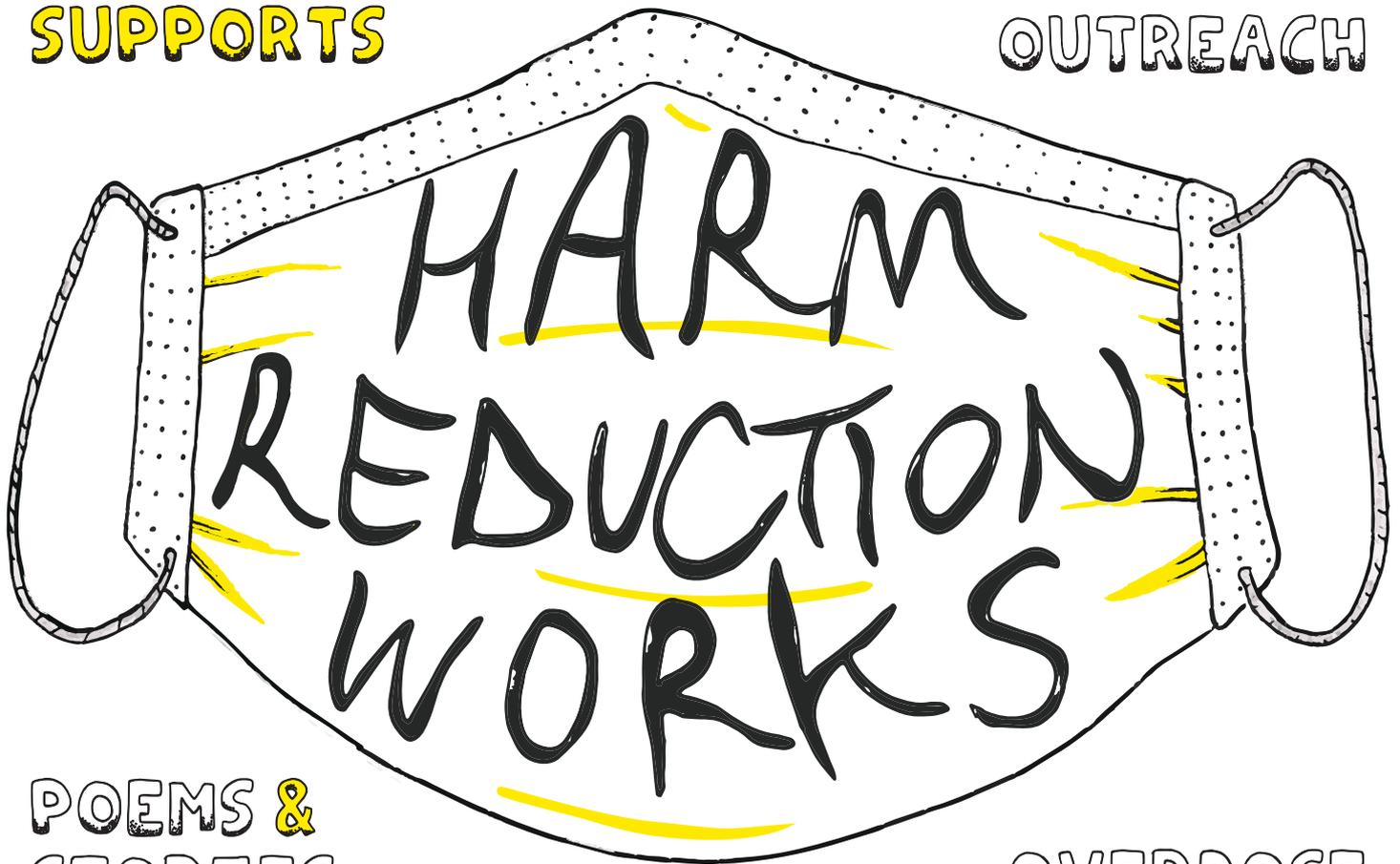


**RECOVERY COACH
INTERVIEWS**

**MENTAL
HEALTH
SUPPORTS**

**PEER LED
OUTREACH**



**POEMS &
STORIES**

**OVERDOSE
AWARENESS**



**NEEDLE EXCHANGE
HARM REDUCTION**

& MORE...

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ACKNOWLEDGEMENTS

Many thanks to all the services and peers that provided content to make this magazine a reality.

We also want to thank the HSE National Social Inclusion Office for the ongoing support, everybody involved in International Overdose Awareness Day and Recovery Month and our friends from SAOL.

Special thanks to Joanna, our graphic designer, for all your patience and creativity.

Finally, thanks to all our readers. We really hope you enjoy this one!

Do you want to provide content for the next edition of Brass Munkie?

Contact us:

- Call 01 555 4693
- Email admin@myuisce.org
- Send your stories to 8 Cabra Road, Phibsborough, D07T1W2

UISCE

Advocacy for People who use Drugs



Lynn Jefferys and María Otero

WELCOME BACK READERS!

WHAT A YEAR.

To be honest, we don't even know where to start. We haven't talked to you since our December 2019 edition – our Service Special – back when face masks were not a thing people wore outside a hospital.

So many things happened this year. We started strong, welcoming Lynn Jefferys to the UISCE team as the new Peer Support Worker (read more about their role on page x). Then COVID-19 hit, and we adapted to the “new normal”: working from home, zoom meetings, socially distanced trainings... We were also redeployed for several months and worked alongside other teams and organisations to support our community. We learned so much during our redeployment: about ourselves, about the amazing work that many other organisations do, but especially, about the importance of working in partnership – special thanks to MQI Community Engagement and Needle Exchange teams and to everybody at De Paul for all the great work we were able to do together.

Don't get us wrong, it hasn't been easy! We had to postpone so many projects that we were hoping to start this year, we missed meeting people in person, our outreach team and volunteers, visiting new services, and our normal office work! We had to make sure we were taking care of our mental health as much as possible while also supporting peers to take care of their own mental health. We needed to relearn how to do our job, just through the phone, a computer screen and 2 meters apart.

We have so much in store for all of you in this issue: information and resources, updates about our work, features from other organisations and, the most important, content that YOU sent our way – amazing poems and personal stories that are, as always, the essence of Brass Munkie.

Thanks to everybody that submitted content for this issue.

Stay safe and please, don't forget to WASH YOUR HANDS and WEAR A MASK!

- María Otero Vázquez

Happy reading.

MENTAL HEALTH SUPPORTS DURING COVID 19

PHONE, EMAIL AND TEXT SUPPORT

AWARE

Information and support to anyone over 18. Issues relating to mood or the mood of a friend or family member, or who has depression or bipolar.

-  Freephone support line 1800 80 48 48 10am to 10pm every day
-  supportmail@aware.ie
-  aware.ie

IRISH HOSPICE FOUNDATION

A freephone bereavement support line providing information, connection, comfort and support.

-  Phone 1800 807 077 Monday to Friday from 10am to 1pm.
-  hospicefoundation.ie for more information.

EXCHANGE HOUSE IRELAND NATIONAL TRAVELLER MENTAL HEALTH SERVICE

Telephone and online services and supports are available while face-to-face and group services have stopped.

-  Call 01 8721094 and press 1 from 9am to 5pm every day
-  exchangehouse.ie

MENTAL HEALTH IRELAND

Information and support for people who experience mental health difficulties

-  Information line 01 284 1166 from 9am to 5pm Monday to Friday
-  mentalhealthireland.ie
-  info@mentalhealthireland.ie

GROW MENTAL HEALTH RECOVERY

Six-week guide on coping with COVID19, consisting of podcasts, practical resources and information.

-  Information line 1890 474 474
-  grow.ie
-  info@grow.ie

ALONE

COVID-19 support line for older people.

-  Phone 0818 222 024 8am to 8pm everyday.
-  alone.ie

PIETA HOUSE

Telephone and text-based support counselling for people who are suicidal or engaging in self-harm.

-  Freephone 1800 247 247 every day 24 hours a day
-  Text HELP to 51444 - standard message rates apply.
-  pieta.ie

SAMARITANS

Emotional support to anyone in distress or struggling to cope.

-  Freephone 116 123 every day 24 hours a day

SENIORLINE

Confidential listening service for older people provided by trained older volunteers.

-  Call 1800 804 591 from 10am to 10pm everyday
-  thirdayeireland.ie

TEXT 50808

A free 24/7 text service, providing everything from a calming chat to immediate support for people going through a mental health or emotional crisis.

-  Text HELLO to 50808, anytime day or night.
-  www.text50808.ie for more information.

BELONG TO YOUTH SERVICES

Support for lesbian, gay, bisexual, transgender, and intersex (LGBTI+) young people in Ireland.

While face-to-face services are closed, information, referral and advice is available by email, SMS, phone call or video conference.

-  Text LGBTI+ to 086 1800 280 to chat confidentially with a trained crisis volunteer anytime - standard SMS rates may apply.
-  belongto.org for more information

TRAVELLER COUNSELLING SERVICE

Online counselling to members of the Traveller community who need support during this time.

