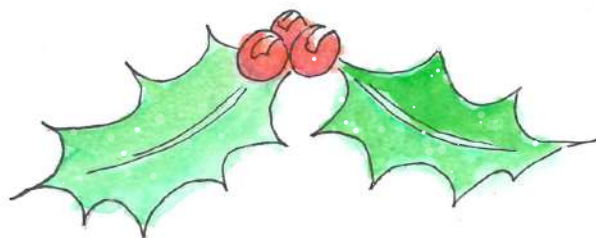


# BRASS MUNKIE



Dreaming of a  
White Christmas

ISSUE 30 – WINTER 2016

# BRASS MUNKIE MAIN LINE AWARD FOR DECEMBER

**W**e have decided that there are so many services and people who do such a great job supporting us that from now on we will have a monthly award to showcase these outstanding human beings!

*Please send us nominations for any person or service you think deserves this Main Line award to [info@myuisce.org](mailto:info@myuisce.org) or drop in to our office and tell us in person.*

Recently in Galway, I noticed a difference in people going to pick up their methadone. They were happy, calm and bizarrely – looked forward to it (and not for the obvious reason!)

I decided to tag along to see just what all this cheeriness first thing in the morning was about.

Firstly, there is no dispensary in Galway. This means all people who receive methadone collect it from a pharmacist.

I joined an UISCE outreach volunteer when she collected her fye from Lloyds, which is opposite the train station. Imagine my surprise when she was greeted with a beaming smile, went straight into a private consulting room and was handed her dose while enquiries were made about her wellbeing.

Lloyds Pharmacy you get five gold stars from UISCE – great work and thanks for treating the people who use your service brilliantly!



# REMEMBERING LAURENCE “LARRY” CALLAGHAN

**S**adly so many people pass away and friends of Brass Munkie will always be remembered. Laurence Callaghan was not a person who used drugs but he did have his own struggles and supported UISCE and Brass Munkie.

He was kind and generous – often bringing gifts for us. Laurence was also a talented poet and recently stopped in to share this poem.

## REST IN PEACE FRIEND.

Memories like jewels dress the robe of my soul, hang precious,  
as put there by you

And sparkle with life those eyes ocean green, till blue in a flash

Catching light with delight, souls' reflection I see and it's you.

Beauty apparent trust not your eyes

Friendship apparent still they despise

Self-gratifying smiles, so feely given

Pretentions cunning life with the living.

Caring expressions, clear eyes, clear skin

All the roots buried

A blessing we live in.

Philosophical findings, such a hardship to bear

Truth re-interred, known to care

Good men wise men search for a truth

A beautiful blossom, so ugly the root

Who lives sharing love, love with no price

Deceit and betrayal, a cock riding twice.



ana liffey drug project  
ACTION • PREVENTION • SUPPORT

Outreach Needle Exchange

Thursdays

10am-1:15pm

Please call 1800.78.68.28

During these times

Please note this service will not operate on  
29 December



# A CHRISTMAS THOUGHT FROM HANNAH ON REASONS CHRISTMAS SUCKS

## DEAR BRASS MUNKIES,

**C**oming up to Christmas there is a massive haze of expectation in the air – now you might think I sound like Scrooge – or the Christmas Grinch but it is a feeling we all get at this time of year. No matter what present we give our kids, someone at school got something better, no matter how you set the table, your mother will fix it up a bit and no matter how much it looks like Santa vomited in your sitting room – you have forgotten a decoration someone made when they were 3! Nothing is ever going to be good enough and if we choose to stay home and treat it like any other Sunday then we are obviously demonstrating signs of depression – we're the crazy ones!

It's widely accepted that rates of depression and suicide spike during the holidays. Small wonder: A crushing tidal wave of forced gaiety, wretched family and social obligations, frenzied travel plans,

dizzying levels of financial debt - it's a small miracle that more people don't jump off a bridge during the so-called "holiday season." Let's be honest: Christmas is no longer a holiday. Christmas is hell.

Don't forget Christmas pay - pay day seriously f\*cks you over. Every year. At first, you're all, 'Hang on, I get paid EARLY in December? OMGGG I HAVE SO MUCH CASH! I am basically The Wolf of Wall Street. Come take a bath in all my dolla bitchezzzz.' But by 1 January you realise you have spent two months of pay in around 3 days and will be living on baked beans and dry husks of bread until the end of January.

If trying to escape from Christmas Movies, Christmas TV specials and worst of the worst Christmas ads appeals to you, feel free to send in any reasons you would like to add to the list below!

Here are my top ten reasons Christmas sucks and has not been my favourite holiday since I was 6:

1. The decorating starts as soon as Halloween is over – By December 25 I have had enough of tinsel and fairy lights.
2. It's all about marketing, commercialism and convincing us to buy, buy, and buy some more.
3. It is also about the big, fat, bearded man with elves and reindeers (fantasy).
4. All children want are the presents under the tree, forget the tree!
5. The weather is too darn cold and depressing.
6. Christmas songs are also depressing.
7. Red and green do not match, never did, never will.
8. No matter what your religious faith is, Christians are adamant about convincing everyone that Christmas is all about God saving the world from eternal damnation through the birth of a Jewish baby (even though it truly has pagan roots).
9. People can't make up their minds about saying "Merry Christmas", or "Happy Holidays"
10. True love, care, and giving should be celebrated every day, not just on December 25th.

That said, I hope you all find some joy this season and stay safe – at least until the next edition!

– HANNAH



# BEGGING'S BAD PRESS

**B**egging gets a lot of bad press, especially lately but the fact is – begging is legal in Ireland. What is not legal is begging in an intimidating or threatening manner.

Under Section 2 of the Criminal Justice (Public Order) Act 2011 a person who begs in an aggressive, intimidating manner is guilty of an offence. A person found guilty of such an offence is liable on summary conviction to a class E fine and/or up to one month in prison. The Act provides that where someone is begging near certain places such as an ATM, a night safe, a vending machine or a shop entrance the Gardaí have the powers to direct them to leave the area. Failure to do as directed by a Garda is an offence with a class E fine on summary conviction.

The Act also makes it an offence to organise or direct begging by another person. On summary conviction you are liable to a class A fine and/or up to 12 months in prison.

