

# BRASSMUNKIE

Issue-38



UISCE  
Supporting for People who use Drugs



Mental  
Health  
Awareness



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SPRING 2021

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## UISCE

Advocacy for People who use Drugs

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

**Contact us:**

Call 01 555 4693 | Email [admin@myuisce.org](mailto:admin@myuisce.org)

Send your stories to 8 Cabra Road, Phibsborough, D07T1W2

Lynn  
Jefferys  
and  
María  
Otero



# WELCOME BACK READERS!

*Can you believe we are already halfway through the year?*

Here we are again with a new issue of the magazine! This one is bigger and (hopefully better!) than ever. We have tons of Harm Reduction information, updates about services, Mental Health supports, STI testing sites, Public Toilets and, of course, tons of poems and stories from our peers.

Before you dive in into this issue... we have some exciting news! Andy O'Hara has joined the UISCE family as the new Coordinator. Andy has worked in the community and voluntary sector for over 10 years, and we are super excited to welcome him to the UISCE team. You'll see Andy (and Lynn and María of course) out on outreach, delivering Naloxone training and much more.

This is the 38th edition of Brass Munkie magazine and the second one that we publish since the pandemic. We are really excited to share this issue with all of you. We have been working on it for many months, and we are so happy it is finally out for you to read and enjoy!

We really hope you like it.

**HAPPY READING!**

- María Otero Vázquez



Lynn, George, María and Andy

## ACKNOWLEDGMENTS

We are so grateful to everybody that made this possible.

SURIA, MQI, Hep C Partnership, GOSHH, The Red Door Project, CPDDW, Sexual Health 24, HIV Ireland, Irish Penal Reform Trust, SUDS, Ballyfermot Star and Pavee Point. Thanks for your content and your kind words about the magazine.

Thanks to Lydia, John, Rick, Susan, Conor, Susan, Claire, Sandra H, Sandra, Angelika, Vicky, Laura, Sarah, Ruth, Sara, and Maxine for sharing your stories and poems with us.

Especial thanks to the amazing team at SAOL that gifted us with this issue's front cover. You're an incredibly talented bunch.

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

Finally, thanks to all our readers.

# A LAMENT FOR DEAN

by John Flanagan, Substance Misuse Nurse  
Mountjoy Prison 2020

It's Friday morning and another day dawns on the city's oldest and formidable prison. Dean's been here before, he's a veteran of Spike, Pats, Cloverhill, Wheatfield, Limerick, Cork, Portlaoise, there's nothing Dean doesn't know about prison or the journey from the CCJ to the gates of the Joy, 1 year 3 months, easy. The meat wagons here, cuffs on, stall opened, door locked, eyes closed. He never looks out the window, not since the day he saw his Grandad wipe the tears from his Gran's face, he sees it every time he's in a wagon now, he's a creature of habit, habitual, he has a habit, he hates goodbyes, this time's gonna be different. We're here, 7 minutes 12 seconds, Deans' birthday 07/12/85 it's a sign.

He hears the warden shout, three fresh on board, and Dean, howya Dean, eyes opened, familiar voices,

Another  
sleepless  
night,  
shaking,  
aching,  
sweating,  
craving...

*Pray to your god for all those who  
have died in Irish Prisons.*

familiar sounds, steps dropped, door unlocked, cuffs off, searched, processed, base bound in the belly of the beast. Dean's got a friendly nurse inside, he's seen her already, they're always good to him, DTP here i come (drug treatment programme). Another sleepless night, shaking, aching, sweating, craving, no pain no gain, ní thagann faic gan iarracht, hello withdrawals my unwelcome foe. It's 9.30am, Hello Doctor, Hello Governor, Hellooo Nurse, Hello Phy, it's not enough, it's never enough, only this time's gonna be different. No debts, no quarrels, no stripes, no enemies, no protection landing, it's C or D for Dean, he don't care, it's a sign. Shit, C1 landing, right beside Kinnegad, the pad, the garage, S.O.B. Special Observation Cell, another sleepless night for Dean, he needs some drugs, the neighbour's got it bad. It's 9.45 am, bangin out time.

The jingle jangle no longer sounds here, all that remains are the cockroaches of distant past, scurrying underfoot or dropping

unawares on bowed heads. Dean needs some drugs, anything will do, anything but Xanax, bad batch, Covid's stemmed the flow, shit, nothing but Xanax, Dean buys it, bides his time, he'll take it later, just one more time, when his neighbours howling, drug induced psychosis, the mechanics will be here later, they'll fix him, more drugs. Drugs, drugs, scourge, scourge.

*It's not the Deans of  
this world that fuel  
the gang wars.*

*It's not the Deans of  
this world that pay for  
the AK47s or the 9mm  
browning automatics.*

*It's not the Deans of  
this world that keep  
the druglords in their  
gaudy, tasteless tack.*

*It's not even  
the Deans of  
this world that  
demand that this  
seedy, greedy  
world exists.*

The very same people that cast disapproving eyes on the Deans of this world dictate that this world exists.

The very same people that make the laws that punish the Deans of this world ensure that this world exists.

It is their insatiable appetite for drugs that fuel this futile war on drugs, a war like all others where the Deans of this world are the fodder and suffer.

Is it any wonder that the Deans of this world use drugs to escape this crisis ridden society fueled by these very same people?

Dean enriches the wigs, the pigs, the briefs, the care homes, the very same system that has let him down ó ghlúin go glúin, from generation to generation, they've all been dealt the same cards. Dean never stood a chance, not since the day they dragged his grandparents off to "the school", the horrors that visited them came knocking on Dean's father's door too, he too bared the mental and physical scars, Dean's Ma died in child birth, Da couldn't cope, he's gone now ar shlí na fírnne, truth is none

... born of poverty,  
brutality, cruelty,  
barbarity, this is  
Dean's world.

of them coped, not since famine days have Dean's muintir known anything less, born of poverty, brutality, cruelty, barbarity, this is Dean's world. It's the only world he knows. Bang it in, its 7.30pm.

Another day dawns. The nurse wants to tell Dean he's got the DTP, Dúisigí, Dúisigí Dea Scéal Dea Scéal,

Wait, It's too late,  
Dean's dead.





# IRISH PENAL REFORM TRUST

...campaigning for the rights of everyone in the penal system and positive reform of policy

**Q:** What does the Irish Penal Reform Trust do?

**A:** The Irish Penal Reform Trust (IPRT) is Ireland's leading charity campaigning for the rights of everyone in the penal system and positive reform of policy.

We believe the penal system should be just and humane, protect human rights, and only use prison as a last resort.

We are not service providers. We conduct research and work at a policy level to improve the experiences of the greatest number of people possible. We are lucky to have incredible colleagues in other organisations providing services directly to people in the justice system!

**Q:** What one issue is IPRT working for change on that Brass Munkie readers should know about?

**A:** People with serious mental health and addiction issues continue to end up in the prison system, often because they can't access appropriate services in the community. This must stop. Prison is an inappropriate place for the majority of these people.

IPRT has campaigned for improved treatment of people with mental health and addiction issues in the criminal justice system for a long time. Diversion away from the criminal justice system and into alternative options, including treatment, is one of the main issues we have called for action on from the Government. While there have been some improvements in recent years, big challenges remain.

Some people in prison with severe mental illness are forced to sleep on floors in unsafe conditions due to overcrowding. Treatment options for people in prison with mental health and addiction issues remain limited. While psychology staff do their best to meet demand, prison psychology services are under-resourced. In March 2021, 1 in 3 people in prison were waiting for access to psychology services and 1 in 7 people were waiting for addiction counselling services. This is unacceptable.

**Is the State / Government doing anything to solve this?**

**Q:** There are some positive initiatives underway. The biggest step is the creation of a 'Taskforce' to examine the mental health and addiction challenges of people in contact with the justice system. The Taskforce will look at what is needed to better support these people and improve their outcomes.

Members of the Taskforce are from State departments and agencies such as the HSE, the Irish Prison Service, the Probation Service and the Department of Housing. Unfortunately, agencies and Departments don't always work together, which can cause serious issues for people engaged in services. Having so many agencies come together to work on this issue will help to make sure that people don't fall through the gaps.

**Q:** What are some of the steps that could be taken to resolve the issues?

**A:** Diversion away from the criminal justice system must be promoted at all stages of the system. This needs to be combined with investment in community-based mental health and addiction services and access to appropriate therapeutic settings. This should include a review of the gaps in current law and practice that allow so many people to inappropriately end up in prison.

One of the biggest concerns we have is that the prison healthcare system is largely separate from community health. These should be interconnected, particularly given the high number of people with addictions who are sent to prison for very short periods of time. If we transferred the responsibility of prison healthcare to the Department of Health, it would assist with a more seamless transition from prison back to the community and the other way around.

We know that people in prison are more likely to have used drugs than the general population. They also are at greater risk of related mental and physical health issues. Upon release from prison, people can be vulnerable to relapse and/or overdose. We need to ensure supports are in place so people can continue their recovery, if desired, upon release. There needs to be enhanced care provision overall and better focus on the wider societal supports and needs of these people, including harm reduction supports.

In our view, it is essential that people who use drugs and people with mental health issues who have been in/are currently in contact with the justice system are involved in the consultation.

**Q:** How can someone have their voice heard on these issues?

**A:** While an announcement about the setting up of the Taskforce was made in April, we are not sure yet how the Government will consult with services or with people impacted by the issues. In our view, it is essential that people who use drugs and people with mental health issues who have been in/are currently in contact with the justice system are involved in the consultation.

When we know more, we will share information widely so that people with lived experience can take part in the consultation.

However, we know that UISCE will be working very hard on this issue too, so you can reach out to the UISCE team if you'd like to play a part. When we have any updates, we will be sharing them on [www.iprt.ie](http://www.iprt.ie)



One of the biggest concerns we have is that the prison healthcare system is largely separate from community health.

# THE FUTURE, YOUR FUTURE.

Imagine the possibilities.

by Rick Shaw, peer submission

I am an IT guy by profession. I got into IT because I wanted to know the future. This year Elon Musk the owner of Tesla electric cars, Space X (who will colonize Mars before the end of the decade), Starlink (a global satellite system giving Internet access from anywhere on the Planet) and Neuralink who will plant a penny sized chip into human brains in 2021.

A Neuralink chip in your brain will have tiny hairs made of metal which they infuse into someone's brain, allowing such things as sending & receiving text messages directly into a human brain. It would impart telepathy. The possibilities are mind blowing. If you can receive messages through a transmission to your brain, what would be the implications. This sounds like science fiction, but it is science fact of today's world. Let's extrapolate the implications.

If you can receive messages through a transmission to your brain, what would be the implications.

In 2020, Neuralink implanted a chip into Pigs. The demonstration is on the Internet. With this chip implanted, the pigs brain waves can be recorded & studied. What looks like waves on a graph, the AI computers can decipher the pig's responses in brain waves, to its current actions. When the pig's snout is poked by a finger the waves show the interaction on a graph, the computer records the brain waves of a particular action. If you recorded one pig smelling food & played it back to another Pig? Obviously, we don't yet understand the complexities, yet it makes the other Pig hungry.



As this technology progresses, entire memories recorded, then played back, voila - a remote controlled Pig! The Pig has no idea what's happening but understands the brainwave & doesn't know it's a recording of another Pig, it thinks it's having the experience of whatever interaction the original pig had.

So, imagine the future where every Human is "chipped". Traveling seems wasteful when one can sit at home and be "Educated" by a receiving chip in one's brain. Why travel to Work when you can work virtually from Home. Sitting in a chair, working in your head!

...it would be an elevation of humanity.

The negatives... are we heading to a dystopia of sorts?

This means immortality. Not humans themselves but a record of their every thought & physical experience.

