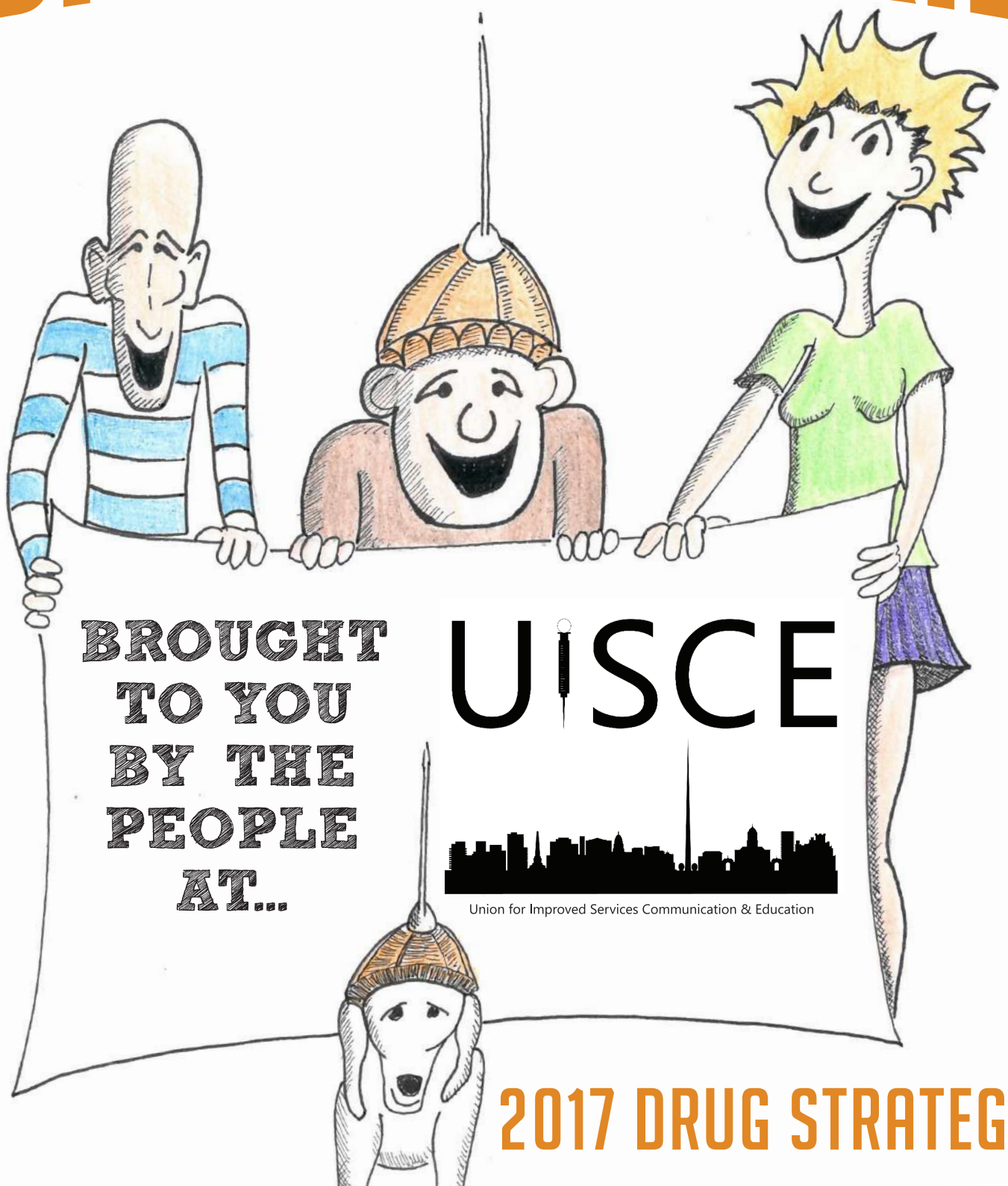


BRASS MUNKIE



**BROUGHT
TO YOU
BY THE
PEOPLE
AT...**

UISCE



Union for Improved Services Communication & Education

2017 DRUG STRATEGY

ISSUE 29 – AUTUMN 2016

WHO IS UISCE?