The issue here is the use of the word aggressive because it is subjective and at the discretion of the Guard in front of you to define.

## WHAT WE THINK

At UISCE we think that as per the law, people have a right to tap and see this as harm reduction; let's look at the basics. If you have a drug habit you need money to buy drugs. If you are in homeless accommodation, chances are you're paying three times more rent than you would be in a

council flat so the welfare is gone before you start.

A job would be good – but methadone clinics are only open during business hours and to stay on the program you also have to attend counselling, keyworking sessions, doctors appointments, Council appointments, Welfare appointments...

This leaves one LEGAL option to get money – tapping.

So what about being arrested for this? The Irish penal reform trust says on it's website that In 2015, the average cost of an "available, staffed prison space" was €8,628. Toss up the cost to the taxpayer of just under seventy grand or the two quid a passerby puts in a cup. Then add on the time taken by Gardai moving people on instead of finding people committing crimes. Is it worth it?

On 21st January this year Broadsheet.ie reported that begging related offences have risen by 410% in the past year. It is astounding that the Guardai have put enough energy into getting this statistic up when they could be finding and arresting people who are actually committing crimes.

If begging in an aggressive manner is not legal – why do the guards not approach the charity collectors aka "Charity Muggers or chuggers" all over the city? Clearly if you have a hi-vis top, a big bucket and ask for peoples bank details while you follow them down Henry street this is fine. If you are sitting quietly with a cup in front of you its threatening.

**WE WOULD REALLY LIKE YOUR  
OPINION! PLEASE EMAIL US  
INFO@MYUISCE.ORG AND GIVE  
US YOUR THOUGHTS.**



# SNOW BLOW AND HIV

In February 2015, an outbreak of recently acquired HIV infections among people who inject drugs (PWID) was identified in Dublin. A multidisciplinary incident team was set up by the Director of Public Health in Dublin to investigate and respond to the increase. Clinicians were concerned that the increase was linked to injection of the synthetic cathinone a-PVP, street name snow blow, with more frequent injecting and unsafe sexual and needle sharing practices. The increases were mainly seen in chaotic polydrug users, many of whom were homeless.

## **An epidemiological investigation and case-control study was undertaken by the HSE which reported the following summary results:**

- In 2014 and 2015, 38 confirmed and probable cases of HIV were reported.
- Among these, 16 were female.
- 29 of the 38 had been registered with homeless accommodation services.
- All females and 13 of the 20 males with information available were homeless.
- 18 of the 20 PWID with information available reported injecting snow blow.
- At risk practices, namely sex with PWID, or sex with an HIV-positive partner were reported by 20 of the 38 cases.
- 13 cases reported both using snow blow and sexual at-risk practices.
- The odds of recent HIV infection

was highest in those who reported injecting snow blow daily.

The investigation is the first evidence of an association between injecting snow blow and recent HIV infection in Ireland, with daily snow blow injectors being at highest risk. Snow blow has been found to contain a-PVP, a second generation cathinone and is closely related to MDPV.

In Dublin, there are more than 500 homeless PWID, a significant population at risk of HIV infection. There are a number of measures that can be taken:

- Encourage HIV-positive PWID to engage in HIV care.
- Encourage PWID to get tested for HIV - it's free at a range of clinics.
- Raise awareness about the risks associated with injecting head shop drugs such as snow blow, including sexual at risk behaviours, and provide harm reduction information.
- Encourage PWID to engage with methadone and treatment services.

## **SAFER INJECTING**

Snow blow users tend to inject more often, therefore they require more injecting equipment. It is helpful to ask how many times a day they expect to inject - and to then calculate how much equipment they will need.

### **Harm reduction advice for safer injecting:**

- Always divide your snow blow before you begin injecting if using with a friend or group.

- Start low and go slow - always start with a small test dose to see how you react to the drug and inject slowly.
- Cook up with clean sterile water. Substances should be fully dissolved before injecting - citric may not be needed.
- Don't reuse the same needle. Needles become blunt after being used once. If you don't hit a vein the first time, use a new needle until you inject successfully.
- Snow blow injectors often experience a painful burning sensation, swelling and discomfort at injecting sites. Snow blow injecting can leave wounds which take some time to heal. Place a plaster over these sites and try to not use them to inject.
- Always rotate injecting sites.
- Avoid using snow blow with other drugs including alcohol and prescription medication.
- Use your own injecting equipment. Sharing injecting equipment increases the risk of getting blood borne viruses like HIV.
- Stay hydrated and try to drink a pint of water an hour.
- Use in trusted company, never use alone.
- It can be hard to inject snow blow without causing pain and soft tissue damage. Improving injecting technique can reduce discomfort, vein damage and the risk of getting blood borne viruses. Safer injecting advice is available from needle exchange services.

- When injecting snow blow the urge to share needles is usually strongest after you have used. Snow blow can make people feel close or connected to the

people they are injecting with. These feelings could lead to sharing snow blow or sharing equipment.

# Do you use SNOW BLOW?

People who take snow blow may take more risks. People who inject snow blow are likely to inject more often, therefore increasing the risk of sharing injecting equipment. Using snow blow may also enhance your sex drive, increasing the risk of unprotected sex.

## REDUCE THE RISK OF HIV INFECTION



SHARING NEEDLES AND HAVING UNPROTECTED SEX INCREASE YOUR RISK OF GETTING HIV AND OTHER BLOOD BORNE VIRUSES.



**ASK**

Ask for enough needles, cookers, water and filters.

Ask for safer injecting information.

Ask for a free HIV test.

Ask for free condoms.

**ASK**

For more information visit [drugs.ie/snowblowhiv](http://drugs.ie/snowblowhiv)

For information and support on drugs and alcohol visit [drugs.ie](http://drugs.ie)  
HSE Drugs, Alcohol and HIV HelpLine: 1800 459 459



**DRUGS.ie**  
Drug and Alcohol Information and Support





# TEMPORARY RELEASE FROM PRISON AT CHRISTMAS – IRISH PENAL REFORM TRUST

**23<sup>RD</sup> DECEMBER 2015**

**C**hristmas is one of the most difficult times of year for prisoners and their families. Physical separation from loved ones may be an inevitable consequence of the deprivation of liberty, but that does not make it any less traumatic for children and families.