This is the path ahead and the Pandemic, climate change, all push it. Talking to people telepathically, interacting with a virtual world in your head? Someone goes on holidays, records his experiences, expand that to any human interaction, now play it back into the minds of people in their home, but experiencing a holiday? With the smells, touches & physical reactions, like you were having them yourself, feeling the sand between your toes & the sea on your feet, the sounds of waves breaking, all from the comfort of home.

Imagine collaborations of minds solving problems virtually - it would be an elevation of humanity. Too lazy to read a book, download it into your brain. Can't speak French, download it into your chip.

Imagine the possibilities. Imagine the results, due to this paradigm shift. Communicating with anyone anywhere in the World at any time. Record Einstein's Life onto a chip & have a repository of lived experience for any who wants to interact with it. This means immortality. Not humans themselves but a record of their every thought & physical experience. You could know everything, as people record their lives. Imagine the effect that would have on crime, education, work, relationships. Anyone alive today reading this will experience this before you die.

The negatives. Will it be affordable, you want a chip? Imagine a world where there are "haves" & "have nots". So, are we heading to a dystopia of sorts? There will be negative effects, children spending entire lives, zoned out, experiencing life from a chair. They will embrace this technology, but at what cost? Bad health, Obesity, heart disease? Will we all end up in a room of your house, in chairs, zoned out, eyes closed, obese, for hours a day, as adults do virtual work in the chair beside them? This is YOUR FUTURE. We will have to choose; indeed, you may have no choice. But the negative side effects may be bad. It's in the future & who knows, the results may only become apparent when it's too late. Which one will you choose -

It is a choice we all will have to make, for good or bad?

# S.U.D.S.

*Service Users Developing Solidarity*

The aim of SUDS is to create a voice for members to represent ourselves on local and national decision-making structures.

SUDS is a support and advocacy group in Clondalkin for people who use drugs or have a history of drug use. We were established in 2011 with the aim of providing members with an opportunity for involvement and change within the community.

The aim of SUDS is to create a voice for members to represent ourselves on local and national decision-making structures. We meet weekly and are a peer led group who explore issues that face us and develop responses.

Over the years SUDS have been involved in many projects aimed at addressing stigma, stereotyping and social exclusion and created platforms for discussion on issues impacting not only SUDS members, but our peers and the wider community. This includes

developing two short films, 'The Bakery Job' and 'The Bus Stops here', undertaking and providing training and workshops within the Clondalkin community, lobbying for harm reduction services in Clondalkin, undertaking research projects on drug and alcohol use in Clondalkin, hosting a Recovery pop-up café, using different forms of media to discuss issues of interest to SUDS, involvement in and raising awareness of International Overdose Awareness as well as various other projects.

Over the last year we faced many challenges to keep SUDS going during Covid but with commitment from all members we have moved our forum online, now meeting through Zoom. We look forward to a time when we can get back to meeting



in person but despite the challenges of this year, we still managed to produce two podcasts, increased our social media presence and found new ways to have our voices heard on issues affecting us and our peers.

We are looking forward to taking on many more projects in the near and distant future and continuing to try affect change on the issues important to us and our peers.

...SUDS have been involved in many projects aimed at addressing stigma, stereotyping and social exclusion...

## Member Testimonials:

Over the years I've done amazing things with SUDS. One memory I will cherish forever was writing and recording the song 'Where are the dreams' with Damien Dempsey for the film 'The Bus Stops Here!'. Whenever I am in a dark place, listening to that song and remembering that day brings me back into the light. Check out "Where Are The Dreams" on Youtube!

I am the newest member of SUDS, only joining at the start of February 2021. I was interested in getting involved in addiction work and becoming a volunteer for organisations working alongside addiction. It was recommended by a TD that I join SUDS which was referred to as an advocacy group. As soon as I heard about an advocacy group for those who have suffered or are suffering from addiction I was instantly interested. I was welcomed with open arms and a warm group. I am eager, motivated, and ready to get working on projects and have a lot of enthusiasm to share. I am passionate about advocating for service users, reducing the stigma around substance use and raising awareness about the important topics. Since joining, I have heard about all of the great things they've done in the past and I look forward to the time when I am involved in a project by SUDS.

## Learn more

If you would like to know more about SUDS, please follow us on twitter or on Facebook.

Check out the SUDS Clondalkin podcast on Spotify or wherever you get your podcasts!



@SUDSclondalkin1



SUDS - Service Users  
Developing Solidarity



SUDS Clondalkin

# OVERAMPING STIMULANT OVERDOSE STEPS TO RESPOND

*by a Stimulant User*

The Coalition of Peers Dismantling the Drug War operates on the unceded and stolen homelands of the Coast Salish people, in so-called Canada. They are a peer led group of drug user activists. Their goal is 'to change policy and empower people who use drugs, both by filling systemic gaps in healthcare provision, and through long-term systems change.

Overamping (OA) is used instead of overdose (OD) because OD means taking too much of something & that's not always the case with stimulants.

OA can happen due to variety of reasons, being up for days, dehydration and others. With stimulants, it's much more unpredictable than say down or heroin. OA can happen regardless of how much or little you use.

**Stimulants are drugs like speed, crack cocaine, meth and other 'uppers'**

***Some things that may lead to overamping include:***

- You've been up for too long (sleep deprivation).
- Your body is worn down from not eating or drinking enough water.
- You're in a weird or uncomfortable environment or with people that are sketching you out.
- You did "that one hit too many."
- You mixed some other drugs with your speed that have sent you into a bad place.

No matter what the reason, it can be dangerous and scary to feel overamped.

## WHAT TYPE OF HELP IS NECESSARY?

**Call 999/112 ASAP if:**

- If person shows signs of hypertension (bulging veins), extreme body heat/temp (they start taking clothes off)
- Person becomes/is a danger to themselves or others, Overly aggressive, or in active psychosis you're unable to bring them out of it/ground them
- Ask for ambulance and tell them it's a Stimulant OD

When approaching someone who may be OA keep calm, hands visible, speak softly at all times.

Do assessment of physical/psychological symptoms, to help ground them or calm them.

Do deep breathing with them: in through the nose, out through the mouth.

A way help bring them back if in psychosis or ground them is to ask three questions.

Repeat each question till answered correctly. For example, what city are they currently in?

Name/handle?

Color of t-shirt or shoes?

Repeat it till answered correctly. Remember to keep calm, talk softly, keep hands visible

## ASSESS FOLLOWING SYMPTOMS AND CALL 911 AT YOUR DISCRETION

**Physical:**

- Nausea and/or vomiting
- Tightening in chest/chest pain (Is this new? or do they get them often)
- Fast racing heart rate/pulse
- Severe headache, light sensitivity
- Teeth grinding, jaw clenching
- Irregular breathing or shortness of breath
- Convulsions, limb jerking rigidity
- Feeling paralyzed, but aware
- Rising/high body heat/temp, sweating profusely-with chills

**Psychological:**

- Extreme anxiety, panic (feeling of impending doom), agitation
- Restlessness and Irritability
- Hyper-vigilant/enhanced sensory awareness (lights brighter)
- Suspiciousness, or confusion
- Can't settle down - flail
- Slurred speech or words not making sense
- Sometimes hallucinations

## OVERHEATING CAN BE DEADLY.

Hot, dry skin is a typical sign of hyperthermia. The skin may become red and hot as blood vessels dilate in an attempt to get rid of excess heat, sometimes leading to swollen lips.

If you notice someone overheating get them to slow down and stop agitated movements. Make sure they are drinking water, electrolyte sports drinks, or pedialyte so they don't dehydrate. Open a window for fresh air or take them outside.

**Please use caution when using cooling tools like ice packs, cold cloth etc.** to cool someone that's experiencing overheating from stimulants, because this also is a sign of Toxicity & could do more harm than good.

Your best bet is to get someone to a hospital so they can provide cooling techniques such as IV cooling and other ways that can help someone cool down their body safely.

This info came from life experience, peers, CPDDW, harm reduction Coalition & toward the heart website Thanks to the nurses from TiOAT that provided support in creating this and all the amazing work they do

[www.cpddw.ca](http://www.cpddw.ca)



**Coalition of Peers  
Dismantling The Drug War  
(CPDDW)**

Ministry of Propaganda

### Stimulant Toxicity

It's important to call 911 ASAP. OA symptoms are similar to toxicity, the only difference being extreme body heat (clothing may be soaked due to profusely sweating, they start taking off clothing) and Hypertension.

**Again If you're  
unsure it's best  
to call 911**

**Other precautions:**

- If person goes unconscious start CPR if trained
- Cardiac arrest can happen for Overamping
- If you give Naloxone, it won't harm them if you believe they took stimulant contaminated with Fentanyl

# NALOXONE TRAINING UPDATE

**UISCE**  
Advocacy for People who use Drugs

Since January 2021, we've trained more than 80 people on how to respond to an Opioid Overdose during COVID19.



With the ongoing support of Dr Kieran Harkin and his staff at MQI we continued to distribute kits to people at risk of opioid overdose.



Last issue we told you all about how we adapted our Naloxone Training to COVID19 restrictions and all the work we did around Overdose Response. We wanted to give you a bit of an update about our training and everything we've learned along the way.



*Lynn and Lydia at Ballyfermot Advance Project*

For staff working at services, we wanted to know if the training that we provided was useful and how they actually felt responding to an overdose. We always want to improve our training and make sure it reflects what people experience when responding to an overdose. Here are some of the responses that we got from people.

We linked with 21 staff that we had trained in Overdose Response and Naloxone Administration:



Out of the group, 8 of them had responded to at least one overdose after getting trained

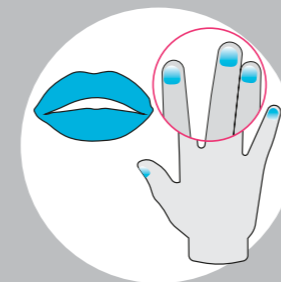


(6 of them said they had to respond to more than one).



We also wanted to ask what the observable signs in the most recent overdose were that they had responded to.

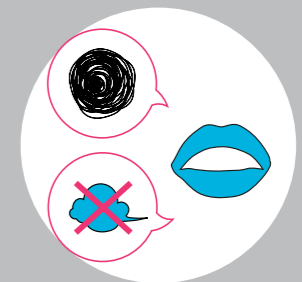
Most people said that the most visible signs of OD were that:



the person had blue tint to the lips/nails/skin and ...



that they were unconscious (couldn't be woken up).



No breathing and/or choking/gurgling sounds were also observable signs in many cases.

We want to keep improving our training and make sure it reflects the reality of what responding to an overdose looks like. The feedback from our trainees makes our training better!

*Nicholas, María, Em and Lynn*



We've also been working with our peer volunteers over the last few months to train them as Naloxone Training co-facilitators. We are working really hard to promote peer-led Naloxone training and we had the opportunity to provide some co-facilitated training sessions for our Support. Don't Punish events in June 2021.



*Training at Drogheda*

If you want to get trained on how to use Naloxone, if you are a person at risk of overdose and need the product, or if you want more information about Overdose Response and Naloxone Administration, give us a ring 015554693 or email us [info@myuisce.org](mailto:info@myuisce.org)!

# MERCHANT'S QUAY MOBILE HARM REDUCTION OUTREACH



**Merchants Quay Ireland**  
Homeless & Drugs Services



**MQI Dublin  
Harm  
Reduction  
Outreach**  
086 046 266

**Q: Why is the service important?**

**A:** We feel the service is so important as it ensures we continue to provide a low barrier service to people that often face many challenges and barriers to accessing services. By having an outreach service, it means we can engage with people who may not use any other services and build relationships with these people to support them to achieve their goals. It creates links with people as it allows them to develop trusting relationships with our Project Workers. Through these relationships they can then be informed of other services they may not be aware of such as our nurse or mental health team.