FUNNY YOU SHOULD ASK!
UISCE is the organisation that has been publishing Brass Munkie since 1992 – that's 24 years of joy from us to you.

UISCE is The Union for Improved Services, Communication and Education for people who use drugs. Starting as a service user group in the Ana Liffey around 1990 and later becoming an independent organisation, the founding co-ordinator was a man many of you would remember, Tommy Larkin. Tommy was extremely influential in shaping UISCE and was commissioned by the local drugs task force on a consultancy basis to represent the issues of people who used drugs or were receiving drugs services in the area. Tommy, sadly died in 2004 but will always be the heart of UISCE.

Under Tommy's stewardship, UISCE grew. The organisation published a research report Methadone: What's the Story in

2003 which detailed concerns about aspects of methadone protocols. A further report, We're People Too, published in 2005, in collaboration with the Mountjoy Street Family Practice and the Participation and Practice of Rights Project, documented drug users' experiences of health services.

UISCE has also been actively involved with a number of national organisations such as the Drug Policy Action Group and the Irish Penal Reform Trust and it has represented drug users on national bodies; and made numerous submissions to a range of organisations.

Ruardhi McAuliffe represented UISCE as Coordinator for a further eleven years until 2016. During this time the organisation had part of its funding cut as a result of the Global Financial Crisis and struggled to stay afloat. Ruardhi successfully steered the ship through the storm and represented UISCE at many national and international events.

His strength in building and maintaining relationships allowed the organisation to continue.

SO WHAT'S CHANGED...

EVERYTHING! Since the last Issue of Brass Munkie was published we have a new Coordinator, new strategy and new department!

Hannah McHugh joined UISCE as Coordinator while Ruardhi has gone on to new adventures. She has worked with the Board to develop a new strategy and new inclusive approach for people who use drugs.

A lot you would have met our Billy on the streets of Dublin in the past few months talking about UISCE. He is now supporting the organisation and leading the peer led outreach.

A big mention needs to go to Emily Reaper. Emily started with UISCE 18 years ago and is the longest standing staff member. Emily looks after Community Development and is a wealth of knowledge and experience for us all.

A big thanks also needs to go to Merchants Quay who have been a huge support and helped UISCE publish this edition of Brass Munkie.

As a new team, we feel it's important to acknowledge where UISCE and Brass Munkie have come from so keep reading and enjoy.

- HANNAH



BY JOHN DEVOY



Walk-in Service
No Appointment Necessary

Where?

HIV Ireland, 70 Eccles Street, Dublin 7
(Opposite Mater Private Hospital)

When?

The Second and Fourth Wednesday
of Every Month. Doors Open 1:00pm
Testing is 1:30pm — 3:30pm

**FREE HIV &
STI TESTING**

Tel: (01) 873 3799
testing@hivireland.ie
www.hivireland.ie



CONTRIBUTE YOUR VOICE TO THE NEW NATIONAL DRUGS STRATEGY

BY KIERAN KELLEY

The current government has opened a period of public consultation for the new National Drugs Strategy from September 6 to October 18, 2016. The National Drugs Strategy spells out how the government will respond to drug-related issues, and what treatment services they will back. Catherine Byrne TD, the Minister in charge of the drugs strategy, invited people from all sectors, including service users, to make their views known about the most important issues. Readers of Brass Munkie can do so by responding directly to the survey or contacting their UISCE representative (see below for information).

Ireland currently finds itself pulled in two directions in regard to drugs. On the one hand,

the Minister called for a health approach, stating: "I believe drugs are an illness." This approach should include health services as well as decriminalization and harm reduction measures such as naloxone prescriptions and safe injection sites, which the Minister reports are coming next year. On the other hand, there was talk about new targeting of drug supplies and suppliers, as well as prevention through education. John Carr, head of the NDS steering committee, raised concerns about growing social approval and more liberal attitudes toward drug use (cannabis received special mention in this regard). But this raises the question: can we continue to demonize drugs without also stigmatizing the user? If health, prevention, and education focus only on the evils of drug use, they will continue to reinforce the old war-on-drugs attitude that has

ultimately failed both users and their communities.