A survey conducted in 2015 found that an estimated 6,000 children in Ireland have a parent in prison on any given day. Not knowing whether your dad/ mum / brother / sister / son / daughter / partner / granddad will be allowed home can be especially stressful in the months and weeks running up to Christmas.

“I have two young girls, and it was tough, you know what I mean? Not knowing how they were

getting on on Christmas Day was an absolute killer. It woke me up.”  
- Conor Lally in The Irish Times.

For those prisoners who are not granted temporary release, including newly committed prisoners, prisoners on remand (pre-trial) and prisoners from other countries whose families live abroad, it is particularly tough. For some prisoners, who do not have family support on the outside and who would otherwise be homeless, prison might be the safest option at Christmas time (a very sad reflection on Irish social policy).

## CHRISTMAS RELEASES IN IRELAND

In Ireland, temporary release from prison over Christmas can range from a few hours, sometimes accompanied by a responsible adult, up to 7 days, with various release conditions attached. Prisoners are more likely to be granted temporary release if they are: engaging with prison services; on enhanced regimes; have complied with conditions on previous periods of temporary release; and are coming towards the end of their sentence.

The vast majority of prisoners return to prison as arranged. In January 2015, 3 of 242 prisoners granted temporary release at Christmas failed to report back at

the prison on the agreed day and time. In 2013, all 226 prisoners released returned on time. Those who fail to adhere to the conditions of their temporary release can lose earned privileges on their return, including, for example, transfer from an open prison back to a closed institution.

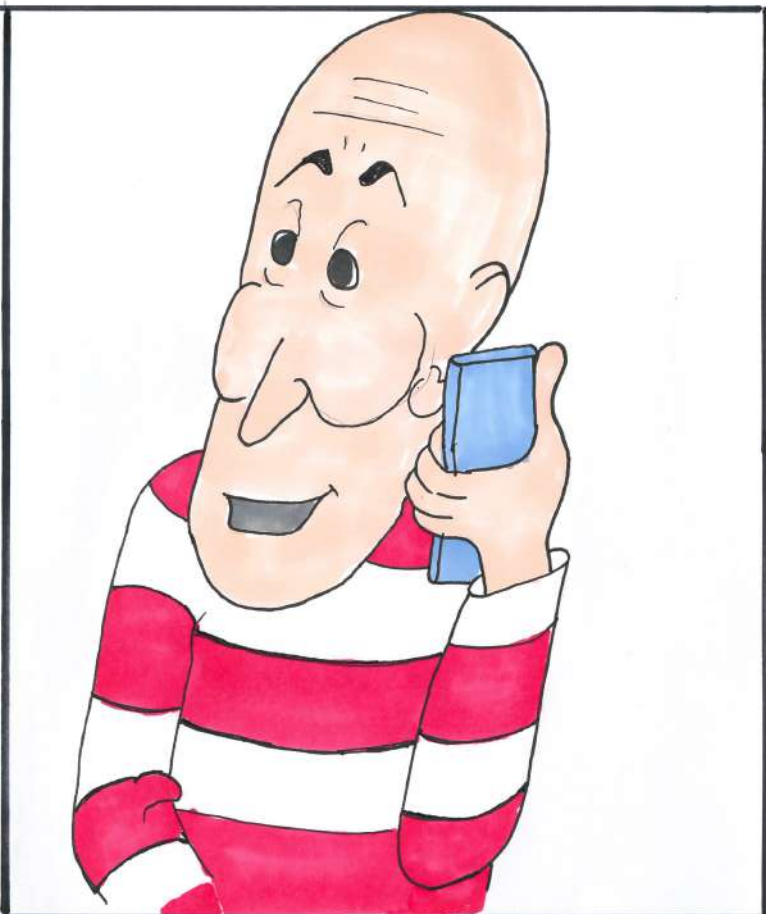
Temporary release plays an important role in prisoner rehabilitation and reintegration. Maintaining relationships with families and communities is one of the strongest protective factors against reoffending after release from prison. Facilitating family contact with prisoners in prison and through temporary release over Christmas plays a crucial part in this.

