

# ~~BRASS MUNKIE~~

~~Issue 42 | Summer 2023~~

# UISCE MAGAZINE

Issue 1 | Summer 2023

# CA ON DRUG'S USE



# WHAT'S THE STORY?

# UISCE

Advocacy for People who use Drugs

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# WELCOME BACK READERS!

**WELL, ANOTHER EDITION AND MORE ISSUES, AND MORE WORK! THIS IS THE PLACE WHERE WE GET TO SHOW THE WORLD THE VALUE WE HAVE AS PEOPLE WITH LIVED AND LIVING EXPERIENCE OF DRUGS AND DRUGS POLICY, AND WHY WE SHOULD HAVE A VOICE AND HAVE A STAKE IN SOCIETY.**

**EVERY EDITION IS INFORMED BY ALL THE PEERS WE ENGAGE WITH, ALL THE PAIN, LOVE, DESPAIR AND HOPE ARE**

**EXPRESSED THROUGH THIS MAGAZINE, AND THESE PAGES.**

**A LOT HAS HAPPENED, AND A HUGE AMOUNT OF WORK IS IN THE EDITION!! IT'S THE BIGGEST EVER EDITION! SO, GET READING, AND GET IN TOUCH TO TELL US WHAT YOU THINK AND HOW WE CAN CONTINUE TO FIGHT THE GOOD FIGHT AND CHANGE THINGS FOR THE BETTER!**

**ADIOS AMIGOS!!**

## ACKNOWLEDGMENTS

Once again, we owe a great gratitude to all the peers who made this edition happen. Many peers are featured in this edition. You will read all about what they are doing and get to know them a little bit by reading the magazine.

Big thanks to the **Recovery College, Tolka River Project, Pavee Point, Cork City Outreach** for their specific contributions. We must thank **Jenny Smyth** and **Dr. Eamon Keenan** from the HSE for their piece around naloxone, and **Nicki Killeen** and **Eamon** again for the Safer Nightlife section.

**Thomas McCarthy** worked with us again to produce the 'Brass Munkie' edition of Gizmo, and **Geoff Finan** for the creative writing workshops.

We also want to thank our funders in the **North Inner-City Drug and Alcohol Task Force** and the **HSE Social Inclusion** office, who fund our work, without which we could not do this vital work.

Lastly but not least.... Thank you, **Minister Naughton**, for your visit and support!

# UISCE PEER VOLUNTEER - Q&A

## GILLIAN O' DONNELL

### TELL US ABOUT YOURSELF?

Hi, my name is Gillian O' Donnell, I am a daughter, a sister, a mother and a friend and I am also a college graduate. My favorite pastimes are reading and walking. I also have lived and living experience of being a Person that uses Drugs.

### DO YOU THINK THAT PEOPLE WHO USE DRUGS HAVE A VOICE IN SOCIETY OR IN THE SERVICES?

I have always had a voice and have never been afraid of using it, but yet I have spent a lifetime in services and I have not been seen or heard for what I have to say because they are designed that way, they don't care to ask the person who uses drugs how all these policies and decisions are impacting them and how they access and engage in the services. We have all this lived experience and yet no one involves us in any of the decision making, so I would say it is very clear being a Person who uses Drugs that they don't have voices in services, and society wouldn't be much better. They are all looking at addiction and People who use Drugs wrong. Addiction is 90% trauma response and should be treated as such. And as far as society and services designed, they are really traumatising People who use Drugs that are already traumatised by not hearing what they have to say. We are the solution not the cause.

### HOW DID YOU GET INVOLVED WITH UISCE?

I attended a 6-week issue-based group, having been a person born into addiction I always felt stigma, discrimination and at times dehumanisation, all because I was a person who used drugs. In doing that 6-week group with UISCE, we unpacked the broader issues and looked at how we could make

change and demonstrate how we are the solutions and not the cause. I felt seen and I felt heard for the first time and most importantly I felt valued and in placing that value in us we are in the process of setting up the first UISCE peer led advisory board in the National Drug Treatment Centre and are in talks with other organisations to deliver the same. If someone would have told me, I would have achieved this and much more I would never have believed them. It shows how meeting people where they are at and placing value and importance and most importantly a non-judgmental approach the outcome can be very different. I haven't left the organisation since.

### WHAT TYPE OF THINGS THAT UISCE DO, ARE YOU INVOLVED WITH?

I am involved in research, co-facilitating workshops around the broader issues, we launched a campaign called 'Now You See Me', on International women's day, where my peer wrote poetry, where we went and showcased that at the Irish Medical Symposium in Limerick. At the moment we are concentrating on the Citizens Assembly on Drugs Use, were I got to address the assembly on behalf of myself and my peer, (What an amazing opportunity). We have met with the minister for drugs Hildegard Naughton around the future drug policies in Ireland. I love my role in UISCE because it is designed and delivered by the peer, it is very progressive, we are all activists for change.