Philly McMahon, of Dublin GAA, brought this point home with a moving speech about the death of his brother John. Growing up in Ballymun, John's drug use led his family to push him away, thinking that some tough-love would set him straight. It didn't. McMahon regretted taking this stance, and spoke out against the stigma placed on drug users that forces them to society's margins. He further pointed out that this social disconnection will keep growing if the government continues to disinvest in community services -- the new drugs strategy must not discourage persons from taking that "monumental first step to go into recovery."

McMahon stated flatly: "We're losing the war on drugs in Ireland." He might have added that a war on drugs can only be lost -- history shows that it inevitably amounts to a war on users and their communities. Ireland's Drug Task Forces originally took the opposite approach: from the communities, for the communities. But the new NDS comes after a long period of decreased funding for community services, with predictable results: longer waits and shorter staff. It has directly reduced the availability of housing, methadone, CE programs, and other vital resources that provide stability, purpose, and meaning for individuals and families alike. These added barriers make taking that monumental first step wider by far.



The voices of those who have the greatest need are all too often the voices that go unheard. It is therefore critically important that service users respond to the NDS survey. The survey is not perfect. It focuses on supply reduction and prevention, and has beneath it that old wishful thinking, if we could just get rid of all the drugs.... But as the Minister herself points out, drugs are a fact of life, and they affect us all. Is this the right emphasis then? In the past, these concerns have gone hand in hand with criminalizing measures that have created a monopoly market for dealers while turning users into convicts. No one will argue that drugs do not pose very real dangers, but as one insightful member of the Merchant's Quay community put it, it is prisons (and not pot) that are the ruin of children.

So it is even more important that we go beyond the questions provided, and use the public consultation to raise those concerns that are not being addressed. When the questions are not providing any good answers, it's time to ask something else.

We are running this edition with a pull out of the questionnaire.

You are welcome to drop it into our office, leave it a Merchants Quay or post it back to UISCE at 70 Eccles Street, Dublin 7.

MORE INFORMATION ON THE PUBLIC CONSULTATION PERIOD IS AT:

www.health.gov.ie/drugs-strategy

YOU CAN ALSO RESPOND TO THE SURVEY...

- **ONLINE:**
www.surveymonkey.com/r/NationalDrugsStrategy
- **BY EMAIL:**
yourviews@drugsstrategy.ie
- **WRITING TO:**
National Drugs Strategy,
PO Box 12278,
Glenageary, Co. Dublin
- **OR CALLING:** 1 890 10 0053

WE NEED YOU!

*UISCE is currently looking for the following volunteers. If you would like to join our team please call Hannah on **01 873 3799** or email hannah@myuisce.org*

OUTREACH

We need as many people as possible to be part of our outreach team. The more volunteers we have, the more people who use drugs we will talk to and the louder our voice will be.

GRAPHIC DESIGNER

We have a website but need some help to make it pretty! If you have skills and time please let us know.

Pull this section out for
the Department of Health's
**PUBLIC CONSULTATION
ON THE NEW NATIONAL
DRUGS STRATEGY**
form
and return to UISCE or
Merchants Quay

Public Consultation on the New National Drugs Strategy

A new National Drugs Strategy is being developed by the Department of Health and will set out Government policy on tackling the drug problem from **2017 onwards**. This new strategy is important for all of us; service users, individuals, families, communities and our society as a whole.

A public consultation will run between **6th September and 18th October 2016**. We are seeking your views on the drugs issue in Ireland to help inform the new Strategy.

At the end of the public consultation, we will gather the views received in a report. The report will be provided to the National Drugs Strategy Steering Committee to help inform the new Strategy.

You can tell us what you think, by **5pm on 18th October 2016**, in one of the following ways:

Using this **questionnaire**: Complete online at the website address provided below.

