PEER PARTNERSHIP FOR CHANGE



UISCE's Strategy to Build Inclusion & Participation of People Who Use Drugs 2022 - 2025

Foreword

I am delighted to present to you UISCE's (Union for Improved Services Communication and Education) Strategic Plan 2022-2025. The Plan outlines the strategic vision and goals which have been identified to help UISCE enhance our services and better fulfil our mission of ensuring that People who use Drugs (PWUD) have a voice in all places where decisions that impact them are made, empowering PWUD to advocate for themselves and to ensure that their civil liberties and human rights are realised.



The process of formulating Peer Partnership for Change has given us the opportunity to reflect on the legacy of those who founded the organisation almost 30 years ago, to acknowledge the considerable contribution of that legacy, to determine our vision and future goals in the light of challenges ahead, and to put forward strategies for future developments in response to changing demographics, as well as social and economic changes.

This strategy document represents the concerted efforts and input of staff, volunteers, stakeholders and members of the board, and specifically of PWUD, whose collective and valuable input shaped this strategy. I would like to offer sincere and deep gratitude to all those involved for their commitment to this initiative. Their dedication and commitment have resulted in a strategy that is based on a richness and diversity of ideas and thinking, that builds on the best of our past achievements and that encapsulates the shared values and vision that will allow UISCE to move forward with optimism and enthusiasm.

This strategy was developed by Andy O'Hara and Patricia Owens during the Covid 19 pandemic and I would like to thank our funders, the HSE and the North Inner City Drug and Alcohol Task Force, for their ongoing support during this time of crisis. UISCE has endeavoured to support the HSE during the pandemic and I would like to thank the staff for their co-operation and their efforts during their pandemic related redeployment.

I also wish to take this opportunity to acknowledge the support and continuing commitment of the NICDATF and other partner organisations to UISCE and to PWUD. There is no doubt that our collective efforts result in better outcomes for PWUD. I look forward to continuing to work together to bring about the changes envisaged by this strategic plan.

I am sure that with the continued support and collaboration of PWUD and other stakeholders the goals we aspire to accomplish will in time translate to milestones of which we can be proud and will set the foundation for UISCE to grow our services, better serve the needs of PWUD and achieve social change.

Padraig Ryan

Chairperson

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Overview

Who are we?

UISCE is an independent organisation that works for and with People Who Use Drugs and is inclusive of PWUD. We seek to contribute to the quality of life of PWUD, their families and our communities through a community development approach. This approach promotes a high level of participation, inclusion and solidarity of PWUD in decision making, in a process that can achieve social justice and equality.

UISCE is funded by NICDATF and the HSE and has a long and proud tradition of working for and with the community of PWUD, from our origins back in 1990's up to the present day. What began as a Service User Group under the Ana Liffey Drug Project in Dublin has grown to the independent organisation that we know today, promoting the voice of PWUD at all levels and on a countrywide basis.

Our initiatives, campaigns, networks and collaborations, grounded in the unshakable belief in the rights of PWUD to be heard has continued to keep UISCE relevant, connected and ready to take on the challenges that face PWUD in the coming years.

What Do We Stand For?



That PWUD are treated equally in society, with dignity and respect, and that they participate fully and have their voices in all areas where decisions effecting their lives are made.

Our Mission

We are an independent organisation, that works for and with PWUD through a community development approach, we contribute to improving the quality of life for PWUD, their families and communities, in a process that can achieve social change through a human rights-based approach.



Since UISCE was established in 1990's, we have worked with PWUD to advocate for services, to have the views of PWUD taken into account in the design of those services and to promote the availability of services.

UISCE engages with PWUD and the community to identify trends and issues from a broad range of PWUD. We believe that the opinion of one person does not represent the whole community of PWUD. To be an accurate representative voice of the community, UISCE engages with a wide demographic of PWUD. In collaboration and partnership with PWUD, UISCE represents their views at a range of relevant spaces, at local, regional, and national level to ensure that the collective voice of PWUD is influencing the development of policy and programs that impact them. UISCE also provides an independent voice for PWUD at individual level to protect their civil liberties and human rights and seeks to empower each individual to stand up for their rights. We support service providers to improve how they engage with those who use their service, to ensure their voices are included in all aspects of the service and when developing policies and procedure.



We value the dignity, and we respect the rights of all people, because we believe in the dignity of each individual. Recognising the different life situations of individuals, we support, protect and promote the rights of PWUD and their inclusion in determining matters that directly impact them.