### YEAR CHRISTMAS RELEASES

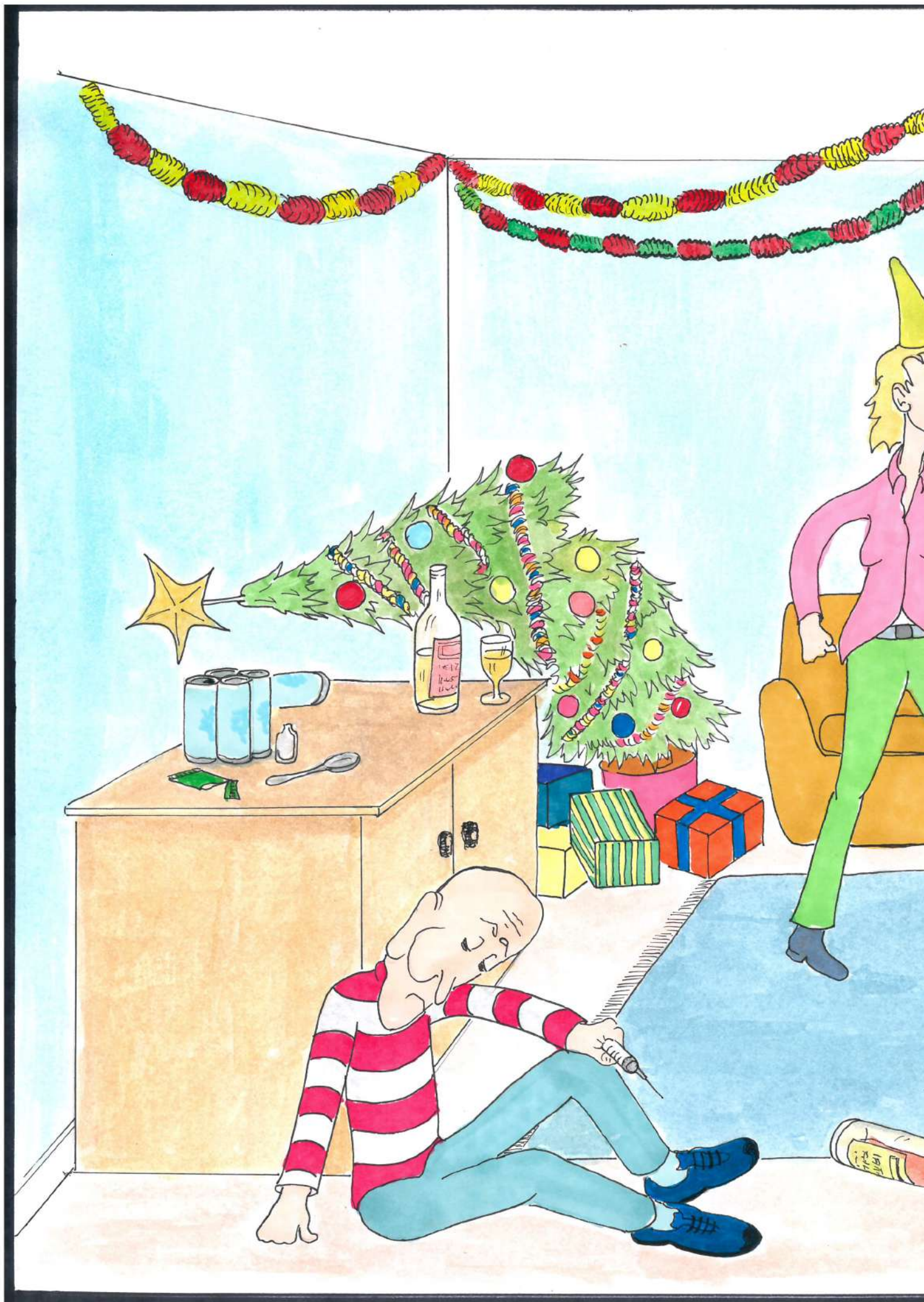
2015	204
2014	242
2013	249
2012	226
2011	160
2010	134
2009	176
2008	107
2007	138







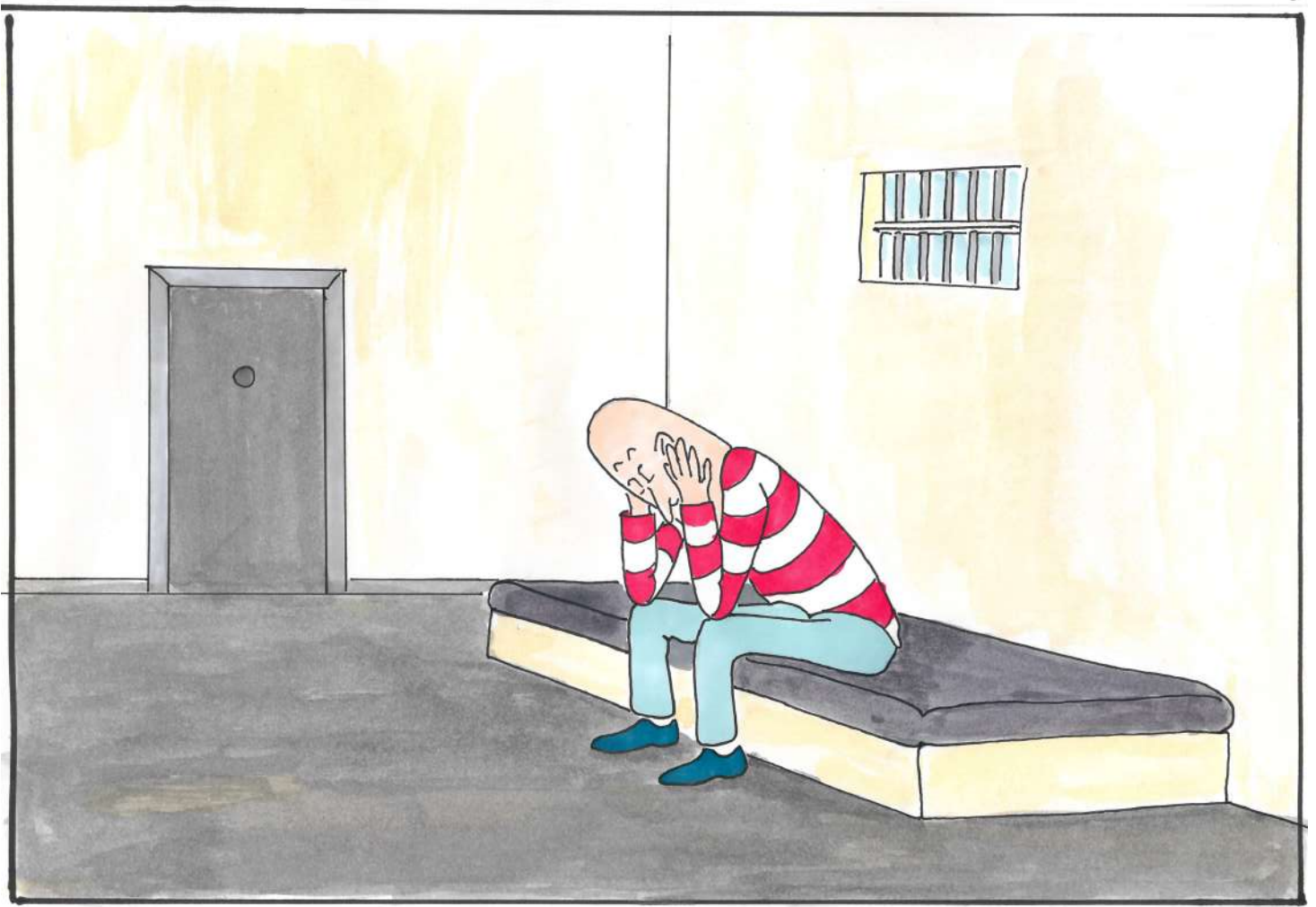














# BILLY'S BIT

## HO, HO, #\*#\*#! HO READERS !!

It's that time of year again!! If you're out tapping on Henry or Grafton Street, and you don't get run over by the monsoon of people running from shop to shop, trying to save 50 poxy cents off their next pair of incontinence pads (or getting arrested!) you might actually have a chance to spend the money you've sat out in the cold tapping for!