-  01-868 5761 or 086-308 1476
-  info@travellercounselling.ie
-  travellercounselling.ie

LGBT IRELAND

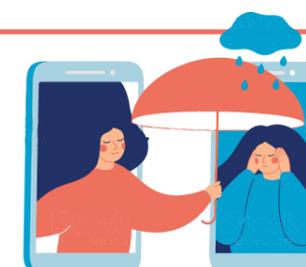
LGBT+ helpline 1890 929 539 every day

-  Gender identity family support line 01 907 3707
-  Online instant messaging support 6.30pm to 10pm Monday to Thursday, 4pm to 10pm Friday and 4pm to 6pm Saturday and Sunday.
-  info@lgbt.ie for support or information
-  lgbt.ie

MYMIND

Online counselling service

-  mymind.org
-  hq@mymind.org



ONLINE COUNSELLING AND SUPPORT

TURN2ME

Information and support for people who experience mental health difficulties
Information line 01 284 1166 from 9am to 5pm Monday to Friday

-  mentalhealthireland.ie
-  info@mentalhealthireland.ie

Peers offer support in ways that people without lived experience cannot

PEER SUPPORT WORK

by Lynn Jefferys

My role as a peer support worker is to work alongside, learn from, listen to and uplift the voices of people with lived experience. UISCE recognises the importance of representatives from the community of people who use drugs to be a part of policy making and working groups that affect them. Commonly referred to as 'service users', we promote that learning from and recognizing the inherent value and knowledge of people with lived experience makes them peers. Peers offer support in ways that people without lived experience cannot.

Organisations and health authorities constantly seek information from peers. UISCE's peer-led outreach team (delayed because of Covid-19 but starting up again in January 2021) will have large scope projects such as insight into drug trends, barriers to accessing drug services, or small-scale connections peer to peer, chatting over a coffee about what's going on for them in their day to day.

I'd like to talk about stigma around drug use. It's very prevalent anywhere that drugs are criminalised, and it's hard to tackle because it's so deeply ingrained. There are all kinds of stigma: the kind we put on other people, the kind we put on ourselves, the kind that society puts on us and the kind that somewhere like an organisation or service would put on people. It makes people afraid to ask for help and can lead to a lot of unnecessary harm.

In the past I have used substances to cope through mental health issues, traumas from a young age. And I continue to this day to cope, to get through, sometimes with substances, sometimes with holistic things like swimming or playing music. I have a lot of folks that I work with, and that are in my life personally, some of them are 'drug-free', some have never used substances, some are active users of 'heavy' or 'hard' drugs, and some use 'recreationally'. I truly believe in 'meeting people where they are at'.

The world is a hard place sometimes and we all need some relief, whatever that looks like, and we all deserve to have that relief as safely and as free from harm as possible. It's the structures that our society has built that deem some coping mechanisms okay while others not, like how having pints and drinking cans as an adult is legal, but cannabis is still criminalised. People can end up lost and isolated when they were just trying to make it through. People want help, but services are often too rigid around what help looks like, and even when ready and willing, it can be hard to get the help you need for your situation.

People that work in services sometimes don't realise the positions of power that they are in. Power dynamics are created by something as simple as holding keys to unlock doors, to bigger things like holding someone's medication or controlling how they get their methadone. You can't see the power dynamics unless you are on the other side of them.

People want help, but services are often too rigid around what help looks like...

I used to wear my house keys on my belt loop all the time, until someone told me that it reminded them of being in prison, hearing the guard's keys. I had completely no idea, because I'd never been to prison. We don't think to think of things if we haven't experienced them. You can't talk to someone about climbing Mount Everest if you haven't climbed Mount Everest.

When people accessing services have a bad experience or aren't treated with care, that's going to make them reluctant to want to engage with that service. It's a lot about our attitudes and acknowledging where the power is. It's also about staff support from their organisations!

Staff get burnt out, aren't given training, are financially strained (Dublin is an



Naloxone training at SAOL

expensive place!), and have all kinds of things going on, kids, health issues, global pandemics, etc. When the system creates barriers for folks accessing services and they get frustrated, the first people to interact with that frustration are frontline staff. So a thing I'm really supportive of is more staff supports and training, wherever they can come from. More accessible counselling and job security and manager support.

I have been in my role since January, and it has been a great learning experience as well as a change to use my skills I've honed over my life. ABL - Always Be Learning!

I link with peers through street outreach, phone calls, emails, referrals, any way

possible really. I provide training on naloxone and overdose awareness. One of the things I like about my job is connecting people, whether it be advocating for someone to their clinical team or letting someone know what services are running, or linking service providers.

I like to think there are lots of people and agencies with similar goals, and working together can be a lot better than feeling isolated.

So here's to working together and if you are person with lived experience who would like to get involved with UISCE, give me a call!

083 435 8055



**HEPATITIS C IS:
TREATABLE
PREVENTABLE
CURABLE**

**COULD
YOU
HAVE
HEP C?**

**9 IN 10 PEOPLE
WITH VIRAL
HEPATITIS
DON'T KNOW
THEY HAVE IT!***
*WHO, Viral Hepatitis 2016-2021

www.hepcpartnership.ie
Tel No. 086 - 189 5792

HEPATITIS PARTNERSHIP
INFORM • EMPOWER • SUPPORT



The campaign has been supported by AbbVie and Gilead Sciences Ltd. All content and views expressed are those of Hepatitis C Partnership and not those of the sponsors. Hepatitis C Partnership has been supported by an educational grant from Gilead Sciences Ltd



Recovery Day 2020: Lyndsay Kellegher, Paul Duff, Lynn Jefferys

A process of training people with lived experience as peer to peer recovery coaches took place from the October 2019, interview stage, to the completion of placement in September 2020.

This process was led by the Recovery Academy of Ireland, with the training being funded by the North East Inner City (NEIC). Seven people in total completed five days of Recovery Coach Training and were given a placement in existing addiction recovery services.

During placement they completed a total of 300 hours as peer to peer recovery coaches and a number of learning objectives were assigned for completion during placement, with additional training provided. This had been a great learning experience for the recovery coaches who have graduated.

Acknowledgment from Minister for responsibility for the National Drug Strategy, Frank Feighan who presented the Recovery Coaches with their

Recovery Coaches at graduation



**RECOVERY
ACADEMY
IRELAND**



certificates was greatly appreciated. This was a great way to complete the process especially considering the current Covid19 crisis.

A Special thanks goes to the services who hosted the recovery coach placements and we look forward to continuing working with these and many other services into the future, giving opportunity to people in recovery.

AN INTERVIEW WITH A RECOVERY COACH...



SIOBHAN
RECOVERY COACH
PLACEMENT - SANKALPA

www.RecoveryAcademyIreland.ie

“There is no *Just for tomorrow* chip so do it today”

Q: *What have you learned as a Recovery Coach?*

A: To mentor those coming into recovery, but to not pressure them into what I think recovery looks like. Between doing Recovery Coaching and Addiction Studies, what I've realized is that it's important to meet someone where they're at. Recovery Coaching has given me the tools to do that. It's not my place to push an idea of recovery on someone, it could be they just want to stabilize, or they want to come off some of their medication, or that they want to stop taking street drugs.

There is no 'one size fits all'. There are different ways for people to get to where they want to be. You have to be non-judgmental, to have compassion and understanding. Fear is the biggest trait for addicts: fear of not being able to live without tablets, or powder, or whatever they've got used to using to get them from A to B. It's about finding a support plan to fill in the gaps. It's trying to stabilize, to find a structure or routine so they don't feel like they're sitting around doing feck all. That's a big thing for people coming into recovery. Being a recovery coach is about listening to someone's problem, and then focusing on the solution.

When I was early in recovery, it wasn't stopping, it was staying stopped that was the big ask. Staying consistent with it. To find a life beyond using. For me being in recovery is also about being in discovery. You are discovering who you are as a person. I didn't even know what colour I liked, I didn't know what Siobhan liked. I had a mask for my family, for in prison, for my friends. It's about rediscovering who you are as a person. Most people use because they don't like themselves, so when you're sober, you are completely there, and it can be hard.

For me being in recovery is also about being in discovery. You are discovering who you are as a person.

Q: *Why is it important to have people with lived experience in support work and mentor roles?*

A: It's much easier for one addict to talk to another addict. You can understand where they are at. Their stories might be different, but the feelings are the same. That someone has felt that and come out the other side. It gives people hope.

A lot of people who worked with me would say "I understand" and I'd think, no you don't! When you are talking to someone who has actually been through it, and they say "I hear you"... they actually do hear you! They don't just say they understand. It's empathy not sympathy, I think that's vital for people who have lived that life of addiction, or grown up whatever way they grew up. I had all the hopelessness and despair, I thought I'd never gonna come out the other side, I thought I was going to die. To be where I was then, to where I am today, I think that can bring hope to a person that is still suffering. To live a life that is meaningful, and manageable. Not just to be stable and live, but to thrive, I know it's possible.

Q: *How did you get involved in Recovery Coaching?*

A: It was word of mouth. I heard about it from a guy in SOILSE, when I was in my third year of recovery. There were three coaches in the house I was in, and I loved their approach. I felt comfortable, I felt like they understood me, knowing that they had walked the same path.

Q: *What would you like to see change?*

A: I wish I'd known about more services out there. I didn't know about day programs or rehab. Any direction that I was given was 'go to your doctor.' Nothing was highlighted. I was never told, have you ever tried this? SOILSE, ACRG, TRP, so many different services willing to help people and I didn't know about them. I knew about methadone but that's it. Making it known that there is help out there.

“Not just to be stable and live, but to *thrive*, I know it's possible.”

Q: *How has COVID impacted your work?*

A: I was doing catering but that stopped in March. I was doing my placement in a day program and they closed down, so that changed. I recently got a job in the last week as a peer support worker. I have a bit of anxiety but it's because it's new. I know I can do it. It's gonna be difficult, making the change from service user to service provider. When I have to confront someone and let them know they are doing something they aren't supposed to. One thing that I want to try to make clear when I'm talking to residents, to try to get them see that staff are there for them, to help them.

Q: *How do we make it known?*

A: It's only all over the internet, and I don't know many addicts that sit around on their phone. Even in the homeless services, just putting posters up to catch people's eyes. Services staff need to have the information to share. People need to be aware, there is life and hope beyond going to a methadone clinic and going back to your hostel or sleeping in a sleeping bag on the street.

AN INTERVIEW WITH A RECOVERY COACH...