**Q: How did the team start?**

**A:** We started as a response to Covid-19/ Coronavirus and ensuring our services were meeting clients where they were at whether that was cocooning or isolating. Before Covid the Harm Reduction outreach team were working in the Riverbank building in our fixed site location (where the needle exchange is).

**Q: What is the MQI Harm Reduction Team?**

**A:** We are a mobile team that responds to calls from clients in the city centre who wish to engage with our team whether it is for a needle exchange, safer injecting advice or naloxone training. It is meeting people where they are at and bringing the service to them. We mainly cover the south inner city but respond to calls on our mobile to those who need it outside of this area. People can call us for supplies to be dropped off. People can also return their full sharps bins to us.

**Q: What supplies do you provide?**

**A:** crack pipes, 1mls barrels, 2mls barrels, 3mls barrels, 1mls diabetics, Needles (brown, baby brown, blue, orange, long orange) citric, sterile water, wipes, pots, foil, tourniquets, condoms, and personal sharps bins.

**Q: What initiatives would you like to see for the future of harm reduction in Ireland?**

**A:** We would love to see the opening of a medically supervised injecting centre in Dublin. As a compassionate, person-centred healthcare environment, which respects the dignity of clients, we believe that the MSIF will be a vital first step in reducing harm and supporting a person towards recovery. Staffed by experts with full nursing and medical services, it will provide opportunities for intervention, helping reduce the harms associated with injecting drug use and helping link vulnerable people in with drug treatment supports and health services.

**As a compassionate, person-centred healthcare environment, which respects the dignity of clients, we believe that the MSIF will be a vital first step in reducing harm and supporting a person towards recovery.**

**Q: Does anyone else in Ireland offer similar service?**

**A:** Yes, there are other services such as MQIs Midlands service that offer needle exchange on an outreach basis.

**Q: What are your hours/days?**

**A:** Monday to Friday  
7:30am to 8pm



If you are looking for Harm Reduction materials outside Dublin, please contact:

**MQI Midlands  
DATS Outreach:**  
**Longford**  
086 411 3628  
**Westmeath**  
087 915 0329  
**Offaly**  
087 914 8782



**Merchants Quay Ireland**  
Homeless & Drugs Services

# WHAT'S ON THE STREET???

JUNE 2021

## 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.
- White tablets with no markings have also been found to be Etizolam!



Etizolam sourced online May 2021

## COCAINE

- Containing cutting agent LEVISAMOLE (sheep dewormer) use harm reduction when snorting!

## 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'

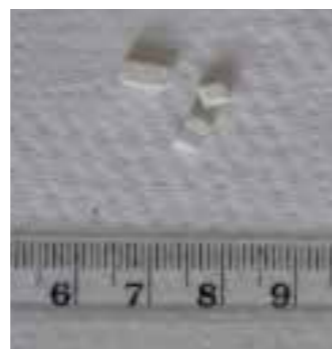
## BLUE VALIUMS

- Tested positive for FLUALPRAZOLAM (stronger than regular Valium/Diazepam)



## PILLS SOLD AS GREEN WHITE OR BLUE XANAX

- Has tested positive for FLUBROMAZOLAM, FLUALPRAZOLAM & ETIZOLAM (both stronger and different acting than regular Xanax) H



## 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



## 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



## 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



The information and pictures on this page are collected from an HSE report August 2020 "Changing Nature of the Benzodiazepine Market", samples tested from Northern Ireland posted on the WEDINOS website and from people who use drugs.



For help with substance use you can call the HSE Drugs & Alcohol helpline **1800 459 459**.

For more info about anything on this page or to report new substances, you can call UISCE **01 555 4693**.

## SPICE/ AB PINACA SOLD AS THC AND E-CIG VAPE!

- THC vape liquid containing MDMB-4en-PINACA ("Spice") see pics:

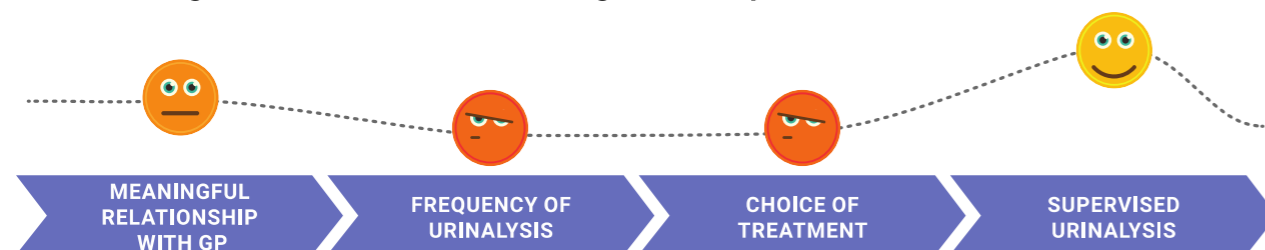


# SERVICE USERS RIGHTS IN ACTION (SURIA)

## Findings from *the Nothing About Us Without Us* report 2020

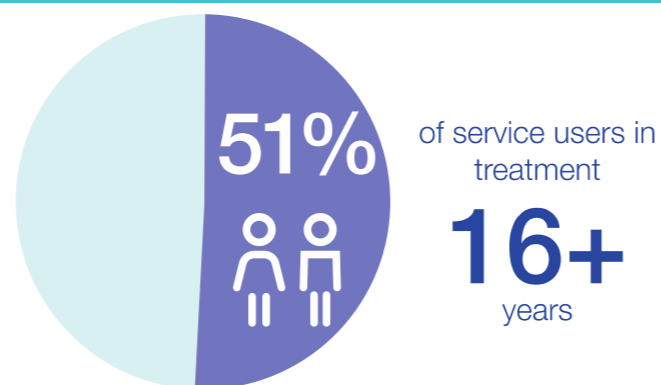
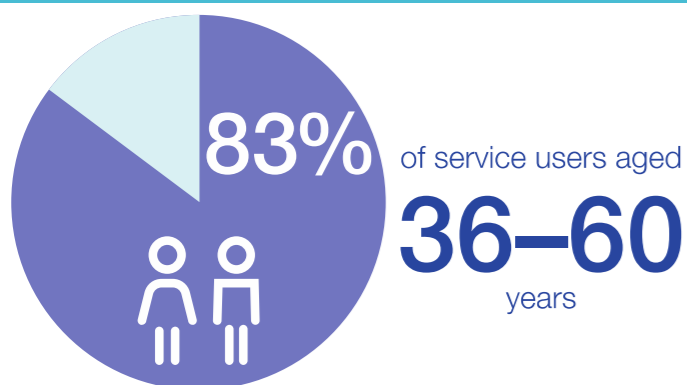
### Profile of Treatment

Progressive Realisation of the Right to Adequate Health for Service Users



Progress over four data sets: 2012, 2017, 2018, 2019/20

### Key Findings



Poor quality of life controlled and trapped



Failure to improve quality of life

Internalised low expectation of anything being different

Normalisation of mistreatment, poor treatment and non-evidence based treatment

Linked to power, sanction and control

Harmful and undignified life



Instruments of care

urinalysis 'keeping people on track', controlling

All about the test not the quality of life

Where is the evidence base?

URINALYSIS

Liquid handcuffs

Supervised testing down to

5%

Complaints - nobody makes them formally - why is this?

76% never made a complaint



don't know how to make a complaint

52%

69% don't know what a CARE PLAN is

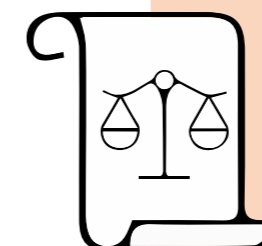
# SERVICE USERS RIGHTS IN ACTION (SURIA)

## Locating The Service User Experience In A Human Rights And Equality Context

Right to adequate health



Human rights policy/instruments



Article 25 UN Declaration of Human Rights

Article 12 International Covenant on Economic, Social and Cultural Rights

Article 11 European Social Charter

Public Sector Duty: Article 42 of Irish Human Rights and Equality Act 2014

For more information on Human Rights and Equality...

<http://www.canaction.ie/publications-service-users-rights-in-action/>



### Recommendations

1 Meaningful relationship with your doctor



2 Patient-centred urinalysis



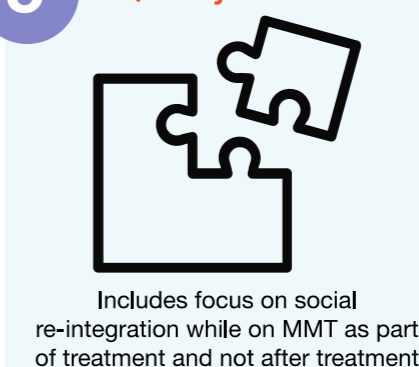
3 Treatment of choice

Residential and Community detox  
Suboxone  
Methadone detox  
Subutex  
Methadone tablets  
Methadone maintenance

4 Effective complaints procedures



5 Quality of Life



Includes focus on social re-integration while on MMT as part of treatment and not after treatment

6 Culture of dignity, respect and equality



for service users in the development and delivery of their care plans and treatment

HSE design and promote dispensing and treatment structures that:

- are person-centred
- are flexible
- recognise the diversity of service users



Structures should aim to facilitate service users to engage in:

- employment
- training and education
- carrying out family and caring duties

# NEW RESEARCH: HOW MANY PEOPLE USE OPIATES IN IRELAND?

*A research project by University College Cork,  
commissioned by the Health Research Board*

## Background

We know that a lot of people use opiates in Ireland. It is important for the Government and services to know how many people need support because of their opiate use. In 2014, we estimated that between 18,720 – 21,454 people used opiates in Ireland.

The Health Research Board (HRB) has commissioned a team from the School of Public Health in University College Cork (UCC) to estimate how many people used opiates in Ireland between 2015 – 2019. To get the numbers, we'll use information from the methadone prescribers and the Irish probation Service.

## Why is this Research Important?

This research will provide information to services who support people who use drugs. It will also help inform & support policy development in Ireland. This project is a continuation of work conducted over the last 20 years and will allow us to look at changes in opiate use in Ireland over time. This will help the Government and support agencies to predict where services will be needed in the future.

## Aims

The overall aim of this project is to provide an up-to-date estimate of how many people use opiates in Ireland between 2015 – 2019.

## Methods

We will be using a type of indirect statistics to conduct this research as we know it will not be possible to count all people who use opiates. These methods are known as the "capture-recapture method" and the "multiple indicator method". We will access the information from the National Drug Treatment Centre and we are currently working with Irish Probation Service to put processes in place to obtain relevant data. Data from the HRB's National Drug Treatment Reporting System (NDTRS) will be used for the multiple indicator method and to validate estimates from the capture recapture method. We will also examine data from the HRB's National Drug-Related Deaths Index (NDRDI).

Personal information such as name, date of birth, gender, address and details about drug use will be collected from these agencies. This is to make sure the same person is not counted twice. No other information about a person's drug use will be collected. Once we receive and check the information we will fully anonymise it (deleting identifiable information) and we won't share it with anyone else.



## Ethical Approval, Consent Declaration and Data Protection

For us, it's really important that we can count everybody that links with the National Drug Treatment Centre and the Probation Services. Only by counting every person that accesses support for their opiate use, can we inform services and policies to respond to their needs. We will check personal details to make sure that we are not counting the same person twice and anonymise the data immediately after that.

This research has received ethical approval from the Clinical Research Ethics Committee of the Cork Teaching Hospitals and a consent declaration approved by the Health Research Consent Declaration Committee (HRCDC). This approval means that we don't have to contact every single person included in the study for individual consent.