Seriously folks, you've gotta laugh at these people that moan about Christmas... "it's a load of bullshit" or just another fucking excuse to send pointless presents to relatives you've never met and watch Daniel O'Donnell singing his greatest hits on T.V!

Let's face it, unfortunately it's probably the only time of the year when people actually realize how much better off they really are than that person sitting outside Arnott's holding that Bewley's cup in their hand.

What people seem to forget is that, behind all the commercialism

it's not the presents that we share with each other that makes Christmas, or even the massive Christmas dinner that makes you loosen two notches on your belt when you're finished!

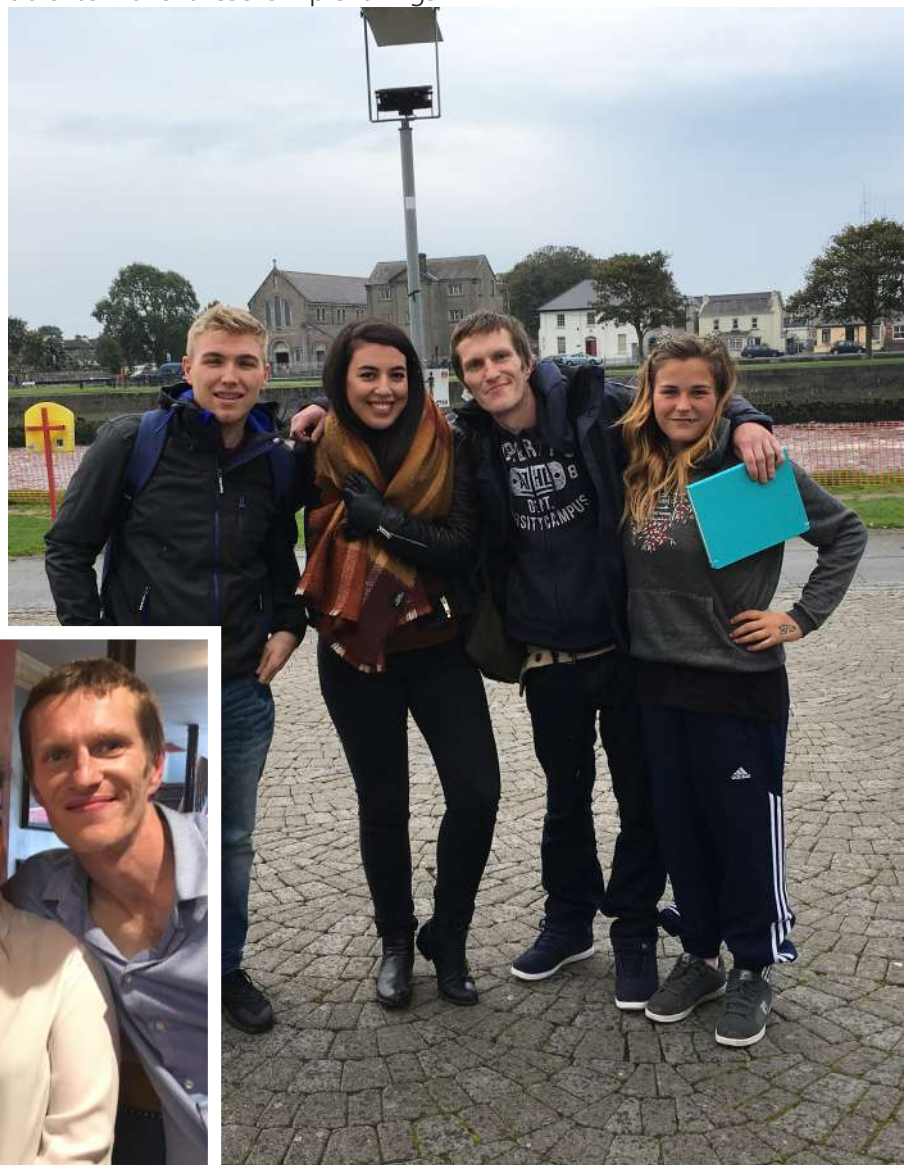
Christmas is about the people you share it with, being able to tell your friends those cheesy jokes, being together and - just for that one day, being happy!

Whether you're sitting around a table with your family, or sitting in Merchant's Quay with a paper hat on your head, as long as you are able to have these simple things

We really are lucky to have a special day to make people realize the true nature of what really matters in this world. Anyway I'm gonna go and watch T.V in merchants Quay " what's on next? I don't know, I think it's Daniel O'Donnell's greatest hits... AHH SHIT!!!

Anyway readers have a safe and happy Christmas and New Year

**SEE YA ON THE FLIP SIDE  
BILLY**



# YOUR VOICE – 2017 NATIONAL DRUG STRATEGY

**T**hroughout September and October, many readers completed the feedback questionnaire for the 2017 National Drug Strategy. We took your responses and created a submission on behalf of people who use drugs – here's what we said;

## 1. FEEDBACK ON THE CONSULTATION PROCESS AND QUESTIONNAIRE

The wording of the questions was not accessible for people who use drugs. UISCE spent the first 10 days of the consultation working with this community to rewrite the questions while maintaining the core message and ensuring relevance to the level of exposure to the strategy. The re-phrasing is attached as appendix 2.

This re-phrasing was circulated through multiple networking groups in Dublin and also requested by services nationally.

The format of the public consultation meetings and lack of free organised transport meant that people who use drugs and services did not attend.

The emails advertising the public consultation dates were forwarded to services and no request was made in the email for services to share the information with their service users.

There was no advertising of the events for any hard to reach groups of drug users. UISCE believes these groups are reachable and suggests flyers could have been distributed by outreach workers and posters

could have been displayed in drop-in services.

## RECOMMENDATIONS

- 1.1 UISCE recommends engagement with people who use drugs and services in the development of questions for consultation to ensure the language and themes are accessible, relevant and valid.
- 1.2 If future consultations are scheduled UISCE, recommends an organisation has responsibility for ensuring that people who use drugs and services are fully aware of the process and have an opportunity to participate in an environment in which they are comfortable with appropriate support if required.
- 1.3 The six-week timeframe has limited the number of people who use services UISCE can access, considering the level of support we have provided to people completing the questionnaire. UISCE recommends extending this for a three-month period with an opportunity to prepare to support people in advance.