### WHAT ARE THE ISSUES THAT PEOPLE ARE EXPERIENCING?

Not having a voice, not being seen, not being heard, not being valued in services. Society as a whole wouldn't be much better, simply because we are People who use Drugs. The system is designed not to hear us. It takes the power away from us in

all decision making, even when all the decisions are going to impact our lives. We are told what the outcome is, with no involvement, but we must deal with those decisions and the consequences with no involvement. How can we take someone's power and then ask them why they can't help themselves, something to think about.....

### **ANYTHING ELSE YOU'D LIKE TO ADD?**

Addiction is now being recognized as a trauma response. 90% of addiction is now classed as a trauma response. So, what about the emotional and psychological trauma. Let's look at the HSE guidelines to what they class as emotional trauma. Failing to be valued, abuse of power in which the

perpetrator places their opinion, their views, their judgements, as superior to the individuals. Harsh value, judgement, conveying to the individual that they are worthless, inadequate and a nuisance. From my own lived experience and some very recent research, a lot of society and some services have this response to People who use Drugs. That in itself is traumatising, so why is society and services re-traumatising People who use Drugs by classing them as nuisance. The system is designed from top to bottom, never hearing the voices or placing value on the people who access these services. We have the living experience and the expertise to be part of the development and the design of these services, if people only cared to hear what we have to say. We are not a nuisance; we are the solution.



# CITIZENS ASSEMBLY ON DRUG'S USE

Have you heard that there is a **Citizens Assembly on Drug's Use** going on at the minute?



## WHAT IS A CITIZENS ASSEMBLY?

Basically, when there is a national issue that is a concern for people all over the country the government can set up a Citizen's Assembly. They then randomly pick 99 people from all over the country and bring them together to form an Assembly.

That group then listens to loads of experts on the issue, and over the space of a year come up with several recommendations for what they think the state needs to change to improve the situation. It's about making sure that the public are involved in a public debate on the issues, and what needs to change. It is also an opportunity for people outside of the state, or state agencies to inform decisions.

## WHY ARE WE HAVING ONE ON DRUGS?

We all know that how we respond to drugs is not working well for everyone. We have high numbers of people dying from drug related deaths, people being locked up, children going into care and people who use drugs, their families, and our communities suffering. Some of this is down to the policies we have designed to respond to drugs. We know that if we listen to those most impacted and with the most experience on drugs, and drug policy we can have better services and fairer and more equal policies that can prevent trauma. We can address stigma, build trust, and address the power imbalance and have better outcomes for us, our families and everyone in society. Having a Citizen's Assembly on Drugs gives us a chance to allow our expertise to advise and influence change.

## WHAT HAS HAPPENED SO FAR?

The Assembly has met on three different weekends. UISCE spoke on a panel at the first weekend, and on the second weekend we had several videos that were produced by peers shown at the second weekend. We also supported Gillian O'Donnell, Aileen and Anmarie Sweeny to speak on various panels at the second event. We were not involved in the third weekend. A priority for us is that those with lived and living experience of drugs are given the opportunity to share their experience, and more importantly their expert analysis of what is not working, and what we need to change. It cannot be done without the experience of people like us, and you.

## WHAT ARE PEOPLE WHO USE DRUGS SAYING?

We have engaged with hundreds of People who use Drugs, through outreach, groups, training, research from all over the country and from different backgrounds and experiences. This has informed the videos we submitted, the people we supported to speak and all that has been said. It has also



informed our submission to the Citizen's Assembly on Drugs.

Based on our experience, and the international literature that overwhelmingly supports these concepts, UISCE recommends the following concepts, interventions, and changes to drug policy for the Citizen's Assembly's consideration:

1. Peer participation and community engagement with People who use Drugs.
2. Decriminalisation of People who use Drugs.
3. Low threshold continuum of care for substance use disorders.
4. Advancing drug checking interventions.
5. Expansion of naloxone distribution.
6. Implementation of safe consumption spaces.
7. Implement a social determinants approach to address inequalities, promote broader wellbeing and improve quality of life

To read the whole submission go to our website at: <https://myuisce.org> To watch all our videos go to our YouTube channel and search UISCE Advocacy. You can also contact us at [info@myuisce.org](mailto:info@myuisce.org) or by phone on 01 555 4693 to find out more or get involved with some of our work on the Citizen's Assembly on Drug Use.

# CRACK LEAFLET AND THE PROCESS

Every six weeks we sit down with peers and evaluate our outreach strategy, which ensures it is peer led and peers are involved the design, delivery, and evaluation of outreach. In our last evaluation we identified that the use of crack continues to rise.