Or: Complete and return to the P.O. Box address provided below



Visit our page: www.health.gov.ie/drugs-strategy



Call us: 1890 10 00 53



Write to us: National Drugs Strategy, PO Box 12778, Glenageary, Co. Dublin



Email us: yourviews@drugsstrategy.ie

The National Drugs Strategy aims to tackle the harm caused to individuals and our society by the misuse of drugs.

For the purposes of this questionnaire, drug misuse is the use of any drug, legal or illegal, which harms or threatens to harm some aspect of an individual's life, be it physical, mental or social well-being, or other individuals or society at large.

When we say "drug" we include the following substances.

- **Illicit (or illegal) drugs** – for example cannabis, ecstasy, amphetamines, cocaine, new psychoactive substances, magic mushrooms, LSD and heroin.
- **Prescription medicines** – Legitimate (or legal) medicines which are ordinarily prescribed by a doctor, dentist or nurse, which may have the potential for misuse e.g. medicines prescribed for the relief of pain, to aid sleep, anxiety or depression. It includes the harmful use of prescribed medicines by exceeding the recommended prescribed dose or duration of use, or using such medicines when they have not been prescribed for you.
- **Over the Counter Medicines (OTCs)** - Legitimate (or legal) medicines which do not ordinarily require a prescription and includes the harmful use of such medicines by exceeding the recommended dose or duration of use e.g. painkillers containing codeine.
- **Solvents** – for example aerosols, glues and gas lighter refills.
- **Alcohol** – for example beer, cider, spirits, wine and alcopop drinks.

To help **you** think about the issues that you feel are important for the new Strategy, this questionnaire uses the pillars of the existing National Drugs Strategy of 2009-2016: **Supply Reduction, Prevention, Treatment, Rehabilitation and Research**.

Did you know that Ireland has a National Drugs Strategy for the years 2009 to 2016?

If Yes Tell us **your views** on the existing strategy. _____

Tell us what **you think** about the five pillars of the existing National Drugs Strategy. _____

If No Tell us what **you** think are important issues to be considered in the new National Drugs Strategy. _____

What do **you think** are the most harmful drugs in your community? _____

Supply Reduction: This area of the existing strategy aims to reduce the availability of illicit drugs and addresses underage drinking.

1 Tell us your views on the availability of drugs in Ireland. _____

2 Do you think the availability of illicit drugs in Ireland has reduced or increased? _____

3 Who in your community plays a role in reducing availability of drugs? _____

4 What do you think should be done to reduce the supply of illicit drugs in Ireland? _____

If you have more comments on supply reduction in Ireland, please tell us here.

You are welcome to submit your views on additional pages if necessary.



Prevention: This area of the existing strategy aims to promote a greater awareness and understanding of the dangers of drug misuse in society. It also promotes healthier lifestyle choices.

5 Describe how well informed you think you are about the dangers of drug use. _____

6 Give us your views on the actions taken to prevent drug misuse in Ireland.

(a) Did these actions influence your attitudes towards drugs and/or drug misuse? _____

(b) Did these actions influence your behaviour around drugs? _____

7 What more can be done to inform people of the dangers of drug misuse? _____

8 What age should we start educating and informing our children about drugs? _____

9 What kinds of support / materials do you think parents would find useful in educating their children about drugs? _____

If you have more comments on drug prevention in Ireland, please tell us here.

You are welcome to submit your views on additional pages if necessary.

Treatment: This area in the existing strategy aims to help people with drug problems access treatment and supports and reduce the harm caused by drug misuse to them, their families, and communities.

10 Tell us your views on how easy it is to get treatment for drug and alcohol problems in Ireland. _____

11 Tell us your views on the quality of treatment available for drug and alcohol problems in Ireland.

12 Describe how we should support those who continue to misuse drugs. _____

If you have more comments about treatment in Ireland, please tell us here.

You are welcome to submit your views on additional pages if necessary.

Rehabilitation: This area of the existing strategy aims to support those dealing with drug misuse problems to maximise their quality of life, and to re-integrate into their communities.