## 2. DID YOU KNOW THAT IRELAND HAS A NATIONAL DRUGS STRATEGY FOR THE YEARS 2009 TO 2016?

For the four questions in this group the response from people who use drugs was no in the 68% of the sample.

This information demonstrates the need to develop a communication strategy which includes people using services for the 2017 National Drug Strategy (NDS). Additionally, it demonstrates that service users do not feel involved in the development of the strategy. As a result, people who use drugs are not able to support the strategy and work towards the identified outcomes.

The responses from people who told us they are aware of the strategy, was that it was not working as they have seen an increase in availability of drugs. This group spoke about having experienced difficulty accessing treatment services including methadone and detox and highlighted a need for more varied services.

All of the people who participated in completing the questionnaire were asked what were important issues to them that they would like to be considered in the new National Drugs Strategy. The answers were varied (full answers are available in appendix 1) however, the focus was predominantly on treatment options and wanting "help".

From this, UISCE concludes that despite the plethora of services available, the actual needs of the service users are not being considered when funding and developing services. By including people who use drugs

in the development of services, organisations will ensure identified needs are being met resulting in better outcomes.

72.7% of the people who completed the survey believe heroin is the most dangerous drug followed by prescription medication (47.7%).

## RECOMMENDATIONS

- 2.1 Evidenced by responses demonstrating a lack of awareness, UISCE recommends the inclusion of people who use drugs and services in the development of the 2017 strategy.
- 2.2 UISCE recommends a strategic communication plan be developed for the strategy which includes people who use drugs and services.
- 2.3 Before designing any new services, UISCE recommends seeking feedback from people who use drugs in the immediate geographical area and developing unique services based on this information.

## 3. SUPPLY REDUCTION

92.2% of people who use drugs that participated in completing the questionnaire told us that drugs were easy to find. There is no clear conclusion from this community regarding where the responsibility lies in reducing supply, with some people suggesting policing and others focusing on reducing demand by increasing treatment options. 16.7% of people believed that the services needed to also take responsibility for supply reduction but none elaborated on how this was possible.

What is evident from these responses is that people who use drugs are passionate and interested in finding a solution and view the increase in supply as a negative they would like to see remedied.

## RECOMMENDATIONS

- 3.1 UISCE recommends the inclusion of people who use drugs in the development of supply reduction initiatives that form part of the National Drug Strategy for 2017.
- 3.2 As an organisation that is focused on protecting and promoting the human rights of people who use drugs, UISCE recommends that when addressing supply reduction, the user is not penalised. We support a health based response to people who use drugs as opposed to a judicial response.

## 4. PREVENTION

The people who completed the questionnaire were predominantly active drug users who believed that they were well, to very well informed of the dangers of drug use. It was identified by the group that the information they received was communicated by peers and not services. From this information UISCE concludes that peer to peer education is effective and requires further development.

The individual responses to the question on education for the general population, further demonstrated that people already identifying as a person who uses drugs do not feel they need a formal education stream. Not one person who completed the survey mentioned any need for education among the community of people

who use drugs. With these responses, UISCE believes that people who use drugs feel more information should be available to the general population, before people engage in drug use.

The people who participated also believed that the primary responsibility for drug education lay with parents and that this education should start when children are between 6 and 11 years of age.

The suggestions of supports which could be provided to people educating others about drugs were again varied, however, strongly support the use of factual information. The suggestions which include; explain the side effects and risks, get information from people who have experienced addiction and create documentaries about life before and after drug use focus on the reality of these choices.

## RECOMMENDATIONS

- 4.1 UISCE recommends people who use drugs are involved in the development of education programmes for young people. Experiences and pathways to addiction can be plotted and robust intervention programs developed.
- 4.2 As evidenced by the responses of people who use drugs, UISCE recommends that all education programs developed are based on fact.
- 4.3 UISCE recommends furthering peer led education which supports accurate and timely information to the community and capacity building in peer educators.



## 5. TREATMENT AND REHABILITATION

The main concern highlighted by 60.8% of people who use drugs that completed the questionnaire, is that they experience great difficulty accessing treatment. This was due to the high level of pre-entry requirements, lack of support with paper work, or just finding someone to refer them. This response is evidence that the treatment options currently provided do not meet the needs of the people who will use the service.

When asked about the quality of treatment services, the responses varied greatly (individual responses are available in appendix 1) Through facilitating the questionnaire, UISCE has identified that at no time have people who use drugs had an opportunity to define what a “quality” service is, therefore, the responses were based solely on relationships individuals built with staff in the treatment programmes. “Quality” has never been defined as a successful outcome. From this, UISCE concludes that services need to engage with people who use drugs to define “quality” and communicate to this community what their rights are and what outcomes they can work towards in each programme.

Within this group of questions, people who use drugs were asked; How should we continue to support those who misuse drugs. Throughout the questionnaire, people spoke of the proposed medically supervised injecting facility as an important addition to the 2017 strategy but as a response to this question a substantial number of people raised this as an option that they envision will work towards reducing harm to people who use drugs and the greater community.

The final question asked how people could be assisted to lead a drug free lifestyle. There were two responses; a) call for more and improved treatment services b) ongoing support post treatment.

The responses demonstrated a high level of responsibility and autonomy from people who use drugs and the desire for people to have options and choices in how they choose to live their lives.

### RECOMMENDATIONS

- 5.1 From the responses it is evident that people who use drugs do not feel their voice is heard when wanting to access services or make decisions that impact their life. UISCE recommends a self-referral pathway be developed and treatment options communicated to any person seeking support.
- 5.2 UISCE recommends people who use drugs are consulted to define “Quality” of services and that measurable outcomes are set and reviewed.
- 5.3 UISCE recommends that a medically supervised facility for people who use drugs is opened and that the people who will use the service are involved in the design and setting of outcomes for the project.
- 5.4 Based on these responses, UISCE recommends people who use drugs have an opportunity to be involved in designing their own unique treatment pathway that would suit them best and believe this would result in more successful outcomes.