STEPHEN
RECOVERY COACH
PLACEMENT - CHRYSALIS

www.RecoveryAcademyIreland.ie

“Education will open employment doors for me”

Q: *What does your role provide and how did you become a recovery coach?*

A: Recovery Coaches provide direction to people in early recovery. From my own experience, I left treatment and went to a recovery house, and it was my first time around fellowships, I didn't have an idea of any of it. I was lucky I was in a house with 9 other lads and I had direction. People in early recovery need direction, and someone to advocate for them, to let them know what's on offer. I'd try to help people who are going through the same situation, as what I went through.

A lot of people wouldn't know about services like Chrysalis or Tallaght Rehab Project, you'd be surprised. Just because we know about the services, some people stay quite close to their areas and don't know about them. Someone referred me to the manager of the Tallaght Rehab Project. As far as I know, it usually starts October, so I did the interview this time last year, then I started December. Training is 5 days but there was a lot of info in those five days.

Q: *Why do you think it's important for support services to include the voices of people with lived experience?*

A: Well I suppose I remember when I was young and going to counsellors. It was people who weren't addicts. They had gone to college, but they don't know what it's like. I think people would rather listen to someone who's been through what they've been through. I can't tell you what anyone else has done, I can only speak to what I've done.

I had no children and no partner, and I'd be in treatment in a group of 10 people and they'd be talking about trying to get their kids back or their partner back, but I didn't have that. So I had some freedom. With the Recovery Coaches we have coaches that are in relationships, who have kids, coaches with no kids, so we have people across the board to talk to no matter what your situation is.

“I think people would rather listen to someone who's been through what they've been through.”

Q: *What advice would you give to someone wanting to become a Recovery coach?*

A: Well, first of all you have to be two years clean, or coming up two years. I was recommended by someone I really respected and that gave me a lot of confidence. It was a big thing for me, for them to say I'd be suited for it. Then I went and did the interview, spoke about my story since I got clean, what I was doing to help people and why I think I'd make a good coach. I had the least clean time out of everyone there.

Q: *What would you like to see change in general, how could people looking to get help be better served?*

A: They can never have enough treatment beds. It's hard to get in. The center I went to there were 45 people looking to get in, and they could only pick 16. The rest had to go somewhere else and start the whole process again. You feel bad for people that don't have the opportunity, they are back on the street, back into hostels, it's not an ideal environment. A lot of places want you to be clean before you go in... if I could stay clean for 5 weeks I wouldn't need to go into treatment! For me, I needed a break for my body, when I left treatment and I went to the recovery house. Treatment improved me physically, but it wasn't until I started working the steps and got a sponsor, and started spilling my guts to people that I trusted people. I was great at giving advice but wasn't good at trusting myself.

...it's not like you're clean and they are dirty.

Q: *How has COVID impacted your work and your own life?*

A: I was working between two services, up in Tallaght and in Chrysalis. Chrysalis couldn't have loads of people, it's only open to a limited number at the moment. Right now I'm working on getting back up the place in Tallaght. The TRP - Tallaght Rehab Project. I went to the day program there for 15 months, and I never really left. They ran a men's group called Brothers In Arms, we would watch films, play table tennis, sometimes we'd have discussion groups, maybe order takeaway.

There is also a women's group called Soul Sisters. I've been linked with them since I left the day program. The same thing happened with them with Covid restrictions, they closed but then they opened back up to limited numbers. It was a bad time for me to do the (Recovery Coach) placement but I wanted to get it all done in one go instead of stopping and starting, but y'know what can you do?

Personally, my mother and father are older so I don't wanna put them at risk, so I've been sticking to zoom meetings for myself. Handy for keeping myself safe and my family as well. At the start I didn't like it but now I don't mind doing a meeting on my couch, on zoom. For the last three months we had to work from home for college, and I didn't like it. I didn't have the discipline, I had too many distractions.

Q: *What do you think of terms 'clean' and 'harm reduction'?*

A: Clean- Wespoke about the term in recovery coach training.

If you're clean does that mean someone who is using is dirty? It's a word that's used a lot. I think 'drug free' is a better word because it doesn't imply anything about anyone else, it's not like you're clean and they are dirty.

Harm reduction - it's about meeting people where they are at. If you're gonna use a needle - use a clean one, if you're gonna be smoking crack - use your own pipe.

We wanted to share with all of you a personal experience from a person that contacted us for advocacy. Many thanks to John for taking the time to answer all our questions!

Q: How did you hear about UISCE?

A: I was trying to make a complaint and make my voice heard at my service, but I felt I wasn't being heard. I thought there must be somebody that can help me with the complaint, because I didn't feel supported. Someone mentioned the name "UISCE" and I did not know what that was, so I looked it up on the internet and I found information about you.

I believe that making the call to UISCE has changed things for me.

Q: How has UISCE helped you? What kind of support has UISCE provided?

A: Since I've been in contact with UISCE, I feel much more confident in myself. I know I have rights and I am right in standing up for my rights. I feel supported and heard. I know now that my complaints are genuine and that UISCE is there to support me. Sometimes I think people won't believe "a person in addiction", but I always felt heard and believed when talking to you.

UISCE supported me by listening to what I had to say. You showed me you are there to do what there is you are doing: support people. To make sure people have the opportunity to exercise their right to complain if they feel like they are not being treated fairly. We need to get the word out for UISCE in Galway, so people here know about you.

HOW UISCE HELPED ME

by John Dodd

Q: Why did you contact UISCE?

A: I wanted support with my complaint. It wasn't about just me, I felt that there were other people not being treated fairly and I wanted everybody to have the chance to stand up for their rights, and I knew you could help.

I wanted my complaint to be heard and I wanted to get advice about what I could do in my situation. I also wanted to highlight other issues that we were having in the same service. I had a concern for other people in a vulnerable position that were being treated unfairly.

I started to inform people that if they felt they were being treated unfairly I said there was a service – incentive to support other people.

Q: Why do you think it's important that people in services are heard?

A: I feel like you can hear what other people have to say because I don't know their case, but I have people come back to me about UISCE and thank me for sending your number. They feel confident that they are being listened to. They know that if there are not treated fairly, they have services that support them.

Q: How do you think COVID 19 has impacted your situation?

A: COVID had a huge impact on it because I wanted to meet in person and sit down with you when "things were fresh" and I missed the person to person contact. I wrote things down just as a reminder. If it wasn't for COVID I would have been able to come to Dublin and have a chat.

COVID has affected me, it has affected a lot of people in services: emotionally, more stress and anxiety... Not being able to go out and do your day to day things is hard. We are not allowed to carry on with our normal lives.

Since I've contacted UISCE I feel much more confident in myself and I know I'm doing the right thing.

I believe that making the call to UISCE has changed things for me.

Since I've contacted UISCE I feel much more confident in myself and I know I'm doing the right thing.

HOW CAN UISCE HELP YOU?

Throughout 2020, a lot of people got in touch for a lot of different reasons. If you have questions or concerns about any of the below, contact us! We help with:

- Naloxone and overdose response
- Communication between GPs, your clinic, and you
- Concerns around methadone and privacy
- Concerns about treatment by staff and service providers
- Information about drugs on the street
- Harm reduction
- Changes in laws and policies
- Needle exchange info and where to access it
- Contributions to the magazine, art and stories, etc.
- Your rights as a person who uses drugs or accesses drug services

if you have questions or concerns ... contact us!
01 555 4693

DRUG RELATED INTIMIDATION



You may have seen or heard about work being done on Drug Related Intimidation.

There have been conferences about it, it's mentioned in our National Drug Strategy, and it's a serious issue in Ireland. But what exactly is drug related intimidation, and what supports are available to people experiencing it? UISCE caught up with *Sarahjane McCreery* from Ana Liffey to find out.

WHAT IS DRUG-RELATED INTIMIDATION?

Drug-Related Intimidation (DRI) is common in drug markets, and often arises when people are in debt from buying drugs and the people they owe the money to want to be paid. It can take many different forms, such as:

- Direct violence or threats of violence to people who use drugs, or their families and loved ones, arising from non-payment of drug-debts
- Demands to carry out illegal activities such as holding or moving drugs

WHAT WORK DO YOU DO ON DRI?

So, I'm the Project Coordinator for the Drug Related Intimidation Initiative (DRI) is a project which is managed and operated by Ana Liffey Drug Project (ALDP) and funded by the Dublin North East Inner City Programme (NEIC).

The initiative was set up in late 2019 and tasked with two broad strands of work:

1. To provide direct support to individuals and families in the North East Inner City Area who are experiencing drug-related intimidation

2. To carry out research into the issue of drug-related intimidation in Dublin's North East Inner City area and produce a report with practice guidelines and recommendations for responding to the issue of DRI in this area

It's important to note that we're geographically focused on the NEIC area of Dublin, so if you're in that area, you may have already heard of us. If not, you can follow us on Facebook, Instagram and Twitter - we're fairly active online.

In terms of how we work, we know that experiencing intimidation can be extremely distressing. We try to help by talking people through their options and giving people information about the services and supports that are available to them.

AND WHAT SUPPORTS ARE AVAILABLE TO PEOPLE EXPERIENCING DRI?

So, obviously if you're based in Dublin's North East Inner City, you can contact us directly on 085 858 8988 . We know a lot about local services in Dublin and can chat to you about your options. Our service is confidential, flexible and focused on supporting the person experiencing intimidation.

However, we can only deal with people in the North East Inner City area of Dublin. Nonetheless, if you're outside the NEIC area, there is still general advice which can be useful. For example:

Even if you're not sure what you want to do – talk to someone

1 An Garda Síochána and the National Family Support Network operate the National Drug Related Intimidation Reporting Programme (NDRIRP). Under this programme, there is a Designated Inspector in each Garda District who works on drug related intimidation. They can give you advice on how to stay safe if you're being intimidated and on how to file a complaint if you want to. You can find more information on this service here , and a list of the Designated Inspectors is available on the National Family Support Network's website: www.fsn.ie.