13 How do you think people can be assisted to lead a drug free lifestyle? _____

14 What more do you think we can do to improve our treatment and rehabilitation services in Ireland? _____

If you have more comments about rehabilitation in Ireland, please tell us here

You are welcome to submit your views on additional pages if necessary.

Research: This area of the existing strategy aims to have valid, timely, and comparable information on the extent and nature of drug misuse in Ireland.

15 What research would you like to see carried out in Ireland in the future? _____

If you have more comments on the research and monitoring of drug and alcohol use in Ireland, please tell us here. You are welcome to submit your views on additional pages if necessary.

If there are any other issues you think are important for the new National Drugs Strategy, you are welcome to submit your views on additional pages if necessary.

Please tick the relevant tick boxes that best describe you:

I am responding as:

☐ **An Individual**

Young Person

☐ (a) under 18

☐ (b) 18-25

☐ **Service User**

☐ **Professional**

☐ **On Behalf of an Organisation**

☐ **Carer**

☐ **Other, please state:**

Thank you for completing this questionnaire. All views received during the public consultation will be presented in a report to the National Drugs Strategy Steering Committee to help them inform the new policy.

Optional : If you would like to provide us with your details, you can do so here.

Name: _____

Address: _____

Tel: _____

Email: _____

Submissions received from individuals who provide us with their details will be reported anonymously in the Public Consultation Report, while feedback from organisations will be attributed to them.

While submissions will not be individually responded to, relevant feedback will be considered by the National Drugs Strategy Steering Committee in the context of framing the new National Drugs Strategy.

You can use the following ways to find out more about the National Drugs Strategy and this public consultation.



Visit our page: www.health.gov.ie/drugs-strategy



Call us: 1890 10 00 53



Write to us: National Drugs Strategy
PO Box 12778
Glenageary
Co. Dublin



Email us: yourviews@drugsstrategy.ie

Pull this section out for
the Department of Health's
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form
and return to UISCE or
Merchants Quay

JOHN DEVOY - THE NEW ARTIST



John Devoy has been a reader of Brass Munkie for the past twenty years. We are really happy to let you know that he is now our official artist in residence and has taken the cartoon started by Tommy Larkin in the early 90's and grown it to include the new UISCE staff.

As we have the pleasure of this artist and zenned out tai chi teachers company a few times a week – we are delighted to introduce this old school Dub to you. John grew up on Landen Road and went to De La Salle School, training as a painter/decorator before working in the family coal-delivery business, and turning his focus to art education in the early noughties.

John says didn't meet his wife in a bar then take her out dancing – the lifelong friends grew up the same street, eloped in the early 80's and have been together for nearly 40

years. Tina's parents thought John was a rascal (they weren't wrong) and tried to stop them being together but in his own words – love is blind and it was meant to be. They now live in Cherry Orchard and have two children and four grandchildren who John encourages with creativity. He has exhibited in galleries around Dublin and Wicklow, as well as teaching workshops and performing in a number of stage productions with RAID.

**YOU CAN SEE HIS CARTOONS
ON PAGE 3.**



BILLY'S BIT

Hey readers, it's Billy here- well it's another day in the Brass Munkie office which means there's more to talk about. For those who don't know me, I started here in July and am running the peer led outreach. I've been on the gear for 15 years and have spent most of the past 15 years on the streets. Working with UISCE and the Brass Munkie, I am structuring my day around using and working and I'm even training workers!

I'm just back from the McAuley centre on Nelson St where me and my good friend Jess Sears (Clinical Nurse Manager at Depaul) were teaching people from services such as Crosscare, the key skills that they would need to develop in order to work successfully with people who use drugs within a needle exchange environment.

Yes, we were teaching the tools to give out the tools!

Now I know it's a bit bla-zay for

a service user to teach this, but this is Brass Munkie and we love bla-zay! So what I did was give a demonstration on the cleanest and the safest way to cook up. This meant showing them things from how to best judge the amount of citric to use, all the way down to how to choose the right pin for the job! (and no! I didn't get to use real gear, mores the pity!