## CONCLUSION

The response from people who use drugs and willingness to take part in the questionnaire demonstrates that this community wants to be part of the team designing solutions and has an important, active role to play as members of the team.

The people who supported others to complete this questionnaire were themselves active drug users and they worked reliably and diligently to ensure the voice of their community is heard in this important consultation.

The two main recurring themes throughout the questionnaire were;

### a) Treatment options

The responses demonstrate that the current options available are not meeting the needs of people who use drugs. The reasons for this include, a paucity of services as well as options that don't suit the need of the person.

### b) Medically supervised consumption facilities

There was a focus on harm reduction throughout the questionnaire with many people suggesting that this facility will reduce the risk of harm to both people who use drugs and the general population

This submission represents the voice of people who use drugs and we support you to acknowledge the voices of people who are experts in addiction and services to work towards better outcomes in partnership.

We urge you to embrace this genuine consultation and involvement in the 2017 National Drug Strategy.



# WHAT HAPPENED IN 2016 – THE YEAR IN REVIEW

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## JANUARY

**R**esidents of Dublin's south inner city gathered last night to take down the decorations from their Christmas tree. The 15-foot tree was an annual memorial to those from the area who have died as a result of drugs. Its decorations were photographs of the people who passed away and messages of affection from their loved ones.

These, and the wreaths placed around the tree at the end of Pimlico, were then brought to St Catherine's Church in Meath Street for a memorial Mass.

One message was to their mother from two children, one of whom had never known her. "To Lilly. I never met you but I know I would have loved you. And I'll try and take care of Mark too. Love, Donna." Beneath a message from her brother: "Dear ma, I love you and miss you very much. From your ever-loving son Mark. My only regret is that you never met Donna. I know you would have loved her."

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## FEBRUARY

This month was all about seizures of drugs across Ireland. News reports stated that there were seizures in Dublin, Wexford and Cork.

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## MARCH

The results of the election saw Minister for Drugs Aodhán Ó Riordáin lose his seat in Dublin Bay North. This was a tough blow, he was progressive and strong in his support of people who use drugs and improved services.

In an effort to address the city's drug-related litter problem, Dublin installed public sharps bins for people who inject drugs to dispose of used syringes in this month.

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## APRIL

Marked the 100th anniversary of the Easter rising. One of the principles of the proclamation made on this historic day is a guarantee of "religious and civil liberty, equal rights and equal opportunities to all its citizens", this is still being fought for today and UISCE is committed to ensuring equality for people who use drugs. John Devoy, the UISCE artist, created some amazing artworks for the commemoration.

In April, The UN was told to end the war on drugs. Delegates from the European Union, Switzerland, Brazil, Costa Rica, Uruguay among others called for abolishing capital punishment for drug criminals.

World governments gathered at the United Nations were urged to move away from repression in tackling the drug problem, end the use of the death penalty for drug

offences and step up treatment.

The UN General Assembly opened the first meeting on the global drug problem since 1998 to adopt a document that marks a shift away from the "war on drugs" with its heavy-handed approach centered on law enforcement.

"Drug policies that focus almost exclusively on the use of the criminal justice system need to be broadened. They need to be broadened by embracing a public health approach," said World Health Organisation director Margaret Chan, drawing applause.

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## MAY

Catherine Byrne T.D. was appointed Minister of State for Communities and National Drugs Strategy in May 2016. This was never going to be an easy job. The former Lord Mayor was elected as TD for south central Dublin – an area with a high concentration of people who use drugs. She had to balance what the people who voted for her want with what people who use drugs in the area need. A tricky job!

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## JUNE

On Irish AIDS Day, 15th June 2016, the Lord Mayor of Dublin, Críona Ní Dhálaigh, launched a campaign highlighting the increased risk of HIV infection amongst people who inject drugs, particularly Snow blow.

She said: "New HIV diagnoses in Ireland have increased to their highest level on record in 2015. Provisional data published by the HSE Health Protection Surveillance Centre shows that a total of 491 people were newly diagnosed with HIV in 2015 – a 30% increase over 2014 figures. Data also shows a significant increase in HIV diagnoses amongst people who inject drugs with a 67% increase in 2015, many of whom are people who are homeless in Dublin".

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## JULY

UISCE got a new Coordinator and started peer led outreach. Outreach gives us an opportunity to talk to you one on one and find out how we can support you to overcome obstacles with services. We have loved hearing all your stories and are so excited as more and more people joined to support our outreach team. In 2017 we hope you will all be members and make your voice heard.

UISCE, in partnership with SAOL, created a peer to peer training manual for Hepatitis C which was launched at the Mansion House on world Hepatitis day.

July 28 saw the HSE issue an alert for fentanyl – a powerful opioid linked to deaths across the country. UISCE shared this information with people who use drugs during outreach.

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## AUGUST

31st August is International Overdose Awareness and in Ireland, to acknowledge the date, the HSE launched the results of the Naloxone Demonstration Project which took place between August 2015 and August 2016.

Naloxone – the generic name for Narcan, is a medicine that reverses the effects of opioid overdose. If you have ever OD'd and an ambulance was called, this is the magic injection that brings you round. It is recommended by the World Health Organisation and is used internationally.

The success of the Demonstration project is in the Evaluation Report which states "During the course of the Demonstration Project there were five administrations of Naloxone and potentially fatal overdoses were prevented for the five males involved. Four of the Naloxone administrations were administered by front line workers and one was administered peer to peer. All had participated in the Naloxone training delivered during the demonstration project."

At UISCE we love this idea. More people having access to this drug in a country that has one of the highest overdose rates in Europe will save lives. This is real harm reduction and has the potential to be a real game changer in how people who use drugs in Ireland can support each other

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## SEPTEMBER

public consultation was launched for the National Drug Strategy for 2017. UISCE supported more than 50 people who use drugs in Dublin to complete the survey and made a submission based on these responses.... Making sure your voice is heard!

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## OCTOBER

The Minister for Drugs, Catherine Byrne announced funding for a supervised injecting facility to open in Dublin. One of the obstacles has been the need to

change legislation for this to happen which she worked to do quickly. We hope this paves the way and that many more pop up all over the country in 2017!