2 Some people want to look at their options around paying the debt. In this regard, the following services might be of use:

- Some Credit Unions offer 'It makes sense' loans. These are often available to people with no income other than from state benefits, meaning that people don't have to turn to moneylenders. They are also usually processed quite quickly. For more information, have a look at their website: www.itmakessenseloan.ie.
- The Money Advice and Budgeting Service can help you look at your finances and see if there are ways that you can manage things so that you have a little more each week. Your first step is to set up an appointment with them, which you can do through their website: www.mabs.ie/en.

3 Even if you're not sure what you want to do – talk to someone. This could be one of the services noted above, a friend, a family member, a key worker or case manager you work with – there are lots of options. Talking to someone can help you get a different take on things and may help you figure out what your options are and what your plan should be.



NATIONAL FAMILY SUPPORT NETWORK

The National Family Support Network (NFSN) support families who are impacted by a loved one's substance use. We have over 70 affiliated groups and services around Ireland, many of which are peer led.

Covid19 has had a huge impact on families seeking support. We linked in with the facilitators of family support groups during the lockdown, they told us that:

- There had been a rise in the number of families being impacted by drug related intimidation, often for smaller amounts of debt
- Alcohol use in the family had increased
- Services and groups were unable to meet in person due to Covid19 restrictions
- Domestic violence had increased

Family Support groups and services have been working hard to ensure that families can still access help. Many of the groups affiliated to us are now hosting groups and meet ups online, through Zoom. Many groups are meeting again, with social distancing and extra care with hygiene.

5-Step, a face to face intervention we train workers to run with family members impacted by a loved ones' substance use, is being facilitated over the phone in many services, to continue supporting families in crisis.

In our NFSN office our help-line is busier than ever as we try to support families who are finding restrictions with work, social contacts and services, very difficult. We are trying to source and support families to access respite as now more than ever, getting a break from home, allowing time for rest and healing, is so important.

Alongside supporting families, we are making sure our training and education work can be accessed online.

This way we can continue training facilitators and family support workers in our Drug Related Intimidation Reporting Programme, Quality Standards framework and 5-Step intervention.

now more than ever, getting a break from home, allowing time for rest and healing, is so important.



Stay Safe!



Spent Convictions

Convictions that can be 'removed' from your criminal record in Ireland.

Having a criminal record can be big obstacle when it comes to work, education, insurance, travel and even volunteering. However, some convictions are no longer disclosed on your record after a certain period of time.

Offences covered:

No limit



Minor motoring offences



Public order offences

Limit



Other eligible offences x 1 (if you have 2 or more of these, none can become spent)

Sanctions covered:



Fines



Community service orders



Probation orders



Prison sentences up to 12 months



Suspended sentences up to 24 months (not revoked)

Conditions to be met:



7 years must have passed since the conviction was received



The conviction must have been received in the District Court or Circuit Court



Convictions for certain offences, such as sexual offences, can NEVER become spent

You may still be required to disclose these convictions if you are applying for citizenship, certain areas of work, for emigration reasons, etc. Different conditions apply for Garda Vetting.

THE SMALL PRINT:

This information is general guidance and not legal advice. It applies to offences committed when a person was aged 18 or over. Different rules apply to offences committed when a person is aged 17 or under.

A number of other exclusions and exceptions apply – so it is important to check whether your convictions are eligible to become spent under the relevant laws:

- Criminal Justice (Spent Convictions and Certain Disclosures) Act 2016
- National Vetting Bureau (Children and Vulnerable Persons) Act 2012
- Children Act 2001 (Section 258)



For more information on spent convictions, visit: www.iprt.ie/spent-convictions



CARE AFTER PRISON



The Role of a Mentor

As a mentor I work with individuals who are released from prison. As somebody with experience of imprisonment I know only too well the difficulties and challenges faced upon release.

In my role as peer mentor, I meet the person upon release and first have a general conversation to build up rapport between each other and hopefully in time build trust. The key role for me is to listen. People released from prison feel as though they have never been listened to before.

A lot of tasks can be challenging for a person who has been released. Isolation, family breakdown, and

My name is Jason.

I work for an organisation called Care After Prison (CAP). CAP is a charity and national peer led organisation supporting people affected by imprisonment. I have two roles in the organisation: a peer mentor and a community support worker.

“The key role for me is to listen”

compounded mental health and addiction are common experiences for those recently released from prison. The sole purpose of a mentor is to actively listen and identify and understand the struggles the mentee is going through.

It can be very hard for some individuals to express themselves and open up to another person, especially someone of authority because they might feel intimidated.

The fact that the mentor and mentee have a shared experience of imprisonment, the mentee is more likely to feel at greater ease and therefore become comfortable when speaking with me. This

shared experience becomes the start of our peer mentor & mentee relationship.

The aim of this relationship is to look at solutions together in the hope of overcoming these issues. I liaise with the peer mentee on a weekly basis coming up with a time that suits us both but I am always available at the end of a phone if they need any assistance.

Coming out of prison can be both daunting and extremely lonely so as a mentor, my aim is to support, direct and guide them through these challenges, and hopefully diffuse high stress situations.

The Role of a

Community Support Worker

As a support worker, I work with former offenders who are trying to rehabilitate & reintegrate back into society. We work with individuals who have recently been released and /or those who are living in the community but struggling to resettle. We also receive referrals from a wide range of other agencies.

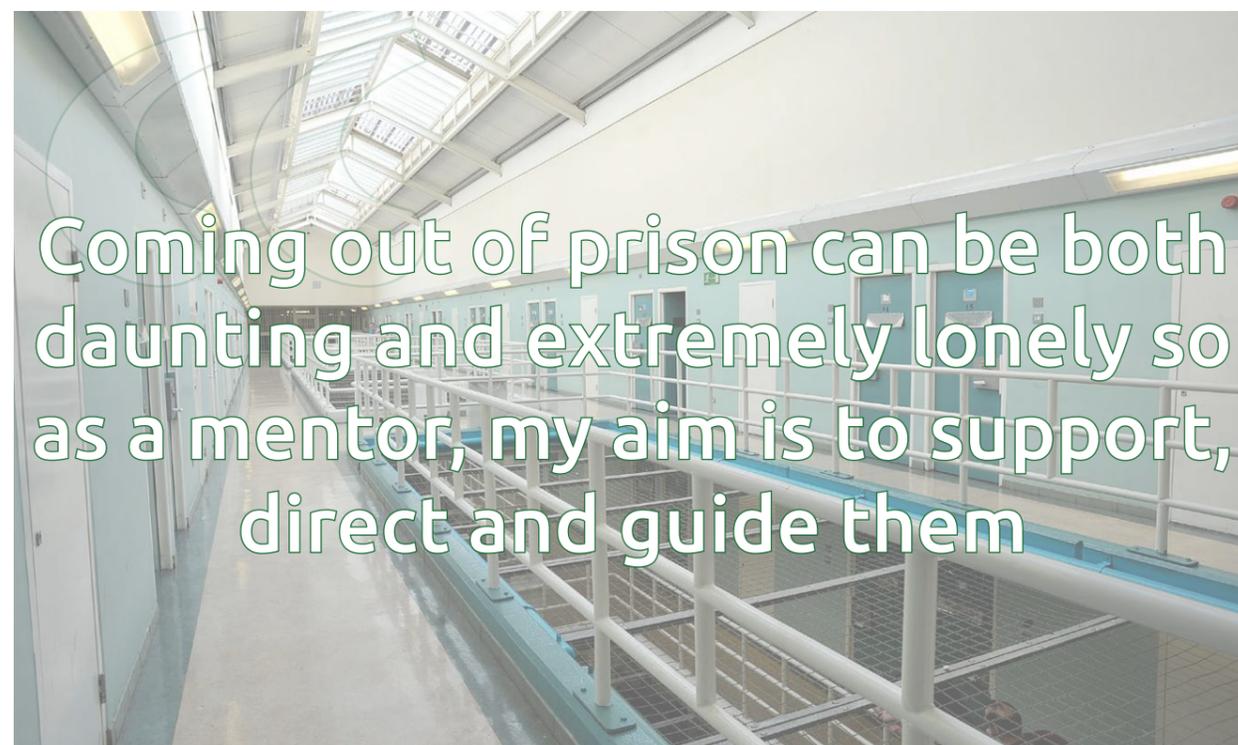
My job is to provide support to clients who find it hard to adapt due to challenges arising from a range of underlying issues such as addiction, homelessness, unemployment, and a lack of training and education.

When a client presents at our agency or is referred from another service, an assessment of needs is done and from there a care plan is developed with a summary of specific needs or supports identified and from there an action plan is put in place.

My job as a support worker is to source and refer the client to specialised services that can address their individual needs. As a support worker my role is also to encourage, to motivate and to empower the client through challenging times.

This is done through a one to one meeting once a week where we would discuss the progress or difficulties in their transition from prison to the community

As someone with lived experience of imprisonment, rapport and trust often enable my working relationships with clients in the pursuit of effective reintegration.



COMMUNITY ADDICTION ASSESSMENT UNIT



If you live in the NEIC area and you or a family member have concerns regarding the following drugs or behaviour you can access the community addiction assessment unit.

- Cannabis
- Benzodiazepines
- Z hypnotics
- Cocaine including crack cocaine
- Pregabalin "lyrica"
- GHB
- Gambling and other behavioural addictions

Referral Process:

There is a new service set up in the North East Inner City. To access this service you need to ask your General Practitioner to make a referral.

