreciation on FF & Equipment	2,800		2,337	

Community Response Limited

**Detailed Income and Expenditure
Schedule
for the year ended 31 December 2001**

	2001		2000	
	IR£	IR£	IR£	IR£
Opening surplus	<u> </u>	<u>251,224</u>	<u> </u>	<u>263,541</u>
		2,373		15,880
		<u> </u>		<u> </u>