## For More Information

For further information on personal data processing rights, please contact UCC's Data Protection Officer by email at [gdpr@ucc.ie](mailto:gdpr@ucc.ie)

To learn more about this study please contact the Research Support Officer for this project - Dr Michael Hanrahan, [michael.hanrahan@ucc.ie](mailto:michael.hanrahan@ucc.ie)

You can always contact UISCE for more information about this project (01 555 4693)

## Funding

This project is funded by the Health Research Board.



# DO YOU WANT TO PARTICIPATE IN RESEARCH?

Over the last couple of years, we've had the opportunity to link many of our volunteers with researchers that were looking to hear about people's lived experiences in services. We have collaborated with the Health Information and Quality Authority, the Royal College of Surgeons in Ireland, the Health Research Board and more promoting engagement with peers.

Our peer volunteers have been invited to participate in research, share their experiences (with treatment, accessing services, OST, etc.) and get compensated for their time and their expertise.




**This is a way for you to have your voice heard  
and promote change, and you can always  
count on us for support during the process.**

If you want to participate in research, give us a call (01 555 4693) or email ([info@myuisce.org](mailto:info@myuisce.org)) for more information.

# MENTAL HEALTH SUPPORTS DURING COVID 19



## AWARE

Information and support to anyone over 18.



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

## IRISH HOSPICE FOUNDATION

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




 1800 807 077  
Mon - Fri from 10am to 1pm.  
 hospicefoundation.ie for more information.

## EXCHANGE HOUSE IRELAND NATIONAL TRAVELLER MENTAL HEALTH SERVICE

 Call 01 8721094 (press 1)  
Mon - Sun 9am to 5pm  
 exchangehouse.ie



## MENTAL HEALTH IRELAND

Information and support for people who experience mental health difficulties

 01 284 1166  
Mon - Fri 9am to 5pm  
 mentalhealthireland.ie  
 info@mentalhealthireland.ie




## BELONG TO YOUTH SERVICES

Support for LGBTI+ young people in Ireland.

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



## GROW MENTAL HEALTH RECOVERY

Six-week guide on coping with COVID19.

 1890 474 474  
 grow.ie  
 info@grow.ie




## ALONE

COVID-19 support line for older people.

 0818 222 024  
Mon - Sun  
8am to 8pm  
 alone.ie

## PIETA HOUSE


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

 1800 247 247  
available 24/7  
 Text HELP  
to 51444  
- standard message  
rates apply.  
 pieta.ie

**FOR  
URGENT  
HELP CALL  
999 OR 112**



## SAMARITANS

Emotional support to anyone in distress or struggling to cope.

 Freephone  
116 or 123  
available 24/7


## SENIORLINE

Confidential listening service for older people.

 Call 1800 804 591  
Mon - Fri  
10am to 10pm  
 thirdageireland.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


## MYMIND

Online counselling service

 mymind.org  
 hq@mymind.org


## YOURMENTALHEALTH

Freephone:



 1800 111 888  
available 24/7

## TRAVELLER COUNSELLING SERVICE

Go to:


 www.travellercounselling.ie/online-counselling  
to arrange a counselling session.

If you have a problem linking in, call the counselling support line

 086 308 1476  
 info@travellercounselling.ie




## DUBLIN SIMON COMMUNITY SURE STEPS COUNSELLING SERVICE

Counselling Distress Line for Clients experiencing Homelessness.



 1 800 844 600  
Mon - Fri 8am to 10pm  
Sat - Sun 4pm to 10pm

## LGBT IRELAND

LGBT+ helpline 1890 929 539 every day




 Gender identity family support line 01 907 3707  
Online instant messaging support  
Mon - Thurs 6.30pm to 10pm  
Fri pm to 10pm  
Sat - Sun 4pm to 6pm  
 info@lgbt.ie  
 lgbt.ie

## PAVEE POINT – MENTAL HEALTH TEAM

 01 878 0255  
 pa.reilly@pavee.ie  
grainne.meehan@pavee.ie  
Mon - Fri 9am to 5pm

## TURN2ME

Information and support for people who experience mental health difficulties

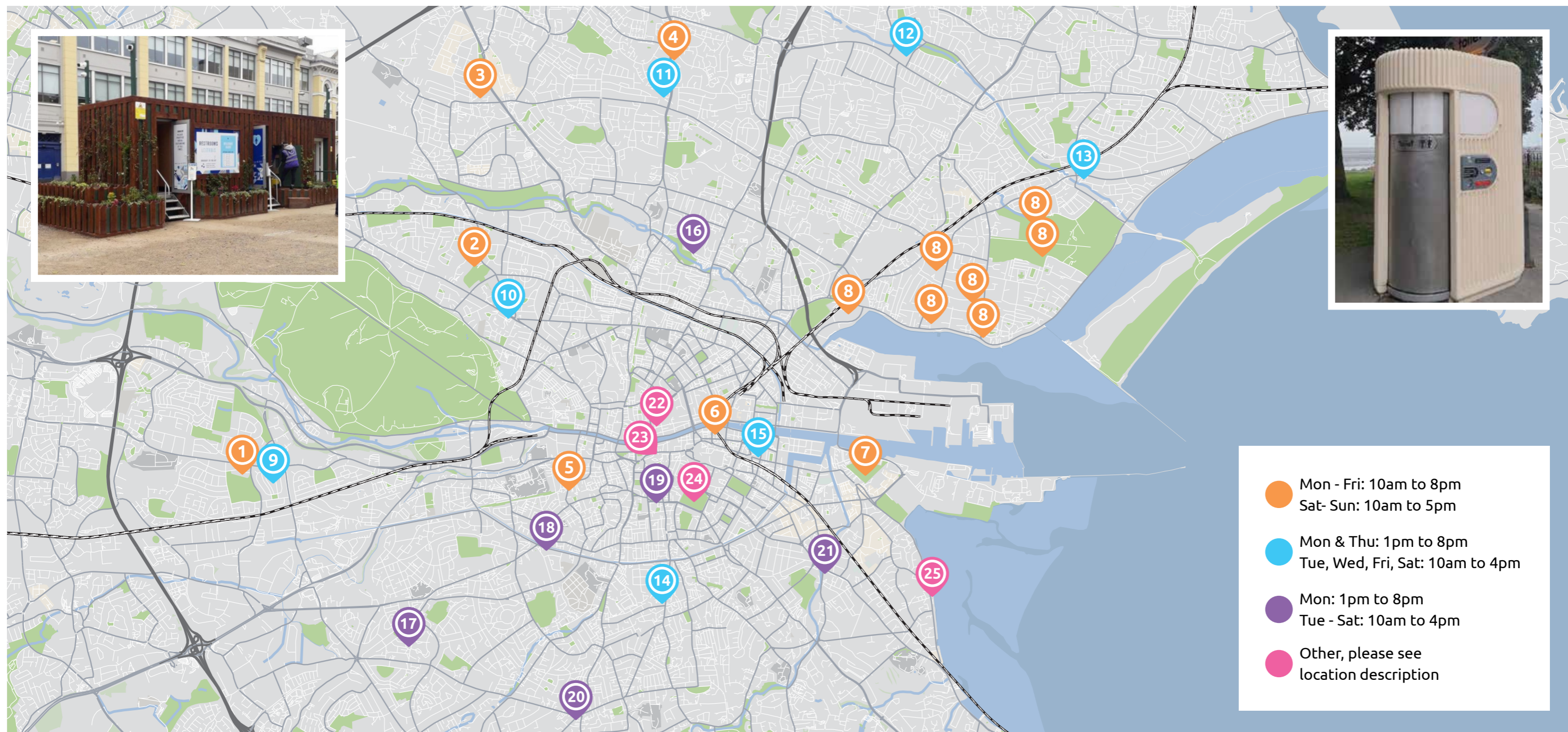
 Information line 01 284 1166  
Mon - Fri 9am to 5pm  
 mentalhealthireland.ie  
 info@mentalhealthireland.ie

# DUBLIN CITY

1. Ballyfermot Leisure Centre, Blackditch Road, Ballyfermot, Dublin 10
2. Cabra Parkside Sports Centre, Ratoath Road, Cabra, Dublin 7
3. Finglas Leisure Centre, Mellows Road, Finglas, Dublin 11
4. Ballymun Leisure Centre, Ballymun Road, Ballymun, Dublin 9
5. St. Catherine's Sports Centre, Marrowbone Lane, Dublin 8
6. Markievicz Leisure Centre, Townsend Street, Dublin 2
7. Irishtown Stadium, Strand Street, Dublin 4
8. Clontarf Rd. Sports Pitches, Clontarf Road, Dublin 3
9. Ballyfermot Library, Ballyfermot Road, Kylemore, Dublin 10
10. Cabra Library, Navan Road, Cabra, Dublin 7
11. Ballymun Library, Ballymun Road, Ballymun, Dublin 9
12. Coolock Library, Barryscourt Road, Kilmore, Dublin 17

# PUBLIC TOILETS

13. Raheny Library, Howth Road, Raheny, Dublin 5
14. Rathmines Library, Rathmines, Dublin 6
15. Pearse Street Library, Pearse Street, Dublin 2
16. Drumcondra Library, Millmount Avenue, Drumcondra, Dublin 9
17. Walkinstown Library, Percy French Road, Walkinstown, Dublin 12
18. Dolphins Barn Library, Parnell Road, Crumlin, Dublin 12
19. Kevin Street Library, Lower Kevin Street, Dublin 8
20. Terenure Library, Templeogue Road, Terenure, Dublin 6W
21. Pembroke Library, Anglesea Road, Dublin 4
22. Jervis - 53 Wolfe Tone St (Temporary Toilets, 24hour)
23. City Hall, Dame Street, Dublin 2 (10am to 5pm)
24. Stephen's Green (10am to 8pm)
25. Sandymount Strand - 124 Strand Road (Automated Public Convenience, 24 hours)



# HIV: GETTING TO ZERO STIGMA IN MEDIA REPORTING



At HIV Ireland, to mark Zero Discrimination Day 2021, on 1st March, we published new Media Reporting Guidelines – a resource for editors, journalists, and anyone writing, reporting, blogging or broadcasting on the topic of HIV in Ireland, to better inform sensitive and accurate reporting in the media.

The language of HIV has changed over its 40 year history, and language matters. Often the language used when reporting on HIV is outdated, and sometimes

inappropriate. This can contribute to increased stigma. In 2017, HIV Ireland carried out some research with people living with HIV in Ireland about HIV-related stigma. In the survey, participants were asked if they had felt offended by language used in the media. 33% of respondents reported feeling offended by language in print media and 24% by the language used on radio.

The new media reporting guidelines are a response

to these findings and complement the publication of our HIV Terminology Guidelines in 2020 - a resource encouraging the use of more appropriate language when writing or talking about HIV.

The media can play a vital role in helping to reduce levels of stigma, and in helping to improve the quality of life for people living with HIV, by using our Best Practice Tips to guide and support accurate and non-stigmatising reporting.

## Best Practice Tips for Reporting on HIV

1. Understand the science of HIV.
2. Frame HIV as a health issue.
3. Use appropriate language and correct terminology
4. Ensure that HIV data is current and correctly interpreted.
5. Challenge myths and misinformation about HIV.
6. Be sensitive and do not stigmatise.
7. Challenge stereotypes.
8. Tell the stories of people living with HIV.



Here are some examples of inappropriate or incorrect language we sometimes see used in reports about HIV.