We behave with integrity, working to the highest professional and ethical standards in all our undertakings and we strive to meet the highest standards of governance, using our resources efficiently and demonstrating transparency in our decision-making.





Developing The Strategy

What's happening now?

UISCE is aware of the need to constantly renew and regenerate our priorities to be responsive to the changing needs of PWUD. Our 2017 Strategy identified that the use of drugs and the people who use them are an ever-changing landscape and the changes which have taken place in recent years bears that out. While the increase in heroin use during the 80's and 90's was the primary focus of the organisation's attention at that time there are notable changes in drug preference, in demographics and in overall drug consumption over recent years. And while the problem was concentrated in the Dublin region in the 1980's and 1990's it is evident that drug use is geographically spread across the country.

UISCE understands the relationship between poverty, inequality and drug use, and to address it we need to close the gap between those most affected (PWUD, their families and our communities) and polices and policy makers. UISCE is committed to continue to work in partnership with people, communities, and statutory agencies to create the conditions for participation and social change.

While communities experiencing large-scale socio and economic deprivation and marginalisation continue to be disproportionately affected by drugs issues, the impact of the problem has extended across the country into other cities, towns and rural areas over the course of the last two decades.

National Drugs Strategy

Much has been done in the intervening years to improve access to treatment and to provide a range of services for the community of PWUD. Drug Task Forces were established across the country and have supported the development and expansion of community-based services, providing access at local level to harm reduction initiatives. At a national level Reducing Harm Supporting Recovery promotes a health-led approach and participation of PWUD, with key actions on reducing overdose deaths, establishing a Safe Injecting Facility and alternative approaches for drug possession for personal use.

In a survey among People Who Inject Drugs undertaken by UISCE in 2016/17, 86.7% identified heroin as their drug of choice. More recent research published by the Health Research Board (HRB) showed that of cases treated between 2015 and 2019 the main drug of choice were Opioids (mainly heroin), with cocaine as the second most common drug reported. In fact, the proportion of cocaine cases increased from 7.9% in 2013 to 24% in 2019. Cannabis was the third most common main drug reported in 2019, Benzodiazepines were the drug of choice for 10.1% of cases in 2019 and the majority of people reported polydrug use 58.5%.

UISCE continues to focus on the group of people who have the least opportunity to have their voice heard, actively seeking out people who are currently using drugs on the street, many of whom are experiencing homeless. However, UISCE is conscious of other groups who need to be engaged with and who require support to have their voice included and we acknowledge the need to focus attention on a number of emerging groups at regional and national level, to build structures to enable their participation at every level of the organisation and to broaden our engagement with all groups seeking our support.

What did PWUD tell us?

As part of our process for developing the strategy we engaged with individuals from within the community of PWUD, as well as taking account of information given to us through our on-going engagement with PWUD.

PWUD told us that they valued our existing services where we provide individual advocacy and support, where we link people with services they need, and where we provide harm reduction and overdose prevention information, particularly Naloxone training. Through our on-going engagement with PWUD we know that they want to play a lead role in their own lives and in decision making processes that impact their lives, from care plans and life choices, to structures, strategies and policies on drugs. They told us that they want to be supported to develop and create spaces to have a voice, to play a lead role in identifying emerging issues and to develop collective responses, in a process that recognises the key role they can play as people with living experience of the issues.

A significant number of people we engaged with talked about their fears around overdosing and the risk of drug related deaths for themselves and their friends. UISCE shares these concerns regarding the devastating consequence of drug-related poisonings, resulting in loss of lives, especially with the increase in drug related deaths experienced over the last few years. The most recent published data available from the HRB shows that a total of 786 people died from drug use 2017.

PWUD also raised concerns about being discriminated against and having to go through the criminal justice system for issues that are health related. They also highlighted the impact of being criminalised in terms of limiting their ability to realise their full potential.

Those we engaged with talked a lot about the need for safer injecting facilities and the need to be able to access healthcare and other social services which work from a human rights-based approach.

It is important to acknowledge that PWUD spoke also about how they are often affected by social and health inequalities that position them with less power due to economic, social, historical and political conditions in society. They highlighted that they often come from marginalised communities, and so can experience poverty, exclusion and trauma which means their trust and experience of engagement may be poor. We must acknowledge the limitations they may face from lack of resources (financial and human) which can be barriers to true collaboration and empowerment, and we must take steps, when delivering this strategy to mitigate those limitations.







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