In this month France also opened it's first supervised consumption room in Paris and Canada who are miles ahead suggested opening a women's only supervised facility.

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## NOVEMBER

A survey carried out by Red C and released this month showed there is 49% support among the national population for the decriminalisation of drugs for personal use. Instead of handing down a criminal conviction, the decriminalisation of drugs would allow for warnings and fines to be handed out or for the offender to be directed to drug awareness classes or to appropriate treatment.

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## DECEMBER

To close a year in which more than a dozen people lost their lives to drugs in the inner city, the tree went up again and on the 8th of December the lights were turned on to illuminate the pictures of the community members we lost. Hopefully in 2017 we will not see any new pictures added.





# NOTHING ABOUT US WITHOUT US

*A manifesto by people who use illegal drugs*

*We* are among the most **vilified** and **demonized** groups in society. Simply because we use illegal drugs, people and governments often deny us our rights and dignity.

*We* are the “**junkies**” and “**crackheads**” of the popular media.

*We* are tagged as “**undeserving troublemakers**” even among some of those who provide services to us.

*We* have been **hard hit** by the epidemics of HIV/AIDS and hepatitis C.

*We* are often sent to prison or to **compulsory detoxification** and rehabilitation, instead of having access to the evidence-based prevention and treatment programs we need.

*We* suffer oppression and **human rights abuses** in countries waging a “war against drugs” that all too often has turned into a war against people who use drugs.

*We* are regularly **excluded** from the decisions that affect our lives and those of our brothers and sisters.

*We* are your sons, daughters, fathers, mothers, brothers and sisters.

*And we have the same human rights as everyone else.*

*We* have the right to meaningfully **participate** in decision making on issues affecting us.

*We* have the right to be able to make **informed decisions** about our health, including what we do or do not put into our bodies.

*We* have unique expertise and experiences and have a **vital role** to play in defining the health, social, legal and research policies that affect us.

*Today, we demand to have a say.*

#### **We have the capacity to:**

- educate and be educated;
- form organizations;
- manage funding;

- represent our community;
- serve on government consultative committees; and
- be employed in a variety of roles.

#### **We need to:**

- be treated as **equals** and respected for our expertise and professionalism in addressing drug use, HIV, hepatitis C, overdoses and the other health, social and human rights issues that affect our lives;
- be **recognized** for the work we do, often without funding, in addressing the problems facing people who use drugs;
- be adequately **funded** and provided with the resources to represent and address our needs;
- be **supported** when demonized and attacked in the media and by the community because of who we are;
- be **supported** in fighting the fear, shame and stigma that keep us from fully participating in our communities and from accessing health services, and that contribute to health problems like HIV and hepatitis C;
- be **supported** to develop the skills and knowledge necessary to be good peer educators and advocates and to run professional organizations;
- be meaningfully **involved** at all levels of the organizations that provide services to us;
- be **included** in consultative processes, as well as in decision-making or policy-making bodies and advisory structures dealing with issues affecting us; and
- be **involved** in research that affects us, including through community review committees and community consent processes.

**As organizations of people who use drugs, our organizations have an important role to play in advocating for our rights and for our health and well-being. Our organizations:**

- need to **work** towards being governed, managed and run by people who use illegal drugs, with power and control held by people who use drugs;
- are often **best placed** to ensure appropriate representation to governments, non-drug user organizations and other relevant stakeholders;
- need to be recognized as **valid and valued** participants in any policies and programs dealing with drug use, and must be supported and strengthened;
- need to be recognized as **participants** also in policies and programs dealing with other health and social issues that affect our lives, such as mental health, housing, welfare;
- must be treated with **respect** in all partnership arrangements with governments and other organizations;
- have a responsibility to the larger movement of people who use drugs to strive to **empower and include** all people who use drugs, regardless of the types and routes of drug consumption, by promoting tolerance and fostering a culture of inclusion and active participation, and respecting the diversity of backgrounds, knowledge, skills and capabilities;
- need to devote particular attention to meaningfully **including women** who use drugs and to ensuring that the needs of women who use drugs are addressed;
- are **committed** to the principles of harm reduction, peer education and support, and community development; and
- fight for the **health and human rights** of people who use illegal drugs.



Through collective action, we will **challenge** existing oppressive drug laws, policies and programs, and work with governments and international agencies to formulate evidence-based policies and programs that respect our human rights and dignity and protect and promote our health.

And we stand in **solidarity** with our brothers and sisters in other countries who often suffer great abuses of their human rights. We demand that our governments take action in our countries, but also at the international level, so that our health and human rights are respected, protected and promoted, and we are involved in all decisions that affect our lives.

*We are part of the solution,  
not part of the problem!*



**Alliance**

**INPUD**  
INTERNATIONAL NETWORK  
OF PEOPLE WHO USE DRUGS

This manifesto was made by people who use drugs who participated in the consultations of the project on greater involvement of people who use drugs undertaken by the Canadian HIV/AIDS Legal Network, the Open Society Institute Public Health Program, and the International HIV/AIDS Alliance. It is based on a similar manifesto developed in Canada (as part of work undertaken by the Canadian HIV/AIDS Legal Network, the Vancouver Area Network of Drug Users, and CACTUS Montréal), and is endorsed by the International Network of People Who Use Drugs (INPUD). Participants in the project expressed their hope that people who use drugs around the world will either adopt this manifesto, or use it as the basis for creating their own manifesto.

Copies of this manifesto and other documents on greater involvement of people who use drugs are available on the websites of the Canadian HIV/AIDS Legal Network ([www.aidslaw.ca](http://www.aidslaw.ca)), Open Society Institute ([www.soros.org/initiatives/health/focus/hiv](http://www.soros.org/initiatives/health/focus/hiv)), International HIV/AIDS Alliance ([www.aidsalliance.org](http://www.aidsalliance.org)), and International Network of People Who Use Drugs ([www.inpud.org](http://www.inpud.org)). Reproduction of the manifesto is encouraged, as is adaptation of its contents. For further information, contact the Canadian HIV/AIDS Legal Network at [info@aidslaw.ca](mailto:info@aidslaw.ca).

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