Inappropriate or Incorrect Language	Why?	Appropriate Language or Preferred Term
HIV/AIDS	This terms implies that HIV and AIDS are the same thing or that they are interchangeable. They are not.	<b>HIV and AIDS</b> <b>HIV or AIDS</b>
HIV-infected person	A person is more than their medical diagnosis. Use 'People First Language' which puts the person before the diagnosis or label.	<b>A person living with HIV</b> <b>A person who is HIV positive</b>
Catch HIV Spread the Virus	Implied value judgement and possible associations with blame.	<b>Acquire HIV</b> <b>Become HIV positive</b>
HIV is no longer a death sentence	A death sentence refers to a criminal prosecution.	<b>HIV is no longer a terminal condition.</b>
AIDS virus	There is no 'AIDS virus'. The virus associated with AIDS is the Human Immunodeficiency Virus (HIV).	<b>HIV</b>
AIDS Test	There is no test for AIDS.	<b>HIV test</b>
AIDS victim AIDS sufferer HIV sufferer Suffers from AIDS Suffers from HIV	The words 'victim', 'suffer' and 'sufferer' are disempowering and can imply powerlessness. People living with HIV are not victims or sufferers. The term 'AIDS' should only be used when referring to a person with a clinical AIDS diagnosis.	<b>A person living with HIV</b>
Innocent victim(s)	Often used to describe children with HIV, this can imply that people who have acquired HIV in other ways are guilty.	<b>A child/children/ person living with HIV</b>

There have been amazing scientific advancements in the treatment and prevention of HIV in recent years.

Every media report about HIV is an opportunity to educate the public about these developments, and the media reporting guidelines encourage the inclusion of essential messages to educate and inform accurately, with up-to-date information. These include...

- **... that the treatment of HIV is so effective, HIV cannot be passed on through sex.**  
HIV treatment can suppress the virus to 'undetectable' levels, and when HIV is undetectable, it's untransmittable.
- **... the benefits of testing.**  
HIV is treatable and with the right care and treatment, people testing positive can live long, healthy and full lives.
- **... the range of prevention options now available in Ireland.**  
PrEP and PEP both prevent the acquisition of HIV. Testing also reduces and prevents the onward transmission of HIV and is an important service for linking people with prevention choices.

The inclusion of progressive messages such as these in media reporting will help to break down the stigma and the fear of testing for HIV, and the fears that exist around the transmission of HIV.

It has always been, and continues to be, an objective of HIV Ireland to challenge HIV-related stigma, and to oppose and contest the discrimination of people living with HIV. Stigma is one of the drivers of the HIV pandemic, and stigma and discrimination create

barriers to accessing HIV prevention, testing and treatment services. The development of these guidelines is another action of our commitment to people living with HIV, to get to Zero Stigma and Zero Discrimination.



**In Ireland, it is illegal to discriminate against a person because they are living with HIV.**

If you have any questions or want support in relation to HIV-related discrimination, or any HIV-related issue, contact our Community Support team at **01 873 3799** or email **communitysupport@hivireland.ie**.



# FREE HOME STI TESTING IN IRELAND

by Laura Smith, SH:24

**Q: What is SH:24, what does it offer?**

**A:** SH:24 is an online sexual health service commissioned by public health authorities to deliver holistic services, free at the point of care. We're working with the HSE to offer discreet, confidential home testing for sexually transmitted infections (STIs) including chlamydia, gonorrhea, HIV, syphilis, Hepatitis B and Hepatitis C.

"The kit was extremely easy to use and the videos made it even easier to know what to do. I sent my kit away on a Friday evening and had my results by Tuesday morning. Great service!"

- Service user, sh24.ie



SH:24 is an online service, providing free STI tests, diagnosis, contraception, treatment and remote support from specialist clinicians. SH:24.ie was launched in January 2021 to pilot free STI testing by post across Dublin, Kerry and Cork. Free HIV & STI self-sample kits now available from the HSE to people in Wicklow and Kildare in addition to Dublin, Cork & Kerry.

**How do people access free home test kits for STIs? How do the home test kits work?**

**A:** Visit sh24.ie You can complete the order form in less than one minute. At present, the pilot is for people 17+ in Dublin, Cork and Kerry. We send a text to tell you when the kit's dispatched. It will arrive in a plain package that should fit through your letter box. The package only shows your name, address and the postage label. Follow the instructions to take your samples, then put them in the bag provided. We use urine samples and vaginal, rectal or oral swabs. We may ask for a small blood sample that you take from your finger. You can drop this into any post box to send it to our lab. We let you know when we've received your samples.

**Q:** *If someone does not have a fixed address, how can they access free STI testing?*

**A:** You just need somewhere where we can send the test kit. This can be somewhere you're staying temporarily as long as you can collect your kit when it arrives. If you are not able to give us an address, you can get free STI testing at

- The Guide Clinic St James hospital, (emergency/symptomatic cases only during Covid)
- Mater clinic
- Beaumont (HIV only)
- Meath Primary Care Center
- MPOWER (HIV Ireland) Wed (6-8pm) Sat (2-4pm) for men who have sex with men

**Q:** *What are common misunderstandings about STIs and testing?*

**A:** Some think that a clinic test is more reliable than a home test. This is a misconception. We use the same tests and our lab processes samples the same as a clinic. We give simple instructions and if you need help, you can chat with one of our clinicians.

There is a myth that STIs are passed on only through penetrative sex. This isn't always the case. Some STIs can be shared through oral sex, skin to skin contact, or sharing sex toys. Some activities are higher risk, for example, anal sex. The lining of the anus is more easily damaged than the lining of the vagina, so bodily fluids are more likely to pass through. Condoms are a great way to protect against STIs! Wear a new condom with each sexual partner & clean sex toys after each use.

**Q:** *Where can I get condoms and other safe sex supplies?*

**A:** Sexual health clinics like the Mater clinic and the GUIDE clinic. HIV Ireland offers free condoms online.

*"Would definitely recommend it to friends. Removes any uncomfortableness which would've been a barrier to visiting a clinic. Privacy and accessibility is a major plus especially coming from rural background. Visiting a clinic would've taken up so much time. The fast turnaround of results was also very impressive!"*

- Service user, sh24.ie

**Q:** *What happens if I test positive for an STI?*

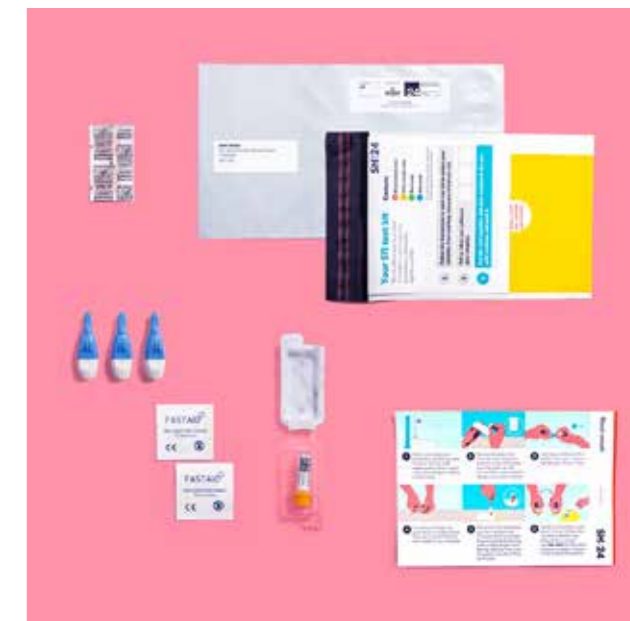
**A:** For chlamydia or gonorrhea, we'll text you and tell you where you can get treatment with antibiotics. For HIV, syphilis, hepatitis B and C we'll ask you to visit a clinic to confirm the result. One of our clinicians can call to support you and help find your nearest clinic. The clinic will test you again to be sure and then offer you treatment or refer you to a specialist, depending on the infection.

If your results are negative, we'll text you as well.

**What information does someone need to disclose to order a kit?**

- Address and Eircode
- Date of birth
- A few questions about health history
- A phone to receive text results

**SH:24**



**Q:** *Are the samples or data used for any other testing?*

**A:** No, samples are destroyed after testing and personal information is not shared with our lab. We have to give anonymous results data to HSE. This is to monitor infection rates and help planning and improvement of services.

**Q:** *How do you think COVID-19 has affected people's sexual activity?*

**A:** We've seen a huge demand for STI tests. Clinics have had to reduce their in-person services, so it's hard to tell if people are having more or less sex. We've heard of people spending more time getting to know their own bodies, or trying out online sex. People who've had 'Long Covid' (COVID symptoms for more than 8 weeks) have told us that symptoms such as fatigue and poor mental health have changed their relationship with sex.

**Q:** *How might substance use impact sexual health?*

**A:** People use substances before or during sex to increase confidence, increase sexual drive and allow them to have sex for longer periods with more people than they would normally. In queer communities, this is sometimes referred to as 'chemsex'. It involves several behaviors that increase the risk of infection including injecting drugs ('slamming'), or condom-less or unprotected sex with several partners.

People who inject drugs are more vulnerable to sexual health concerns for a range of reasons. This could include a lack of awareness about safe sex or lack of access to condoms.

*"Found it really easy to use and very helpful. I wanted to do something like this for a while but never wanted to go into the doctor's surgery due to embarrassment."*

- Service user, sh24.ie

**Q:** *Why is SH24 important in Ireland?*


**A:** There is no other free STI home testing service in Ireland. It's a great pilot opportunity for the HSE. When launched in January 2021, we had over 5,000 orders in about two hours. The pandemic has driven many services online, but we know that long term, sh24.ie can relieve pressure on clinics and is convenient for people.

# STI CLINICS IRELAND DURING COVID

## DONEGAL

**Letterkenny General Hospital, Kilmacrennan Rd, Ballyboe Glencar, Letterkenny**


STI Testing clinics and services open with limited capacity. Appointment only. Call appointments, health advice, support and referral information.

 Call 074 912 3715

## GALWAY


**University College Hospital Galway, Newcastle Rd, Galway**

STI testing clinics: appointment only, prioritising people with symptoms or who have other STI urgent care needs.

 Call 091 525 200

**Portiuncula Hospital, Ballinasloe, Dunlo, Ballinasloe**


Thursday afternoons by appointment only.

 Call 090 964 8372 (extn 676)

## SLIGO

**Sligo University Hospital, The Mall, Rathquarter, Sligo**


STI testing services: seeing urgent, symptomatic cases only, by appointment. Call for appointments, health advice, support and referral information.

 Call 071 917 0473

## MAYO

**Mayo General Hospital, Castlebar, Westport Rd, Curragh, Castlebar**

Currently only seeing people with symptoms who require screening and treatment. Call for an appointment.

 Call 094 902 1733 (extn 3501)

## CLARE

**Ennis General Hospital, HSE Ennis OPD, Westpoint Business Park, Kilrush Road, Ennis**

STI testing clinics, by appointment only, on Monday mornings. Call for more information.

 Call 061 482 382

## CORK

**South Infirmary Victoria Hospital Cork, South Infirmary Victoria University Hospital, Old Blackrock Road**

Call for appointments or queries.

 Call 021 4966 844

**The Sexual Health Centre, 16 Peter's St, Centre, Cork**


Rapid HIV Testing Service available by appointment only.

 Call 061 482382  
 Email [clinic@hse.ie](mailto:clinic@hse.ie)

**Youth Health Service, Penrose House,**

**Penrose Quay, Cork City**

STI Clinic: Monday 1.30pm - 4.30pm and Friday 9am - 12pm. Under 23s by appointment only.

 Call 076 108 4150  
 Email [yhs@hse.ie](mailto:yhs@hse.ie)  
 Visit <http://www.yhs.ie>

## LIMERICK

**University Hospital Limerick, St Nessian's Road, Dooradoyle, Limerick**

STI Testing: Tuesday mornings and Thursday mornings and afternoons, by appointment only.