Once this referral is made, a member of our multidisciplinary treatment team will be in contact with you to make an appointment to carry out an assessment,

consider with you your treatment options and develop an appropriate treatment plan for you.

Depending on your requirements you may be assigned a case manager who will support you to achieve your goals.

Email:
inclusion.healthhubD1@hse.ie
or call 01 876 5200



Drugs & Alcohol
Consultancy Service

In Northern Ireland Extern are the largest provider of drugs and alcohol support services.

Extern's Drugs & Alcohol Consultancy Service (DACS) delivers specialist training on complex drug & alcohol use and how these can be managed with harm reduction approaches.

What training does DACS provide?

DACS provides online and face-to-face training on:

- Naloxone Administration
- Opioid overdose response
- Naloxone Administration: Training for trainers
- Reducing Injecting-Related Harm
- Needle and Syringe Provision
- Medicines Management in a Homelessness Context
- Pregabalin
- Cocaine and Crack Use

DACS also provides written resources on relevant drug use issues to support the training it provides.

 Public Health
Agency

Project supported by the PHA



+44 2890 840 555



substances@extern.org



[@DACS_BY_EXTERN](https://twitter.com/DACS_BY_EXTERN)

Extern: Changing Lives Every Day
www.extern.org

NEEDLE EXCHANGE AND

HARM REDUCTION SUPPLIES

DUBLIN 1
Summerhill Hub
 Tues 2pm – 4.30pm
North Strand Health Centre
 Fri 2pm – 4.30pm
Dublin Simon Outreach
 7 days a week, 8pm-10pm
 01 8720185
Ana Liffey Drug Project
 Tues and Thurs 2pm - 5pm
 Outreach 087 7127059

DUBLIN 2
HSE Outreach
 Thurs 10am - 12pm
 Loretta 086 6041013
 Clodagh 086 6041029

DUBLIN 5
Kilbarrack - HSE Outreach
 Mon (except bank hols)
 2:15pm-4:30pm
 John Kelly 086 6057181

DUBLIN 7
HSE Outreach
 Pam Whelan 0866057205

DUBLIN 8
MQI Riverbank
 Mon-Fri 8am-9pm,
 Sun 9am-1pm
 01 524 0160

DUBLIN 9
Ballymun Healthcare Facility (entrance Shangan Road)
 Tues 6pm - 830pm
 Robert 087 9676304

DUBLIN 10
Ballyfermot Advance Project
 Mon-Fri 930-1pm, 2pm-5pm
 01 6238001
 Outreach / Out of hours
 087 4319921

DUBLIN 11
Wellmount Primary Care Centre
 Finglas
 Mon 2pm – 4:30pm

DUBLIN 12
Inchicore/Crumlin/Rialto
 HSE Outreach
 Mon 11am-4pm
 Derek/Paul 086 604 1014

DUBLIN 13
HSE Outreach
 Mon-Fri 9am-5pm
 John Kelly 086 6057181

DUBLIN 15
Corduff Primary Care Centre Blanchardstown
 Thurs 5pm-7pm
HSE 37a Coolmine Industrial Estate
 Mon 11am –1pm
 Fri 11am–1pm
 087 7437305

DUBLIN 17
Beldale View Primary Care
 Belcamp Lane, Darndale
 Thurs 2pm-4pm

DUBLIN 18
HSE Dun Laoghaire
 Mobile service
 Tues 10am – 4pm
 Marlena 086 6057149

DUBLIN 22
CASP
 Just after the Fonthill retail park, big green and white building
 Mon-Fri 930am - 1pm
 016166750
Clondalkin Tus Nua
 Mon & Fri 10am - 12pm
 Mon – Thurs 2pm - 4pm
 Fri 2pm - 3pm
 New Nangor Road
 014572938
Clondalkin/Lucan Clinic CLAC
St Lomans road
 Mon - Fri
 Peter 0877980175

NORTH COUNTY DUBLIN
 John Kelly Outreach
 086 605 7181
 Call between
 Mon-Fri 9am - 5pm

DUBLIN 24
HSE Outreach
 Nicola 086 8065014
 Debbie 086 8590733
 Mon - Fri 9am – 5pm
St. Aengus Centre, Castletymon, Tymon North, Tallaght
 Mon – Fri 10am - 2pm
 Tues 10am – 4pm
 Mick 0872865570
 *Emergency service – call 087 286 5570
JADD Tallaght, Jobstown, Tallaght
 Mon - Fri – 9am - 5pm
 Sat & Sun – 930am-11:30pm
 085 7816183
 01 4597756
CARP Killinarden
CLG Tallaght
 01 462 6082
 Mon – Fri 9am – 4:30pm
 2 buildings up from Killinarden Pub

COUNTY DUBLIN OUTSIDE

CARLOW
Outreach worker
 St Vincent de Paul
 Mon to Fri, 9am – 6pm
 Patrick 085 7888326

OFFALY
MQI DATS Outreach
 Mon-Fri 8:45am-5:15pm
 Lauren 0879148782

KILDARE
ARAS
 Main Street, Newbridge
 Tues 11am-1pm
 Thurs 2pm-4pm
Kildare Outreach
 Tues 10am – 1pm
 Thurs 2pm – 4pm
 045446350
 Outside of hours call
 Suzanne 086 8065013
 Wynne 0876172517
 Des 0866041015

KILKENNY
Outreach worker
 St Vincent de Paul
 Mon to Fri, 9am – 6pm
 Patrick 085 7888326

LOUTH
Drogheda
 NEDATF Outreach
 Thurs 9am-1pm, 1:30-5pm
 Brenda 089 243 6560
Dundalk
 NEDATF Outreach
 Weds 9:30am-1pm, 1:30-430pm
 Brenda 089 243 6560

CORK
 Cork City Outreach
 Mon to Fri 9am – 5pm
 Frank Horgan 086 0255410

LAOIS
MQI DATS Outreach
 Barry 0872925727

LONGFORD
MQI DATS Outreach
 Derek 0864113628
 Mon-Fri 8:45-5:15pm

MEATH
Navan
 NEDATF Outreach
 Tues 930am-1pm, 1:30-4:30pm
 Brenda 089 243 6560

LIMERICK
Limerick City
 Ana Liffey Drug Project
 Mid-West Assertive Outreach Team
 Mon-Fri 9:30am-5:30pm
 Shane 085 7537073

WICKLOW
HSE Arklow Addiction Centre
 9a Upper Main Street, Arklow
 Mon 1:30pm – 3:30pm
 Thurs 1:30pm – 3:30pm
 Marlena 086 6057149
Bray Community Addiction Team
 37 Beechwood Close, Boghall Road, Bray
 Mon-Fri, 9am – 5pm
 01 2764692
Bray Mobile
 Weds 10am – 4pm
 086 6057150 - Sean Maguidhir

WATERFORD
St. Otteran's Hospital John's Hill
 Mon-Fri, 9am - 5pm
 051 848658

WESTMEATH
MQI DATS Outreach
 Mon-Fri 8:45am-5:15pm
 Angela 087 915 0329

Outside County Dublin there are pharmacies that provide needle exchange, look for the sticker:



These locations have been confirmed as of 7/12/2020 by UISCE Advocacy for People Who Use Drugs. To be added to this mailing list or for updates or corrections please contact admin@myuisce.org



NEW BENZODIAZEPINES IN IRELAND

New substances and mixtures of substances have been found in benzodiazepines (benzos) in Ireland. These substances are riskier to take.

- **Sourcing without a script:** You can't trust the contents/strength or how you will react if you buy from a dealer or online
- **Packets 'blister packs':** Won't guarantee the contents or dose
- **New/high strength drugs :** Can mean a greater risk of overdose, bad mental health experiences or suicidal feelings
- **Mixed tablets:** Tablets could contain a number of different substances in one
- **Be extra careful.** Start with a small test dose and wait at least 2 hours
- **Avoid using with other substances,** with alcohol or prescription medication
- **Don't use alone.** If using, let someone know

Don't be afraid to get medical help on 112/999 if you or a friend becomes unwell or feel suicidal after using

Tolerance to benzodiazepines develops quickly.
Don't reduce your use without medical support.

WHAT'S ON THE STREET???

Current concerns around tablets being sold on the street

Adapted from "HSE update August 2020 - the Changing Nature of the Benzodiazepine Market Drug related deaths involving street tablets have been steadily on the rise. Not knowing whats in your tablets increases the overdose risk.

ETIZOLAM

- Used to cut other downer tablets like street Valium, "cutting agent"
- Sold as diazepam (valium) but can be 10 times stronger
- Most common benzo type substance found in **fake** tablets
- Absorbed by body quickly after taken orally, and has a shorter 'half-life' than other benzos
- Can present as 'etizolam' or 'ez' on tablets
- Has also been found in Z type drugs and Xanax.

FLUALPRAZOLAM

- Sedative like other tablets, but higher potency and acts quicker (like xanax)
- Higher risk of OD / stronger effect on the brain
- Welsh Emerging Drug & Identification of Novel Substances (WEDINOS) found that in 2019, presence in samples increased, almost doubling from 17 to 30. Most samples were **fake** diazepam and **fake** xanax bars.
- In Ireland, has been found in **fake** xanax sticks, as a 'cutting agent'

NIKE BRAND TABLETS CONTAINING TRAMADOL AND ALPRAZOLAM

- Can contain tramadol (an opiate) and alprazolam (Xanax).
- Reportedly higher risk because of Mixing opiates and benzos
- Usually sold as a Small blue tablet with the Nike symbol

KSALOL BRAND TABLETS

- Also Known as 'Castles'
- Active ingredient believed to be Alprazolam, similar to xanax
- Perceived as being a 'stronger' version of alprazolam (xanax)
- Concerns were recently raised during COVID-19



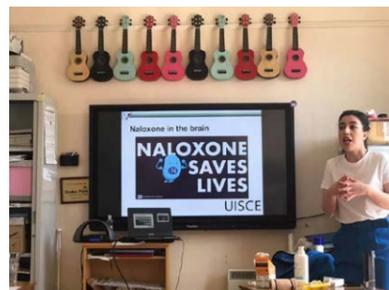
XANAX STICKS

- Usually white, but some green, orange, and other colours have been in circulation
- 'Red Devils' red, very strong, found in 2017
- Samples tested in Ireland have contained mainly alprazolam (main ingredient of real xanax) while others have had more than one substance
- Potency and strength can vary



OVERDOSE AWARENESS, NALOXONE TRAINING AND COVID 19

You all already know that Overdose Response and Naloxone Training has been one of our main priorities for a while. Back in summer 2019 – when life was still normal, remember that? – we published a special edition of this magazine all about it. MANY things have changed since then, but our efforts to make sure that every person at risk of overdose has access to naloxone are still going strong.