Me and Jess played out a few scenarios so they could get a better feel of how best to communicate with the service user by understanding their mood set and their circumstances.

I am always looking for people to help out with outreach, tell us their stories for Brass Munkie or tell us what's going on in their world.

If you would like to be part of it,



you don't need to be clean, just reliable! Give me a call on 01 873 3799 or send me an email (they say it's the modern way!) info@myuisce.org

SEE YA ON THE FLIP SIDE



REMEMBERING TOMMY

BY STEVE - A MATE

Tommy, to those who were fortunate to know and be befriended by him; Thomas Larkin to those who were his acquaintances, and were very lucky to make that connection with him.

He was an artist, anarchist, musician, soul warrior, working class anti-hero:

He was above all an amazing, creative, destructive, foul weather friend. A real live human being. Husband, father, son, brother, lover, fugue, pilgrim, mate, pal, person, Irishman, radical, and passionate.

Tommy had all the time in the world for anyone who needed it and may benefited from knowing him. What we got from him was precisely what each of us were needing and it was given honestly, with integrity, wittily, and succinctly.

Maybe not an officer or an old school tie wearer with a polite accent, a trendy suit and a pocket full of credit cards plus an ego to match. He was something infinitely better. A real person with an authentic sense of who he was and where he came from.

His politics were from his heart - passionate.

His artistic genius came from his soul - all encompassing, infinite. He was iconoclastic, fierce, strong, original, gifted, destructive, constructive, negative.

Tommy knew no limits, refused to be cowed, boxed in, categorised, victimised, denied, taken, shamed, bowed by history, society, poverty, or propriety.

He was at the centre of any place, gathering, conversation, scene, group, or craic! Saying very little, sometimes, but meaning a lot When he spoke it was worth hearing.

His art, those astonishing cartoons!

His guitar playing, and singing!

Tommy strolled, while the rest of us ambled. His imagination soared, but his feet were grounded.

His artistic vision and spirit towered and transcended any mere historical, or social background.

His work displayed and printed in this magazine, was funny, insightful, educated, enjoyed, informed, and warned, explained vividly about addiction.

It made the terrible simple to understand.

His pictures were worth a million words in textbooks, articles, handouts, pamphlets or government white papers and consultative documents!

The message from those cartoon strips spoke volumes directly to our communities ravaged and damaged by the destructive nature of drug s and abuse.

These postcards from his soul, personal experience and life.

He took tea, not much of a coffee drinker was Tommy, he liked his

toast done on both sides. Tommy preferred jam on his piece as well as butter.

Confronted his enemies, avoided them if possible. His family, His friends And colleagues -Those lucky enough to have shared a part of their life's with his, We have all witnessed a glorious shooting comet.

A blazing star, that mortality, time and space have for a while extinguish ed.

But he lives on his spirit lingers, his-memory, his art, still with in all of us touched by that impact.

To paraphrase a namesake of Tommy's,

Another revolutionary, visionary, and socialist comrade whose own life's existence and work has been celebrated this year;

"As we are liberated from our own fears, our presence automatically liberates others".

So, rock on Tommy!

Who could say that ye were deaf, dumb or blind.

We all witnessed you shine!

Ye still shine on,

Ya crazy diamond!

SINE

STEVE.

ABAKULU

KNOW YOUR RIGHTS, EXERCISE YOUR RIGHTS.

A number of recent policy documents have come out in support of promoting the human rights of drugs users. In Ireland, this is not just a nice idea, it is the law: the 2014 Human Rights and Equality Commission Act makes equal treatment and basic human rights a public sector duty. But old prejudices die hard, and some services and providers see only the drug user and not the human behind them. Therefore Brass Munkie readers and other service users must help them view the world differently.