 Call 061 482 382

**GOSHH, Redwood Place, 18 Davis Street, Limerick**

Rapid Testing for HIV and Hepatitis Mon-Thu 9.30am-4.30pm by appointment only

 Call 061 314 354  
 Email [support@goshh.ie](mailto:support@goshh.ie)

**Contact any of these clinics If you want to get tested for Hepatitis C, HIV, or any Sexual Transmitted Infection (STI).**

## NENAGH

**University Hospital Nenagh, Nenagh South, Nenagh, Tipperary**  
STI testing clinics, by appointment only, on Wed afternoons.

 Call 061 482382  
 Email [clinic@hse.ie](mailto:clinic@hse.ie)

## TRALEE

**University Hospital Kerry, Tralee**

Telephone the clinic at the South Infirmary Victoria Hospital in Cork. Alternate Thursdays 11am - 3pm by appointment only.

 Call 021 496 6844

## WATERFORD

**University Hospital Waterford, Dunmore Road, Waterford**

Limited STI testing services: priority will be given to people with symptoms and contacts of infections.

 Call 051 842646

## DUBLIN

**GUIDE Clinic, St. James's Hospital, James's Street, Dublin 8**




HIV service: Call for appointment only.

STI Service: Emergency and symptoms appointments available online.

 Call 01 410 3539  
 Visit [www.swiftqueue.com](http://www.swiftqueue.com)  
 Visit [www.guidelclinic.ie](http://www.guidelclinic.ie) for more information

**STI Clinic, Mater Hospital, Eccles Street, Dublin 7**

Email for an appointment or to speak with a sexual health nurse. See online for more information.

 Call 01 803 2063  
 [communityclinic@mater.ie](mailto:communityclinic@mater.ie)  
 [www.mater.ie/patients/sti/](http://www.mater.ie/patients/sti/)

**Gay Men's Health Service,**

**Meath Primary Care Centre, Heytesbury St**

STI testing clinics: Currently open for returning GMHS PrEP patients only.

 Call 01 921 2730  
 Email [gmhsclinic@hse.ie](mailto:gmhsclinic@hse.ie)

**Beaumont Hospital, Beaumont Rd, Beaumont**

Walk-in HIV testing services open Thursdays 10am-12pm. Call for information or support.

 Call 01 809 3006

**St. Vincent's University Hospital, Merrion Rd, Dublin 4**

STI Testing: those with symptoms should present to a GP and will then be linked to the testing clinic if necessary.

HIV Services: Virtual appointments or in-person consultations for existing and new patients. Call for more information.

 Call 01 221 3363

**HIV Ireland, 70 Eccles St, Phibsborough, Dublin 7**

MPOWER Rapid HIV Testing Service, for gay and bisexual men. Wed (6pm to 8pm) and Sat (2pm to 4pm).

Bookings are by appointment only.


Bookings open online at 24 hours before each session.

 Visit [www.hivireland.ie/mpower](http://www.hivireland.ie/mpower)

## DUNDALK

**Louth County Hospital, Dundalk, Dublin Rd, Priorland, Dundalk**


STI Testing: currently seeing urgent, symptomatic cases, by appointment only. Call for an appointment, health advice, support and referral information.

 Call 086 824 1847

## PORTLAOISE

**Midlands Regional Hospital, Portlaoise, Block Rd, Ballyroan, Portlaoise.**

STI Testing & Services – emergency services only for those with symptoms. Call for an appointment.

 Call 086 859 1273

# EXPERIENCES OF HEP C TREATMENT

## SUSAN'S STORY

***This is Susan's story. Susan was a HCV Peer Support Worker, Representative on Regional HCV network, Member of HCV testing team.***

In 2012 I had to be hospitalised because I was vomiting blood due to liver cirrhosis. At that time, I was drinking every day and I was told if I carried on drinking, I would be dead in 6 months.

While in hospital I was tested for Hep C (without my knowledge). Two months later (Dec 21st) at an outpatient appointment I was told I had Hep C antibodies and

that I would need a blood test to see if I had Hepatitis. I was given no warning. I felt like I was hit by a train, I left feeling suicidal.

I knew absolutely nothing about Hep C so I thought I had just been given a death sentence. I was given no help, support, care, or information. I had to educate myself about Hepatitis. I had no idea how long I would have

to wait for my test results, and I couldn't get the doctor to send them to my GP or to even talk on the phone.

I eventually had to get my medical files and arrange to see a specialist myself. I started treatment on the 24/12/14 on the new medicine (Harvoni) and finished on the 17/03/15. I was completely clear of the virus after 2 weeks and have been ever since.

**I felt like I was being blamed...by the very person who is supposed to treat you, the doctor.**

### ***What are the challenges of living with Hepatitis C?***

Living with Hepatitis has serious psychological problems. Being afraid of my own body, terrified of being close to people because of feeling contagious. Constantly on guard in case I cut myself, panicking at the sight of my own blood. Feeling

psychologically and physically drained all the time. Depression, feeling suicidal, insomnia and chronic pain. Worrying how to tell family and friends. And a whole list of physical symptoms. And that's not even taking into account the total lack of communication from the doctor.



### ***Hepatitis C and stigma***

I was very aware that there seems to be 2 kinds of HCV within the HSE. There's people who were infected by blood transfusions (no fault of their own), and there's people like me who were infected by other means (it somehow was my own fault). So immediately I felt like I was being blamed for being sick by the very person who is supposed to treat you, the doctor.

This was my experience and unfortunately, it's not an isolated case, this seems to be the norm. To have a two-tier system where one group of people are treated with compassion, care, support and receive treatment and another that are basically ignored and denied treatment is proof that the stigma of LWHCV starts within the medical profession itself.

*GOSHH - Susan and Billie*



**Note: Susan was cured of HCV in 2017 and then developed liver cancer. She died in March 2020. This information was provided by Susan to GOSHH for use in campaigning and we have been given permission by her sister to pass this on.**

### ***How I got involved in Peer Support?***

I got involved because of my experiences with the HSE and how I was treated. There was no information, help, support or follow up treatment. No thought was given to how I would react to being told I had Hep C, if I might harm myself. I suffer from depression and they knew that. I was left feeling helpless, alone, and not worthy of the doctor's time. It was the people at GOSHH who offered the care and support that I needed. I was forced to wait for my test results for almost 3 months. I couldn't think about anything else but getting the test results.

All this time I was depressed, suicidal, I couldn't sleep or be around other people. I felt helpless. I was traumatised by the whole experience and it still affects me today.

The doctor refused to send the results to my GP or to even discuss them. The lack of care shown was unbelievable. I called the Red Ribbon Project/GOSHH because I hoped they would be able to help me. I met Billie and Tony, a peer worker in GOSHH who was also living with Hepatitis C. Just to meet someone and be able to talk about Hep C made the world of difference to me. Before then I would break down in tears if I tried to talk about my diagnosis. To have people who actually cared and offered support instead of being ignored and treated like I wasn't worth their time was exactly what the hospital seemed unwilling or unable to do.

### ***What I do during rapid testing?***

During testing I'd explain what a positive antibody result could mean. Answer any questions people might have. Talk about possible transmission and risks. I talked about my own diagnosis and that I had received treatment. That there is now a cure for Hep C.



### Things people should know:

- A positive result does not mean you are going to die.
- A high percentage of women were not previously tested. There is more of a stigma attached to women, especially mothers when it comes to testing by hospital staff, so they are less likely to get tested.
- People feel more secure being tested in a supportive, friendly environment with guaranteed confidentiality.
- People don't need to go through this alone, that there is support and people who can help.

### What we advocate for:

- **Accessible treatment:** The cure for HCV is one tablet a day for 8 or 12 weeks. It is that simple. The problem is there are only 3 places where treatment for people from the Mid-West is available. We need treatment to be made available everywhere. No one should be denied treatment because they cannot travel. People are dying.
- **Rapid pathways to treatment:** When someone is tested and diagnosed as positive, treatment should begin immediately. The longer they have to wait the more damage is caused, the more the person suffers.
- **People need support:** I was lucky enough to have people to bring me to appointments. Others aren't so lucky.

## MY STORY *Anonymous*

I was first diagnosed with end stage HCV in 2003. At the time there was no effective treatment for the genome I carried, interferon offered a 10% cure rate. I self treated with food, herbs, and vitamins, as well as getting bloodwork done every five years.

When we moved back here in 2016 I had blood work done. My GP ordered a sonogram. The doctor who did the test said my liver was not in bad enough shape to get treatment. All the while the world was campaigning for the total elimination of HCV.

Then along came GOSHH. In early 2019 they came to the Clare Women's Network offering testing. I went, both in hopes of getting treated and finally eliminating my body of this virus as well as needing a bit of support.

I was given an appointment with GOSHH's safety net doctor who did more blood work. By July 2019 I was at St James Hospital in Dublin receiving care and treatment. Because the distance from my home to Dublin is 3.5 hours I chose to spend the night the first trip. That was cost prohibitive for the multiple trips required, so

the rest of the treatment and post treatment trips were made in one day. Seven hours on a train while under treatment is harsh on anyone, much less someone ill.

It is my hopes that the medical community understands and respects the need to join in the worldwide effort to eliminate this virus. It is unconscionable that in this day and age there is no treatment center on the west coast and that there is not a nationwide campaign to take the stigma out of HCV and give the supports needed to get rapid testing out there for everyone.

## HEPATITIS C FAQ

**Hep C is curable  
and treatment is  
Free.**

**Q: What is Hepatitis C?**

**A:** Hepatitis C is an infection of the liver caused by the Hepatitis C virus.

You can get it from the blood of someone who has Hep C.

**Q: Do I need to get tested for Hepatitis C?**

**A:** Hep C is most commonly spread through sharing needles. Sharing notes, straws, and tooters to snort drugs like cocaine can increase your risk of infection. If you have ever injected or snorted drugs you should get tested.

**Q: How do I get tested for Hepatitis C?**

**A:** You can be tested for Hep C by visiting the following clinics or services:

- A Sexual Health Clinic
- Your GP (if you do not have a medical card there will be a charge)
- Your Methadone Clinic
- Certain addiction services
- Sexual Health Services/BBV Services

(for more information about testing go to page x)

**Q: What puts me at risk for Hepatitis C?**

**A:** Injecting drugs can put you at a high risk for Hep C. Snorting drugs, spending time in prison as well as having tattoos, cosmetic procedures, and piercings in unprofessional settings can also put you at risk. Men who have sex with men are also at greater risk of infection.

Risks from sex only come from activities that increase the potential for exposure to blood such as unprotected anal sex, chemsex, sharing sex toys, and rough sex.

Coming from a country where Hepatitis C is common can also put you at greater risk.

**Q: I'm Hep C positive, what happens next?**

**A:** If you were tested in a hospital you will be booked in to have some further tests done including a test called a Fibroscan.

**A Fibroscan is an ultrasound machine for your liver. It identifies any scarring by measuring the stiffness of your liver.**

The test usually takes about 10-15mins. For those tested through their OST clinic, you will receive further tests and your medication in your clinic.

If you were tested by your GP you will be referred to a hospital Hepatology or Infectious Disease department for treatment.

**Q: What does the test involve?**

**A:** You will need to have 2 tests to find out if you have Hep C. These tests are the:

- Antibody test - checks if you've ever been exposed to Hep C
- PCR test - checks if you currently have an active Hep C infection

### The Antibody Test

Antibodies are chemicals released into the bloodstream when you are exposed to the Hep C virus. Antibody testing can be done by taking a sample of your blood or by taking a sample of your saliva using an oral swab. An oral swab takes about 20 minutes to get a result.

If you have ever been exposed to Hep C, the test result will always read 'Hep C antibody positive'. This does not mean you have an active Hep C infection it means one of two things:

1. You have been exposed to the Hep C virus but have cleared the infection without treatment. For 1 in 4 people, this is will be the case.
2. You have been exposed to the Hep C virus and require treatment to prevent further liver damage.