Naloxone training involves the practical assembly and application of the injection into an injecting pad, seen here

Naloxone is an opioid antagonist, meaning that it can revert the effects of an opioid or opioid related overdose (OD) if administered within a short period following an OD. Naloxone can restore breathing and keep the person alive until the ambulance arrives

We adapted our “Step by Step Guide on How to Respond to an Opioid Overdose” and made it COVID19 specific. We distributed this guide to services and peers and, with the support of HSE National Social Inclusion Office, we translated it to 7 different languages to make sure information was accessible for everybody.

(check out an updated version on page 31).

Since April 2020, we have trained more than 100 staff and peers on how to respond to an Opioid Overdose during COVID19 and how to administer Naloxone. With the support of Dr Kieran Harkin and MQI we also distribute kits to people who were at risk of opioid overdose.



The training is brilliant! I think everyone should be trained for this situation like any other emergency situation

- peer from SAOL

We won't lie, facilitating training during lockdown is definitely challenging! We have been really lucky to have support from MQI, amazing frontline workers like Jess Sears (Clinical Nurse Manager), and the HSE Naloxone Implementation Project with the provision of materials for

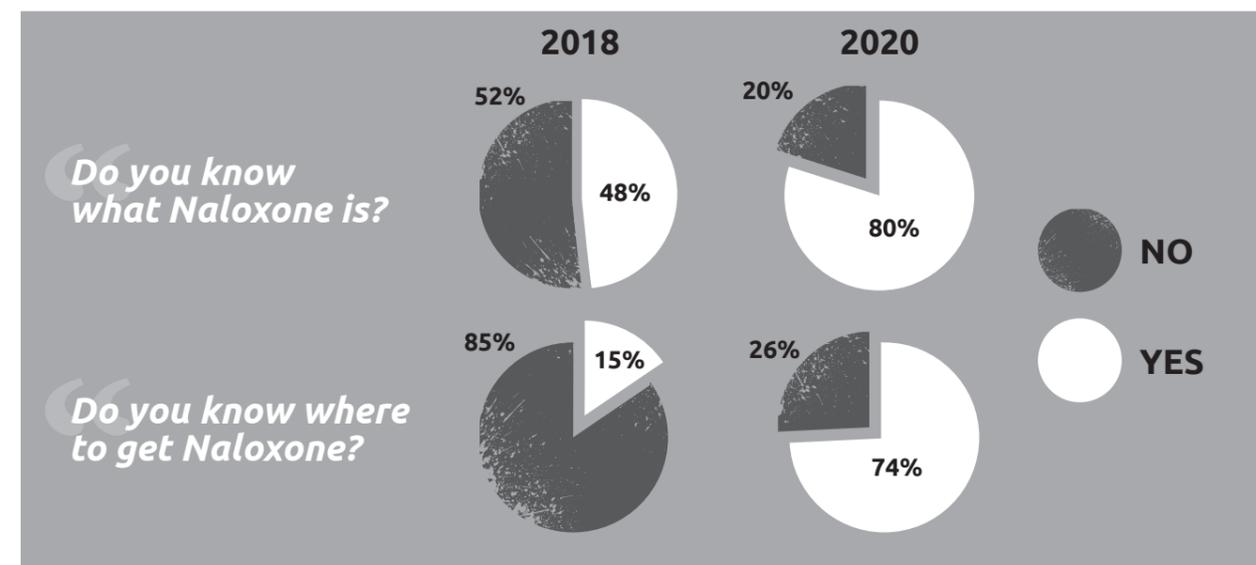
the trainings. But we specially want to thank all the staff and peers that attended the training sessions (both online and in person!) these trainings have been a great learning experience from all of us and we hope people found it interesting and useful.

Everyone should have this training in primary school
- peer from SAOL

Do you know about Naloxone?

For International Overdose Awareness Day 2020 we wanted to show how all the work we (and many other incredible organisations) have been doing around Overdose Awareness and Naloxone Training had impacted the community of people who use drugs. You may remember that back in 2018, we went out on the streets to ask peers about Naloxone.

This year, we decided to ask the same questions and see how things had changed.



Training at Ballyfermot Chapelizod, IOAD 2020



HOW TO RESPOND TO AN OPIOID OVERDOSE DURING COVID-19



Training Participants at SAOL, IOAD 2020

It's great to see that more people know about Naloxone and where to access the product now that back then. This year, more people said that they were trained on how to use Naloxone as well.

I now feel much more confident if I needed to administer it

- peer from SAOL

We know that there is still so much work that needs to be done and that people face many challenges in accessing the product (remember that Naloxone is a prescription only medication in Ireland) but we are working really hard to make sure that every person who uses drugs in Ireland knows about Naloxone, where to get it and how to use it.

The practice kits help a lot

- peer from Ballyfermot Advance Project

Do you carry Naloxone?

Watch For Breathing



CALL 999

USE PPE if available



Face Mask



Gloves



Apron



Protective Eyewear



Add a fine cloth/ towel to the person's nose and mouth

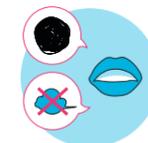
Overdose Signs



Blue Lips or Nails



Unresponsive
Slow or no breathing

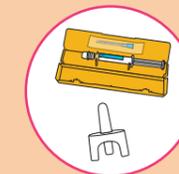


Choking, Gurgling, Snoring Sounds, Slow, Weak, no Breathing



Dizziness, Confusion, Drowsiness, Difficulty Staying Awake

CPR and Administer Naloxone



Intramuscular Naloxone



Intranasal Naloxone

30 chest compressions
At this time, the HSE recommends not giving rescue breaths as it increases the risk of COVID-19 transmission. Trained responders can use Bag Valve Mask

Naloxone wears off in 20-90 mins
Stay with the person until the ambulance arrives

Continue chest compressions if the person is still not responsive after 2min, administer another dose of Naloxone

For more information about UISCE's Naloxone training and distribution initiative contact admin@myuisce.org or call 01 555 4693



For more information contact:
Tel: 01 555 4693 | Email: info@myuisce.org | www.myuisce.org

UISCE

Advocacy for People who use Drugs



SEX WORK AND COVID 19

International Day to End Violence Against Sex Workers



Back in July, the Sex Workers Alliance Ireland (SWAI) held a webinar to launch a new harm reduction resource we developed in collaboration with GOSHH in Limerick and Sexual Health Centre in Cork. The information card "Outdoor Sex Work and COVID-19" provides practical advice for anyone selling or trading sex on the street or outdoors during the pandemic and was created by a group which included current street workers, other sex workers and support workers with experience in this area.

When the pandemic started, harm reduction guidelines appeared online with advice

for sex workers who continued in-person sex work out of necessity. Here in SWAI, our outreach worker Becky joined up with Billie, the support worker in GOSHH, as they realised that there was nothing available with specific information for people working on the street.

More people joined the group and, in writing the guidelines, we focused on simple steps people could take to reduce the risk of COVID transmission, to protect themselves when selling sex. There is no way to guarantee safety when you're in close contact but people still need to make money and these are just

some tips for keeping yourself safer while working. The tips are also not just relevant for sex workers, they can be useful for anyone because, of course, people are still having sex even in a global pandemic! The information can be especially helpful for anyone meeting others for sex outdoors or in cars.

The leaflet is COVID-19 specific so all of the advice is focused on reducing the risk of contracting COVID but this needs to be taken into consideration alongside protecting yourself in terms of your overall health and physical safety.

Sex workers are used to risk assessing and making judgments for their own safety, and often go by gut instinct. This new information isn't supposed to override all of that and we always stress that your immediate physical safety takes priority.

... we always stress that your immediate physical safety takes priority.

On the back of the card we have included some facts about the law. We know from experience and discussions with other street workers that not everyone knows what the laws around sex work are, including the Gardaí! Since 2017, selling sex on the street is legal but paying for sex is not. It is also illegal to work indoors with other people but you are allowed to work inside alone. The Gardaí were given new powers at the start of the pandemic which allowed them to move on and even arrest people who were not complying with lockdown orders.

These laws have now been rescinded but currently on-the-spot fines exist for people found breaking COVID regulations. However, you should not be getting in trouble or arrested for street working otherwise and if you are having any issues with this you can contact us for advice and support.

SWAI is a sex-worker led organisation working towards giving a voice to people who are in sex work by choice, circumstance or coercion. We believe that sex workers know what is best for us and are best placed to advocate in the policies that affect

our lives. We also work to provide support to any sex workers who need it whether they work indoor, outdoor, online or another section of the industry. We have peer support available so that you can speak to someone who has a similar experience, without any judgment. We can help with a range of issues including legal, immigration, accessing addiction or housing and homeless services, health, or if you want to look at leaving sex work and need support.

If you want to contact us you can call Becky on: **085 824 9305** or **email outreach@swai.eu**

SWAI is a sex-worker led organisation working towards giving a voice to people who are in sex work...