So what are human rights? Here is an easy rule-of-thumb: if you are a human, you have a right to the same treatment, care, and dignity that should be given to every other human. This includes the right to:

- life and security of one's own person
- highest attainable standard of health and access to care
- bodily integrity
- right to work in safe conditions, without coercion
- assembling, associating, and forming organizations
- protection of the law
- not be discriminated against for any reason (gender, ethnicity, sexuality, etc.)
- not be subjected to cruel, inhuman, or degrading treatment
- not to be subjected to arbitrary arrest or detainment

These sound fine on paper but what do they mean in practice? Organizations function through rules and procedures. While these can be very important for their operations, they often lose sight of the basic purposes and principles behind them. So it's important to keep in mind what human rights look like on the ground.

The most obvious case is being refused treatment or some other vitally needed service. For example, many doctors worry about prescribing medication when they find out a person's medical history. Medical services have a fundamental duty to treat pain, and all persons have a right to effective pain relief. This works both ways -- persons who do not want a specific medication can request alternatives. They should never feel forced to take something they do not want.

This raises a less obvious issue: doing something you're uncomfortable with. Trust your own feelings, because they provide a good indication when something is humiliating or degrading. Here's a familiar scene: having to wee into a cup while someone is staring at you, giving you a time limit, and threatening to withhold or decrease your medication if you don't comply. But remember, Ireland follows a health approach to drug issues, which means that methadone, needle exchange, and the rest are all medical services. No doctor would ever refuse to perform an operation if

the patient didn't provide a good enough blood sample. They would find another way. Services should provide their users with options, and if the only means available violates your dignity, it is not an option.

Participation in a program must be voluntary, that is, done without any threat, punishment, or less explicit forms of coercion like insults, nagging, or social pressure. This includes performing any sort of labor, for instance work details in detox programs.

Sure we all have to work, and many productive things depend on everybody to pitch in. Work is often very therapeutic, but only if you do it of your own free will. Forced labor is not work -- there's a different name for that.

Most importantly, personal safety and security means not suffering any form of violence, whether it is direct physical assaults, intimidation or threats, or emotional abuse. When this safety is threatened, you have a right to protection of the law. If the Gardaí are not taking your complaint seriously, they are not fulfilling their duty.

These are just a few examples. Readers will have many more, and should share them by writing in or talking to an UISCE representative. But it's not enough to know your rights, you need to know what to do when they are violated.

STAY CALM AND STAY FOCUSED!

The first thing is also the hardest. In a crisis, fear and panic can overwhelm us, and the frustration and hurt of being mistreated intensifies the feeling. Even if our anger is justified, flying off the handle allows the other person to see you as a problem rather than a person. Don't you let them. When you're feeling like cod on a plate, with the chips stacked against you, it's time to regroup. Take a step back, take a deep breath, then take another. Focus on what you need, right then and there. Ask for what you need as simply as possible, without going in to long explanations or justifications. Ask what needs to be done to get what you need, but do not agree to anything you are unable or

unwilling to do. Ask for options and alternatives, and always maintain your rights as a person. This might not do any good in the moment, but then you can take the issue higher.

GET HELP AND GET CONNECTED!

Every organization should have a process for making complaints. Start there, but keep in mind that you may have to go outside. If you think your rights are being violated, contact UISCE at the number or address on the back of this issue. UISCE representatives can often work directly with an organization to resolve an issue. They can also take a complaint to the Human Rights and Equality Commission, or find another group to help mediate.