The only way to know is to have a second test called a PCR test.

### The PCR Test

This test checks if the Hep C virus is still in your body. A positive test means that your body has not fought off the virus and you can pass it on to other people.

**Q: What does treatment involve?**

**A:** For most people treatment involves taking tablets for 8-12 weeks. Treatment works for over 95% of people. This means you are cured and Hep C will not return unless you become re-infected. Your medication is normally given to you by the hospital or your OST clinic.

**I have completed treatment and I have an appointment for an SVR, do I need to attend?**

**A:** SVR stands for a sustained virological response. This is a fancy way of saying the virus is no longer found in your blood following a period after treatment, usually 12 weeks and you can no longer pass the virus onto others.

**SVR is a marker of CURE.**

**Q: I've had Hep C for years and haven't been treated, can I still get treatment?**

**A:** If you have been living with Hep C for some years it's important to get treatment to prevent any further damage to your liver. Scarring of the liver often called Cirrhosis is one of the most common complications of living with Hepatitis C. Over time if the cause of cirrhosis is not addressed it can become difficult for the liver to function. Speak to your healthcare provider or the Hepatitis C Partnership about treatment.

**Q: I had Hep C years ago but I cleared the virus & didn't require treatment, however, I've injected/snorted since then do I need to be re-tested?**

**A:** If you think you have been at risk (injecting drugs or snorting drugs) we would recommend you get tested again. It's possible to be reinfected with the Hep C virus because there are different strains of the virus.

**Q: Who can I contact for more advice or ask about testing or treatment?**

**A:** You can contact Kristy at The Hepatitis C Partnership by calling **01 454 9772** or by emailing [info@hepcpartnership.ie](mailto:info@hepcpartnership.ie).

Visit [www.hepcpartnership.ie](http://www.hepcpartnership.ie) or our Facebook page (@hepcpartnership) for help and advice.



HEPATITIS C PARTNERSHIP  
INFORM • EMPOWER • SUPPORT

Have you or a loved one been impacted by Hepatitis C?

14 CARMANS HALL  
DUBLIN 8

If YES! ☒  
**WE NEED YOU**

Help us develop a Roadmap of Care that improves access to support, testing & treatment for anyone with Hepatitis C

Call Kristy on 01 454 9772  
or email [kristy@hepcpartnership.ie](mailto:kristy@hepcpartnership.ie)

[www.hepcpartnership.ie](https://www.hepcpartnership.ie)

### Are you a HepHero?

Help the Hep C Partnership spread the word about treatment Your experiences and views matter the most!! Chat to UISCE or Call Kristy on **01 454 9772** or visit [www.hepcpartnership.ie](http://www.hepcpartnership.ie) to find out more.

### Join our Hep C Champions

Join a growing list of professionals and services including Senator Lynne Ruane, Dr Patrick O'Donnell and many more who are helping shape the future of care of people impacted by Hep C in Ireland. Help us carve out a post COVID-19 roadmap for Hepatitis C in Ireland.



HEPATITIS C PARTNERSHIP  
INFORM • EMPOWER • SUPPORT

Does your service offer support or testing for Hepatitis C?

14 CARMANS HALL  
DUBLIN 8

If YES! ☒  
**WE NEED YOU**

Have your say on the future of Hep C services and help us map out a post COVID-19 RoadMap to care.

Call Kristy on 01 454 9772  
or email [kristy@hepcpartnership.ie](mailto:kristy@hepcpartnership.ie)

[www.hepcpartnership.ie](http://www.hepcpartnership.ie)

# THE RED DOOR PROJECT



## THE RED DOOR PROGRAMME

The Red Door CE programme is a special rehabilitative state funded work and education based programme. The programme is designed for people who are struggling with substance misuse issues and have a desire to address these issues and strive for a better quality of life and recovery.

## TALKING THERAPIES

The main purpose of the CE programme is to focus on the participant's recovery and rehabilitation from alcohol or substance misuse. The Red Door Project offers the following services to help the recovery process:

### Group Therapy

With the recognition of addiction as a major health problem in this country, demand has increased for effective treatments of substance use disorders. Because of its effectiveness and economy of scale, group therapy has gained popularity, and the group approach has come to be regarded as

a source of powerful curative forces that are not always experienced by the client in individual therapy.

### Key Working

Key working as a system has been in use in the social care area for many years now. A Vision for Change (2006), Ireland's national mental health policy, fully endorses key working and a recovery orientation in all our mental health services and organisations.

### Counselling

Counselling is a process that occurs when a client and counsellor set aside time in order to explore difficulties such as the stressful or emotional feelings of the participant. The process involves facilitating positive change by allowing the participant to objectively explore their issues. Counselling is carried out in an atmosphere of trust, respect and confidentiality.

### Check in group

Check in occurs each day and, during this activity participants and staff

discuss the work schedule for the day. Also, it is an opportunity for participants to speak about issues that are relevant to them and receive feedback from other participants and staff.

Psycho social educational groups  
Psychoeducational groups are designed to educate clients about substance abuse, and related behaviours and consequences.

## Workshops / Lectures

Workshops and Lectures happen on a weekly basis. The purpose of this activity is to facilitate participant learning regarding the Biopsychosocial Model of addiction. Explaining addiction is an important factor in enabling a participant to recover and move on with their life.

## Pro-Social Activities

We also encourage pro social activities such as Gardening, Woodcraft, Community Development, Holistic Therapies, Fitness and Wellbeing, and Art classes. Pro-Social activities help create a fresh perspective for the participant that facilitates the setting of goals that are incompatible with addiction. We have a woodwork room where wood craft goods of all assortments are made and sold, garden furniture, seasonal gifts which we sell at our regular Christmas and summer fairs where the participants get to showcase the work that they have completed.

An Roinn Coimircí Sóisialaí  
Department of Social Protection  
www.welfare.ie



Call: 041 9804957 email: admin@lccat.ie



Murals done in participation with the Dale, giving a nod to Drogheda and it's heritage. The project also included a biodiversity garden project and COPD garden.



Staff and participants after the Boyne 3km swim, 2019. Raised €1700 for Aoibheann's Pink tie, a children's charity.



**We offer and provide confidential assistance and services in response to the needs of individuals, families and those in the community that are affected by drug and alcohol use.**

**Drop-in service** - Monday 2pm-4pm, Tuesday 10:30am-12:30pm and 2pm-4pm  
Thursday 10:30am-12:30pm and 2pm-4pm, Friday 10:30am-12:30pm.

We aim to provide a warm and welcoming atmosphere in our Drop-in service where people can receive support, information and advice at any stage of their drug or alcohol use. Anyone can use The Red Door Project's Drop-in service during opening hours without an appointment and a trained staff member will always be available to talk and advise.

- **Keyworking** - this is one to one addiction specific support.
- **Group work** - psycho/social group, therapeutic group, women's group.
- **Advocacy • Family Support • Social Activities**
- **Provide Addiction Awareness Training • Support Community Organisations**

St. Marys Convent School, Dublin Road, Drogheda, Co. Louth.

Call 041 980 4957 Mobile 086 783 1162

**OPENING HOURS 9AM TO 5PM MONDAY-FRIDAY**

# 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

**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

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



**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

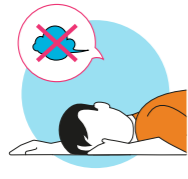
These locations have been confirmed as of 7/12/2020 by UISCE Advocacy for People Who Use Drugs. To be added to this mailing list or for updates or corrections please contact admin@myuisce.org

# STEP BY STEP: USING NALOXONE TO RESPOND TO OVERDOSE (INJECTION)

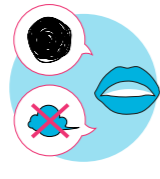
## 1. CHECK FOR SIGNS



Not Responding



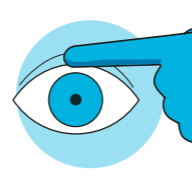
Slow or No Breathing



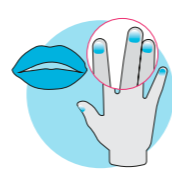
Choking or Gurgling Sounds



Cold or Clammy Skin



Tiny 'Pinned' Pupils



Blue Lips/Nails  
Ash Grey Skin

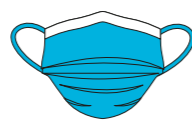
## 2. CALL 999/112



## 3. PROTECT YOURSELF



Gloves



Face Mask

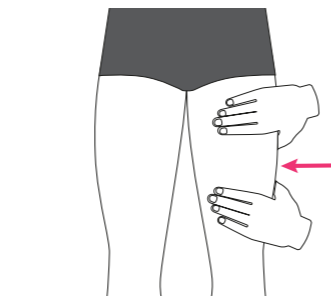
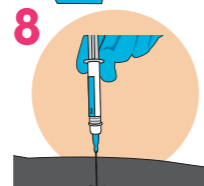
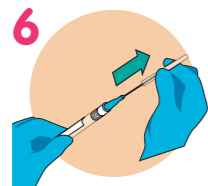
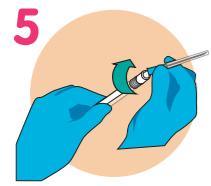
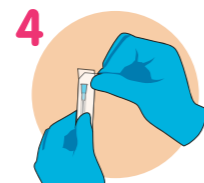
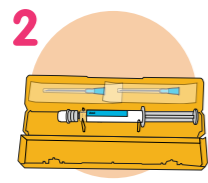
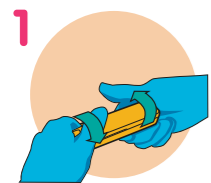


Disposable  
CPR Mask



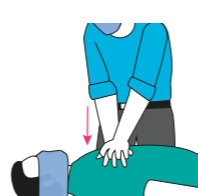
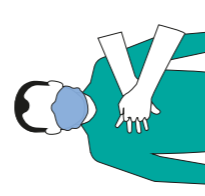
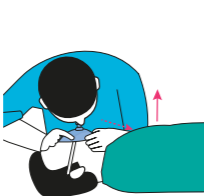
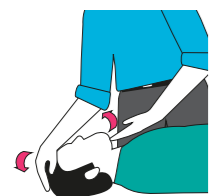
Reusable  
CPR Mask

## 4. GIVE NALOXONE



Needle goes through clothing  
Inject into Outer Thigh

## 5. GIVE CPR (CAUTION: GIVING RESCUE BREATHS INCREASES RISK OF COVID-19 CORONAVIRUS)



AIRWAY - BREATHS - CHEST COMPRESSIONS

## 6. IF NOT BREATHING AFTER 2 MINUTES GIVE ANOTHER DOSE

## 7. STAY WITH THEM UNTIL THE AMBULANCE ARRIVES & GIVE USED NALOXONE TO THE AMBULANCE

# UISCE

Advocacy for People who use Drugs

For more information check [www.drugs.ie](http://www.drugs.ie),  
[www.HSE.ie](http://www.HSE.ie), or contact UISCE at:  
Tel: 01 555 4693 | Email: [info@myuisce.org](mailto:info@myuisce.org)  
[www.myuisce.org](http://www.myuisce.org)

# UISCE PEER VOLUNTEER PROGRAMME

## 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](mailto: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:

# Coronavirus COVID-19

## Keeping Travellers Well

### MINDING OUR NUCKS

It's normal to feel worried about what is happening with COVID-19 (Coronavirus) at the moment.