OUTDOOR SEX WORK AND COVID-19

COVID-19 can be transmitted through either touch, saliva or breath droplets. Due to COVID-19 it is safer not to sell sex. If you are selling sex, where possible:

- Avoid the customer's face anywhere on you (kissing, oral, rimming).
- This is the most important piece of advice
- Try not to see any customers who have fever, cough, cold or shortness of breath
- Carry hand sanitiser, antiseptic wipes, and condoms
- Use antiseptic wipes before touching a car/door handle
- Clean or sanitise your hands and face before and after every job
- Avoid the customer's face throughout (sex from behind is recommended to lower COVID risk but not recommended for physical safety)
- Avoid touching your own face, or the customer's face
- Tie your hair back to prevent it coming into contact with the customer's body
- Outside in fresh air is safer than in a car
- If you do get into a car, try to have the windows down as much as possible, avoid using the air con
- Keep contact to less than 15 minutes if you are face to face or within 2 meters
- If you are giving a hand job do it from behind to stay away from their face
- Carry a soft bag for your knees so you can do oral while the customer stands

Try to shower frequently, change, then wash your clothes when you have finished working.

Gardaí cannot arrest you for street sex work. BUT during COVID-19 restrictions, Gardaí had extra powers and could ask you to move on. If you refused, they may have arrested you. COVID-19 restrictions have now been lifted, they no longer have these powers.

Any form of contact with anyone could potentially transmit COVID-19. The only way to avoid contact with COVID-19 is to stay indoors and not work.

For peer-led support contact the Sex Workers Alliance Ireland (SWAI) **085 8249305** or www.sexworkersallianceireland.org.

For free condoms posted out to you in a plain bag, contact Susan from the Sexual Health Centre via text/WhatsApp/email **086 028 6227** or susanwalsh@sexualhealthcentre.com, and request The Bag - full discretion, no questions asked and this will be posted free of charge. For more resources search **SafeRsexwork** on www.sexualhealthcentre.com.

If you need someone to talk to or are unsure about what supports are available for you, please contact Billie from GOSHH via text/WhatsApp/email **087 219 2848** or support@goshh.ie.



TAKE AWAY TEA & COFFEE Daily

HOT MEALS Every Tuesday & Friday 1.30 - 2.30pm

OUTREACH VISITS Contact Us

ONE-TO-ONE APPOINTMENTS Monday to Friday 10am - 4pm

ACUPUNCTURE Every Thursday morning 11am - 1pm Please ring to book

FOOD HAMPERS MONTHLY Contact us to find out more

KEY WORKERS AVAILABLE FOR EMERGENCIES Contact Us

ARTS & CRAFTS CLASSES Every Wednesday morning 11am - 1pm

OUR SERVICES ARE ALL FREE

If you would like to use our services please do the following:

WHEN ENTERING THE BUILDING

- SANITISE YOUR HANDS** With the sanitiser provided
- WEAR A FACE MASK - SUPPLIED AT THE ENTRANCE** Face masks must be worn until you enter the meeting room
- TEMPERATURES WILL BE TAKEN ON ARRIVAL** If your temperature is above 37.7 you will not be allowed in
- STRICTLY NO CHILDREN** No children are allowed on the premises during this time

IN MEETINGS

- TWO METRE DISTANCE** Meetings will be held at a 2m distance from your key worker
- MAX HALF HOUR MEETINGS** Meetings with key workers will last no longer than half an hour

Please follow the guidelines, adhere to the signs around the premises and help stop the spread of COVID 19.

CALL US
01 416 4339 or
085 233 4883

DONORE YOUTH & COMMUNITY CENTRE
Donore Avenue, Dublin 8

EMAIL
fearghal@donorecdat.ie

FACEBOOK
[facebook.com/donorecdt.donore](https://www.facebook.com/donorecdt.donore)

WEBSITE
donorecdat.ie

UNINTENDED CONSEQUENCES AND GOOD INTENTIONS

by Rick Shaw.

The first time I used any "services" for drug dependence was a visit to Pearse street. This was in 2006. I walked in, gave my name, asked to see someone. They asked me to give a urine which I did. I sat there for 15 mins waiting and watching what was going on around the place.

On the 16th minute I walked out. I left it for another year and started closer to home this time, somewhere in Dublin North West. This time was a bit more personal compared to the organised chaos of Pearse street.

I won't accept failure and I'll make as many attempts to get what I want until I get it

I've fell off the wagon a few times, but I won't accept failure and I'll make as many attempts to get what I want until I get it, so on the third attempt I managed to kick my habit thanks to the methadone and 2 years of clean urine and a drop in measure, slowly but surely the monkey's off my back. Its not easy, but nothing worthwhile ever is, is it?

I'm very grateful the services are there, but I can't help but see it as a band aid over an amputation, utterly inadequate for the issue at hand, which due to the provided support, is papered over by governments, only paying lip service to Poverty/Addiction and its root causes.

People turn to booze and drugs out of despair, the Government, offer us a shoulder to cry on! Just to ignore the cause, as that is a much easier path to tread! Real change for the good is forfeit to short-term buzzwords on a Politician's CV.

Why do they do urine tests in Prisons? It channels inmates to heroin because cannabis stays in the system too long, and this is but one of these issues.

The road to Hell is paved in good intentions

They say, now I don't think they deliberately are, by using urine test, channeling people to heroin instead of a joint, yet it is, in fact, encouraging inmates in such a direction. I should know, I've been there, done that, bought the t-shirt and now I'm highly agitated thinking about it.

they won't address the "Why" and thousands will fall into despair

Anyways, most of the people you meet working in the services are genuine people trying to "help". Personally, I think they are being taken advantage of and their good will used for ill intent by immoral law makers etc., who use them to point and say "look, we are doing something".

If i told you the EU gave 7.1 billion Euro -

€7,100,000,000,000!!

to "NGO"s (Non Governmental Organisation) in funding last budget and all your services apply for a share of that cash.



The unemployed paid 50 euro every week in order for Government to give that money to Bankers, so they can buy their daughter a second pony and heated stables, from 2008 to today! They, (NGOs), each receive a tiny fraction and have to use Volunteers to be able to afford rent.

Meaning nothing addressing the problem is ever done, never given a plan, a chest of cash and a manager because it's too much like hard work and a difficult decision will have to be made.

It's too much work, obviously, so they won't address the "Why" and thousands will fall into despair ever more into the future, putting even more strain on services already operating on nothing but people's decency and good will, but don't worry, we'll all have a shoulder to cry on.

A service user.

*(All opinions are purely the Author's and do not reflect in any way the opinions of Uisce).
You are now free to go about your business.*

We are looking for Peer Led Outreach Volunteers



Using your
lived
experience to
help others

Training provided
4 hour shifts
Expenses covered

Ask staff for an application
form or call us for more info!

015554693

UISCE
Advocacy for People who use Drugs

Role Description

- Are you actively using drugs or have a recent history of substance use?
- Are you aware of stigma faced by people who use drugs?
- Are you open to learning?
- Can you show tolerance, empathy and understanding for others?
- Are you okay with using your own experience to help others?

Peer Outreach Volunteer's Main Tasks

- Conduct street outreach and in-reach to services as needed
- Have conversations with people about their situations
- Improve communication in the community
- Note any new drugs and trends emerging
- Provide overdose awareness and harm reduction information
- Take part in forums and focus groups
- Link with other peer-led teams
- Focus on skills building

Benefits To The Peer Volunteer

- Learn new skills and gain experience which you can add to your CV
- Training & certification in naloxone and overdose awareness
- Travel and lunch stipend €20 per four-hour shift covered.
- Use your lived experience to help others

Time Commitment

- Phone call screening by the Peer Support Worker
- Day of training at our office in Dublin
- Shadow shifts with the Peer Support Worker
- Shifts are four hours each
- Must be available for one shift a month minimum

Applications are
taken ongoing
depending
on need

Please return the form overleaf to: peersupport@myuisce.org,
or **8 Cabra Road, (between St.Peter's Church & Phibsborough Luas Stop)**
Or give us a call! **01 555 4693**

We will then give you a call to have a quick chat
about outreach and the volunteer role.

Peer Led Outreach Volunteer – Application Form

Name		
Mobile Number		How should we contact you?
Email address		
How did you hear about us?		
Why are you interested in this volunteer role?		
What would make you a good peer outreach volunteer?		

Reference - Please provide the name of someone who know you well and their contact details. This should be someone you are happy to give as a referee.

Name:

Job Title:

Phone number:

Email Address:

THE MONKEY ON MY BACK

by Teresa O'Donovan

The Monkey sits upon my back screaming in my ear,
Feed me now I'll bring more pain if you don't get me gear,
I try my best just to say no, but the physical pain gets worse.
Feed me now you little bitch ill make your life a curse.

I end up giving in each day and running for me gear,
as soon as this in my veins the pain will just disappears.
But the monkey is getting heavier I have a rob for him to eat
and the weight upon my back makes me heavy on my feet.

But one day I will defeat them ill just keep saying no,
no matter what he says to me hell get the hint and go.
I know I can't do it on me own he just keeps hanging around,
and the bastard won't be happy till I'm six feet underground.

Through the power of the meetings to my higher power pray,
please grant me the strength to stay clean another day.

He took away my children the took away my home
then left me in a prison cell feeling empty broken and alone.

He took away my dignity he took away my name
I was know as the dirty junky and left me in a prison cell with only me to blame.

Now two years later and I'm away from that dirty smack
but I know to take it one day at a time coz the monkey is still on my back.

So, if he comes to haunt you and whisper in your ear,
I hope my poem gives you the strength to make him disappear.