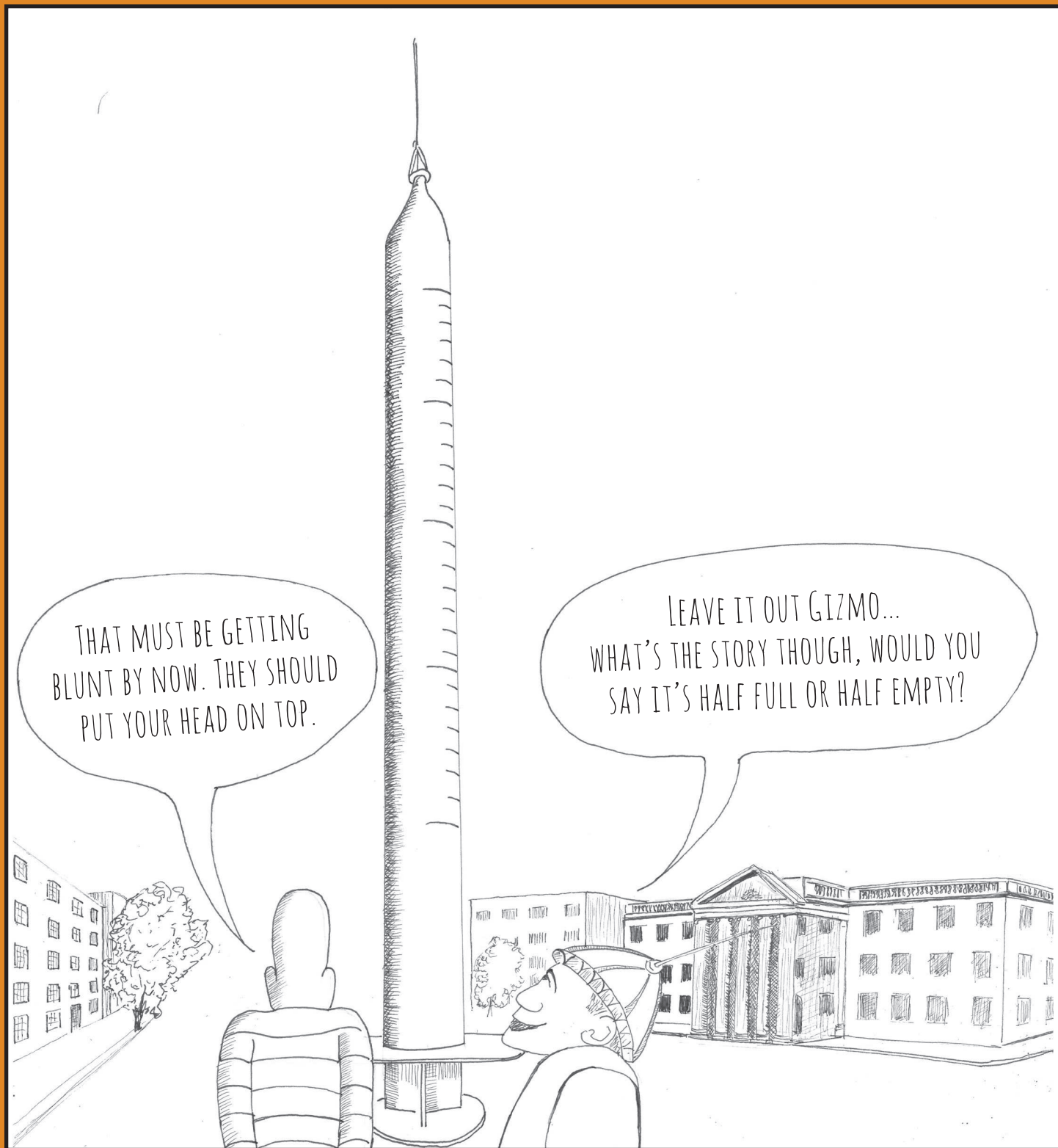
Statement by Mr. Zeid Ra'ad Al Hussein, United Nations High Commissioner for Human Rights at the United Nations Work on the World Drug Problem

Excellencies,

Ladies and gentlemen,

I am pleased to address you today, to use this opportunity to encourage a shift of focus in tackling the world drug problem -- a shift from an approach primarily based on law enforcement to one that, first and foremost, focuses on the human rights of drug users. My hope is that Member States will ensure that human rights are at the core of the outcome document of UNGASS 2016, which can provide firm guidance towards future action.

**TO READ MORE ON HUMAN RIGHTS AND DRUG POLICY, CHECK OUT:
WWW.DRUGSANDALCOHOL.IE/25954/**



UISCE



**Union for Improved Services
Communication & Education**

70 Eccles Street, Dublin 7

01 873 3799 | info@myuisce.org