### HERE ARE 5 SIMPLE STEPS THAT MIGHT HELP:

1

#### FOCUS ON WHAT YOU CAN CONTROL



- Keep washing your hands
- Practice social/physical distancing - stay away from older Travellers, those with ongoing illnesses and pregnant Traveller women
- Remember most people with the virus **will get better**
- Remember this will pass and **we'll get through this together**



2

#### AVOID CHECKING NEWS AND SOCIAL MEDIA A LOT



- Don't check social media or the news all the time - it can make you more worried or stressed
- Get information from the HSE, evening news and Pavee Point
- Double check information shared through WhatsApp or Social Media

3

#### SCHEDULE ACTIVITY



- Keep busy while practising social/physical distancing
- Try to get out in the fresh air once a day
- Do the 'minding your mental and physical health exercises' shared by Pavee Point to help keep your mood up



4

#### SEEK SUPPORT

- Travellers are used to always being together but if we want to protect our grandparents and our community, we need to keep our distance during this crisis
- Keep in contact through video calls and texts instead



5

#### TAKE CARE AND BE KIND

- Be kind to yourself and others during this time
- If you're well, help your family and other Travellers - you can pick up groceries or medicine for them
- Prayer and listening to mass on the radio or television might be helpful



# POEMS

## IS IT REALLY A YEAR?

by Sara

Is it really a year since I went abroad?  
Is it really a year since my life has been stalled?  
Is it really a year that I have spent in fear?  
Is it really a year that has just disappeared?  
It has been a year that I have learned to be brave,  
to be patient and kind as I face the next wave.  
It has been a year to be grateful not sad,  
Enjoying the lifestyle I forgot I had.  
It has been a long year that I had to accept,  
Taking a journey, I didn't expect.

## I LONG OF THE DARK

by Maxine

Weary but wakeful, feverish but still  
Fixed on the blinking that sits on the wall.  
Thinking surely, it's time for lights out.  
Longing for the darkness, the total blackout.

When sleep is at hand and very rare  
When I wake and I am still here.  
As another hour passes in friendly chat

In soft talk of secrets with some snoring, others wheezing,  
Some whispering, rustling, sneezing  
Filling the space with coughs and groans  
Suffocated sobs, incessant moans

You can't see the sorrow after lights out  
I long for the dark, a total blackout.

And when the days are long and the nights are cold  
I start thinking I'm growing old.  
Now time goes by, some good, some bad.  
Moments are shared, some happy, some sad.

I no longer feel bold or tough or wise  
And I'll tell you a secret, last night I cried

So I long for the dark, a total blackout.

## COCAINE

It's hard to abstain. It's not good for your brain. It's money down the drain.  
But hell it keeps you entertained!

And I don't need to explain That, too much can drive you insane.  
It makes you feel like John Wayne and It's an expensive habit to maintain.  
But it makes everything a little less mundane.

At the beginning you might feel right as rain But it'll soon turn you into a scatterbrain.

## ECSTASY

There are a lot of words that rhyme with it  
in the dictionary  
But what does it mean to me?  
I read today in the paper  
That it overheats and melts  
Your interior anatomy.

Certainly there has to be some  
Physical accountability  
As nature tends to balance things out  
Against feeling so much joy abundantly  
Through alchemy in your biology.

Nobody is blissfully unaware  
That ecstasy has led to more than one casualty.  
But no-one really knows the long term effects  
As it's a new drug introduced at the end of the  
Last century.

It's available so commonly  
that if you go clubbing  
Taking it is almost compulsory.  
The debauchery causing much controversy.

The grinding of teeth in ecstasy  
Playing havoc with your dentistry.

Would it be good for those that  
Have problems emotionally  
This, manufactured empathy?  
Because, eventually

What goes up ↑  
Must come down ↓

And there ends the fantasy.

## HASH

Give it a lash,  
Part with your hard cash.  
Smoke it till it turns to ash.  
Have a bash.  
You mightn't think  
you'll end up addicted  
Like to pills was Johnny Cash.  
But the notion it's harmless  
and not Addictive  
is a load of Balderdash.

## HEROIN

You can tell a junkie  
By the colour of his skin.

They say the buzz is akin  
To sex except a thousand fold.  
How did they begin?  
Probably with hash  
And then onto amphetamine.

Very soon they get in the discipline  
Of taking their "medicine". Injecting,  
Eating yops and swallowing  
vitamins.

As their tolerance grows  
they have to binge.  
And soon they don't even cringe  
As you feel the twinge  
Of, Their syringe.

## SANCTUARY

Snug within the warm ice,  
Uncertainty when left to  
My own device

## TREE OF LIFE

Unpredictable,  
Ambicale,  
of the womb ,  
Will or Won't  
The Predator  
Consume

by Sarah

# MARIJUANA

by Conor O'Gara, 2021

Available freely from Botswana to Tijuana.

Gives a state of nirvana.

But makes your brain soft like a banana.

# RESILIENT WORMS

by Claire

A family of worms,  
separated by storms,  
flooded burrows,  
water filled furrows,  
no-one's fed,  
the mother led them above...

The way she could,  
flocks of birds swoop and loop overhead,  
feet and beaks grab,  
fed-up, but they wriggle on, onto the rocks,  
still together,  
until the flood waters pass,

And at last, they can wrangle back, forever together.

# COVID LOCKDOWN NO. 3

by Sandra H

Sitting at home on my chair, Covid is here, My life is in fear,  
Of all the things I might catch out there,  
On the street or going to town, that's my fear,  
If I go outside my home,

Covid is everywhere in the air,  
And hearing ambulances everywhere,  
Going to the homes to take people young and old,  
Into hospital to care for them because Covid is everywhere,

Masks and hand wash we have no choice,  
To wear, all in fear,  
Sitting here thinking when will this Covid go?  
Nobody will ever know,

And I pray every night to God to make it go,  
And leave us all alone,  
To get the vaccine so we can leave our homes and go  
Forward with life and unlock our door.

# 3 HAIKUS...

by Susan

He sleeps quietly beside me at night,

My forever, my heart

My safe house..

Sometimes when I'm lost,

Your eyes shine love,

I know....

You are my shelter

From the storm..

Buds on the trees,

A light breeze,

Yellow daffs,

Spring thrills

At last.

# WE WILL ALWAYS BE TOGETHER IN ELECTRIC DREAMS

by Sandra

When I was over in McVerry being tested for Covid, I was lonely and upset.

I was crying all the time, but time flew by.  
And there was a song that made me cry,

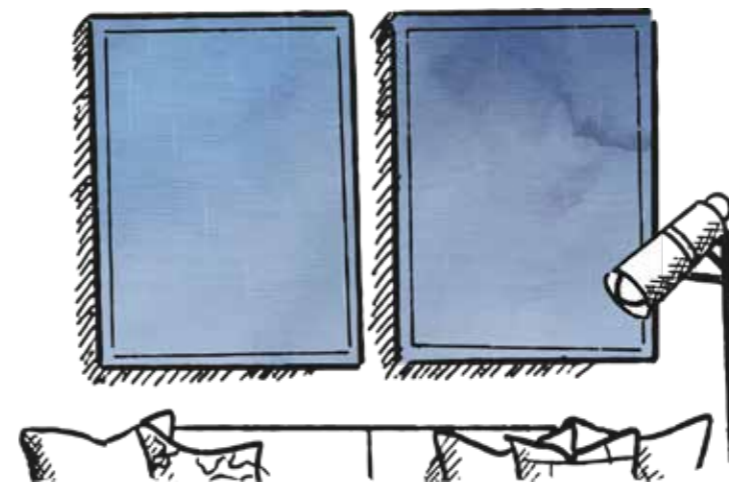
It reminded me of all the people who had passed from Covid.

The song was 'We will always be together in Electric dreams'.

I thought I was going to die,  
And all I could do is cry.

They told me if I had the Covid I would be there for ten days,

But I was lucky, the test came negative.



# HOME NOT ALONE

by Vicky

Sitting at home with just my phone

Then realised I had to do a task  
If I was to mix, without a mask.

I set a goal to do my Zoom  
So I wasn't alone in my room.

I got my iPad, do I wasn't going to go mad  
Until then things were getting sad

If I hadn't of done that I'd of been left like a mat  
Sitting home, just on my phone

Now I can mix.

# THE POWER OF WOMAN

by Angelika

The world was in a panic,  
as we battled a pandemic,  
2021 was the year,  
our hearts were filled with fear.

Runny noses hidden behind masks,  
Putting on hold all of our tasks.  
The world seemed dark and grey,  
We felt we had gone astray.

Positivity became the goal,  
To heal and feel and grow.  
We appreciated the little things,  
Spreading only happy feelings.

Family became our focus,  
Using zoom together to watch Hocus Pocus.  
New Zealand pushed through,  
With a woman leading the crew.

A mother and leader,  
I hope to one day meet her.  
This virus cannot defeat a woman,  
It has now been proven.

So keep on pushing through,  
The sun will shine down on you.



# LOCKDOWN 1 2 3

by Laura

March 2020 when it all began,  
The start of being told, 'No you can't'  
Being trapped indoors, nowhere to go,  
No fun, no holidays, you have to stay at home.  
Being out with friends is a thing of the past.  
Now going to the shop you have to wear a mask  
Our mental health is plummeting  
We don't know what to do.  
We wait for month in Lockdown  
For them to add another 2  
No nights out, no shopping, no carvery from the pub  
We can't even see our families, not even for a hug.  
When will this end?  
This lockdown feels forever,  
We can't take it anymore,  
But we'll get through it together.



## URBAN

Fascinated chasing A butterfly,  
SPACK BANK!  
White Coffin  
The Mothers cry

## ONCE BLOOMING

ONCE BLOOMING  
DOMINATES, CLIPPED WINGS  
" ESCAPISM "  
THE CLIPPER WINS!  
TURNED TOXIC  
by Sarah

## BELLS

by Ruth

Do you hear the bells ring?  
do you notice subtle changes as winter turns to spring,  
Sense the ancient around you as new life begins?  
Do you watch the horizon as the sun starts to rise,  
or the sunset in all its glory as it colours the skies?  
Do you feel the power of the luminous moon,  
or sense it move the oceans as its magnetic force looms?  
Do you spend time in nature? For you are just one part.  
Do you understand the universe, or how life is an art?  
Do you know you are a masterpiece in everything you are?  
A manifestation of once fallen stars?  
Do you here the bells ring?

# HEALTH DIVERSION PROGRAMME UPDATE

Adapted from  
Drugs Policy Unit,  
27th April, 2021

Back in 2019 Ireland introduced the Health Diversion Programme for people in possession of drugs for personal use – in short – If a person is found in possession of drugs for personal use for a first time,

the Gardaí will be referring them to health services instead of giving them a conviction.

A LOT has changed since 2019 so, we wanted to make sure our readers

were up to date about this programme, its implications and implementation.

We asked the Department of Health for an update, and this is what they told us:

**The Health Diversion Programme will connect people with health services and also allow people to avoid a criminal conviction for their first time being found in possession of drugs for personal use.**

There are two stages in the Health Diversion Programme whereby a person in possession of drugs, determined by the Gardaí to be for personal use;

- On the first occasion would be referred by the Gardaí on a mandatory basis to the HSE for a SAOR health screening and brief intervention. The SAOR health screening is a brief intervention to decide what kind of services will be more appropriate for a person.
- On a second occasion, the Gardaí would have discretion to issue an adult caution. A referral to the HSE for a further SAOR health screening and brief intervention can also take place.
- On any subsequent arrests for possession of drugs for personal use, a person would not be included in the programme and would be linked to the criminal justice system.

It is planned that the Health Diversion Programme will initially commence in five locations in 2021. The locations will be a mix of Dublin and provincial areas. People arrested for personal possession in these locations will be automatically referred to the Health Diversion Programme. Further referral to HSE addiction services will be provided where this is required.



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OF ACTION  
2021 JUNE 26TH**



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OVERDOSE  
AWARENESS DAY  
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