POEM

by Sue Smithers

11.2.2020

There are many path that people will take
some do good, some bad
then end up on the right path
it is a journey that we all must take,

Some might try drugs saying they just need a break,
it takes a while before your eyes open and thinking
theses' thing I don't want to take anymore,
and it really isn't me.

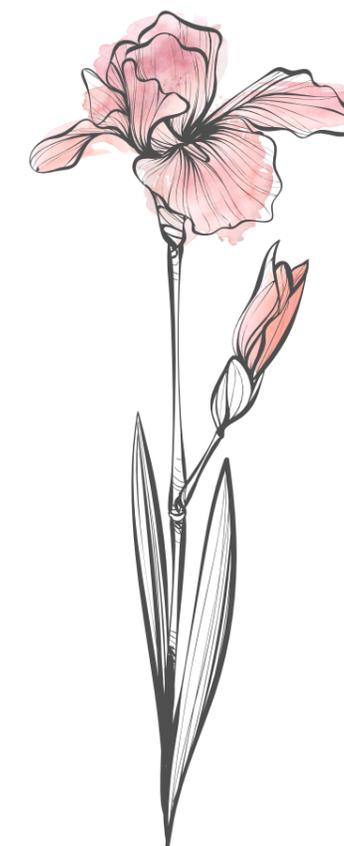
Why did I take this for to be in with the gang?

They never made me take anything
it was of my own free will,
but still I wish it was all a bad dream,

The tradey you have seen you'll never forget
some met there maker, many with sad regret
you left this world to soon.

An angel asks god
why let the good go too soon

My child when you're in a garden,
what do you do
you'll always pick the prettiest flower.



HIV AND AIDS

by Mark Shannon

What to do, when you are told counseling and making decisions,
I feel my body going cold my life is messing me about.

If only I had the way out if I could make a right decision,
but we must like yourself first.

No one can do it for you,
counseling is a good this has it to inside to kill you it can,
but we are constantly doing or the same life each day
there is a old saying you get busy living you get busy dying.

What is out there for me,
59 and I feel 70 years old afraid to die on my own
its groups like this that my life is on the straight and narrow
don't look your if you can so kids should don't lack your
if you can so kids should because of the facts.

RECOVERY

by Stephen Golding
2018

I feel blessed to be here when there's so many are dead
So I put down the drugs and grabbed a pen instead
To write down a message to try and help others
I've been to too many funerals buried sisters and brothers
People don't talk until it's too late
When they're going through a struggle they need a friend to relate

We have to keep our mind focused and do the right thing
Put our families at ease when they hear the phone ring
They pray it's no the Doctor, Gardaí or a priest
Delivering a message that their loved one's deceased
We owe it to our Family, even to ourselves
To live the life we were given, put the drugs on the shelves'

It's there for the taking so reach for the stars
It's time to start healing the emotional scars
Because it's not a life sentence,
They were only mistakes. So now I'm doing it right,

I'll do whatever it takes.

I've got the 12 steps to help me get there
Now I start my day with the serenity prayer

FUCKIN DEPRESSION

by Mark Shannon

You come into my life without an invest
You never say how long you're going to stay,
some nights you have me sitting up on my bed
wishing I want to be dead.

Well you won't get the better of me
for I could be like Moses and part the red sea.

It's called willpower

It comes from within and even higher.

My family and friends will get me true my bad day.
So on your bike take a hike
I'm setting you free,

now just leave me be.

WHAT TO DO

by Mark Shannon

What to do when you're on your own no friends,
no people for me to talk to.
So growing old and sitting there wasting away.

So, help me meet someone,
so I come to the Tuesday group
and have a cup of tea,
just come up and see.

We talk and learn about HIV and Hep C
knowing all this information will make
me more aware of the danger of drug abuse.

Sometimes it gets noisy
and sometimes
its quite biscuits choc and crisp
we all need to know the risk.

Its not all so hard but its all so sad
help is out there
so if you need to find out about yourself
come over to the group you will be amazed
about what you learn.



LONELINESS

What to do
What to do
I swear I don't know what to do,
Sitting there alone and depressed,
Fuck that's true
No one there to say hello
No one there to talk to
Buy aren't that's true.

All by your self
All alone
Feeling lonely
Need someone
If only.

When you have no one to care
No one to show
No one to have a cup of tea
Why
Why
How do I get out of this rut
When all the doors slam shut.

Being on my own
Sitting in my flat watching the TV,
Wondering what will become of me.

Sitting here getting old
People die of loneliness I am told.

So what to do,
I am trying to meet people, only a few
I will fight this loneliness and beat it down.

by Mark Shannon
11.2.2020



We love our sons and daughters
And we know they love us too
But when we all locked down **TOGETHER**
Well, we didn't know what to do!

We were thrown into confusion
And our homes were full of stress
The ones we love are dependent on drugs
And their lives are one great big mess!

We often leave the sadness at home
When we go to our groups for support
Or when we meet our peers for coffee
Where we share our stories, long or short.

How our girl came home from England
She was "worried, scared and alone"
Did she even know the chaos she brought?
She was stoned, and so thin, skin and bone.

How our son lay in bed, fits and tremors
Cos there was a drought in town
And the guys who usually sorted him out
Had nothing, had to let him down.

All the drop-ins were closed "due to Covid"
We could only make contact by phone
We heard about the Zoom meetings
But we didn't know how it was done.

Some of us took wine or Valium
To lighten anxiety and worry
Oh! We know it's not good example
But it helps us to cope. We're not sorry!

We can't wait 'til Covid goes away
We can get back to our Support Groups
The groups help us manage day to day
While our families are jumpin' through hoops.

So, the Covid drove us all **TOGETHER**
But together is not always best
Except in our Family Support Group
Where we get the chance to de-stress!

TOGETHER

by Maureen Penrose

ANNUAL LIGHTING OF THE CHRISTMAS TREE



The lighting of the tree serves as a symbol of hope for the community

The Annual Lighting of the Christmas Tree is a long standing tradition in the north east inner city. The event is held each December in memory of all those who have died from drug related causes.

The lighting of the tree serves as a symbol of hope for the community and particularly for our young people affected by drug abuse. The community gathers in the evening and a

short ceremony is held. People are called to place stars on the tree in commemoration of their loved ones; photos, written memories and other tributes are also hung.

Due to Covid-19, the event this year was hosted online across social media on Thursday 3rd December at 5pm. We tried to stay true to the usual format and the community was invited to participate in remote commemoration.

The Annual Lighting of the Christmas Tree 2020 was also dedicated to Fergus McCabe. Fergus was one of the foremost activists and spokespeople for community drug organisations for over 30 years, he played a major role in setting up addiction services and supports and it is therefore fitting that we pay our respects to him at this time. In speaking at last year's commemoration, Fergus said:

'This event marks the loss and hurt we have experienced in our families and communities and again reminds us that when we stand together with purpose we can find ways beyond the destruction of drugs and violence'



It is in his legacy that we continue to come together in the fight against drugs; to support of each other; to remember, grieve and heal collectively.

Annual Lighting of the Christmas Tree 2019

TRIBUTE TO FERGUS

by Citywide

Fergus McCabe, community activist and campaigner sadly passed back in October of this year. Many of you knew Fergus and the incredible and inspiring work that we had done for our community. Thanks to Citywide Drug Crisis Campaign, especially to Anna and Ruth, for sharing this piece with us so we can remember Fergus together.

Our condolences to his family and loved ones

Fergus was a passionate, articulate and tireless champion for his own community in the North Inner City and he brought the same gifts to his work with Citywide Drugs Crisis Campaign, of which he was a founding member. Over the last 25 years Fergus travelled to communities all over Ireland to meet with people responding to the drugs crisis, he never said no to a meeting if it was possible for him to make it. Fergus understood what community development is about and he had a gift for

it; no meeting was too small or too far away; he shared his knowledge, wisdom and experience with all of us, and he did it with grace, generosity and a lovely sense of humour ...and of course always a comment on Spurs!

Through his day-to-day work with young people in the North Inner City, Fergus had a deep understanding of how and why young people ended up having problems with drugs and he also saw and understood the damage of criminalising people for their drug use. He became

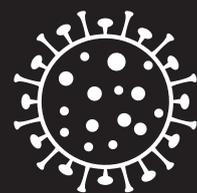
a strong advocate for the decriminalisation of drug use and for a drug policy based on the evidence.

Fergus has represented the community sector on the National Drugs Strategy Committees since 1996 and continued as a member of the current National Oversight Committee until recently. Throughout the many years of his participation on these committees, Fergus was a brilliant advocate for our communities: strong, passionate and principled.

Fergus (pictured center)



strong, passionate and principled



Guidance for drug and alcohol support groups and treatment programmes

This guidance supports the safe resumption of drug and alcohol services under the national framework for living with Covid-19.



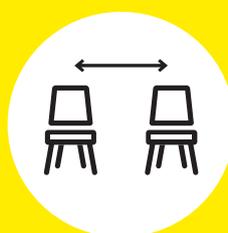
Hold

support meetings on-line or outdoors where possible



Do

a risk assessment before face-to-face group meetings



Venues

should be carefully managed, with limited sharing with other users



Maximum

number of attendees is 15 people (including leaders), with 2 metres social distancing



Face

coverings should be used where social distancing of 2 metres is not possible due to space constraints



Support

groups should last a maximum of 1 hour and 45 minutes



People

at higher risk, or those in close contact with such individuals, should only attend on-line meetings



Attendance

at multiple groups or programmes should be avoided

The full version of the guidance can be downloaded at www.gov.ie/en/policy-information/17d32f-drugs-and-alcohol-policy/

HSE Drugs and Alcohol helpline freephone **1800 459 459**

Mon to Fri, 9:30 am – 5:30 pm. Or by e mail anytime helpline@hse.ie