We have also had a lot of people who use crack ask us what the best harm reduction methods are. We had also identified from outreach that a lot of people we engage with have the knowledge on best harm reduction methods when using crack.

We agreed we would do targeted outreach to create a group made up of people who use crack, who would then create a crack harm reduction leaflet.

During this outreach session we engaged with a lot of people who wanted to share their knowledge and expertise. We reengaged the following week and set a day and time for the group to happen.

We agreed to meet at the spire the next day. Seven people turned up, and we were ready to go.

We ran two sessions over the next week where we designed and signed off on the leaflet. As it was developed by peers we were confident the information was relevant and would be well received by peers and services.

We arranged to deliver the leaflet through outreach in one week, once the leaflet was printed. A number of peers who were involved in the whole process also delivered the leaflets through outreach. This meant people who are currently using crack were part of every piece of this work from start to finish.

This shows what can be achieved when we meet people where they are at, use a peer led approach and recognize that people who are currently using drugs have a lot to offer and are part of the solution, not the problem!





### WHATS THE BEST HARM REDUCTION METHODS?

DO NOT USE IN THE FIRST PLACE  
 USE LESS  
 SPACE OUT YOUR USE AND MONEY  
 KNOW WHERE YOUR LOCAL EXCHANGE IS  
 GET CLEAN EQUIPMENT WHEN NEEDED  
 NEVER SHARE EQUIPMENT  
 REMEMBER TO EAT AND HYDRATE OFTEN  
 REST AND SLEEP AS OFTEN AS YOU CAN  
 MIND YOUR PHYSICAL AND MENTAL HEALTH  
 GET TRAINED IN OVERDOSE AWARENESS  
 STAY CONNECTED WITH YOUR SUPPORTS  
 HAVE A CONSISTENT FRIEND OR SUPPORT SERVICE WHO YOU CAN SPEAK TO  
 BUY YOUR ESSENTIALS FIRST BEFORE YOU GET YOUR DRUGS  
 FEED AND HEAT YOUR FAMILY FIRST  
 USE SAFE WAYS TO MAKE MONEY  
 TRY STAY AWAY FROM CRIME  
 BE HONEST WITH YOUR SELF  
 DO SOMETHING ABOUT YOUR DRUG USE, IF YOU IDENTIFY IT AS AN ISSUE  
 CARRY NALOXONE- THIS CAN PREVENT AN OPIOD OVERDOSE CRACK USE AND OPIOD USE AT THE SAME TIME IS COMMON



### RISKS ASSOCIATED TO USING CRACK

POOR PHYSICAL AND MENTAL HEALTH ISSUES  
 FEELING LOW  
 Chronic obstructive pulmonary disease (COPD)  
 PARANOIA  
 DEBT  
 LEAVING YOURSELF AND FAMILY WITHOUT BASIC NEEDS  
 LOSS OF FAMILY AND FRIENDS  
 HEART ATTACK  
 WEIGHT LOSS  
 PSYCHOSIS  
 BLOOD BOURNE VIRUSES  
 PUTTING YOURSELF IN DANGER  
 BLOOD CLOTS  
 ABSSESSES  
 ISOLATION



## CRACK

A LEAFLET MADE BY PEOPLE WHO USE CRACK FOR PEOPLE WHO USE CRACK

HOW DO YOU KEEP YOURSELF AND OTHERS AROUND YOU SAFE?

WHAT ARE THE BEST HARM REDUCTION METHODS?

WHAT IS THE BEST PRACTICE FOR USING CRACK?



### BEST PRACTICE AROUND USING CRACK

ALWAYS USE CLEAN EQUIPMENT  
 NEVER SHARE ANY OF YOUR EQUIPMENT  
 DON'T GO DOWN ANY LANES ALONE OR WITH ANYBODY YOU DON'T KNOW  
 MAKE SURE YOU ARE USING IN A SAFE PLACE  
 KNOW WHO YOU ARE GETTING YOUR DRUGS OFF

#### SMOKE

MAKE SURE TO ALWAYS USE CLEAN ASH IN YOUR PIPE  
 STRAIGHT SHOOTERS BEST  
 USE BALM REGULARLY ON YOUR LIPS  
 DO NOT USE TIN FOIL

#### INJECT

CLEAN YOUR INJECTING SPOT AFTER USE  
 USE A DIFFERENT INJECTING SPOT EACH TIME  
 USE A NEW NEEDLE EVERYTIME  
 NEVER TRY AND SHARPEN YOUR NEEDLES



### HOW CAN WE USE SAFELY?

#### BEFORE-

GET CLEAN EQUIPMENT  
 HAVE SOMEONE WITH YOU, DON'T USE ALONE OR WITH PEOPLE YOU DON'T KNOW  
 USE A RELIABLE DEALER  
 DON'T GO AND SCORE ON YOUR OWN  
 DO NOT MIX YOUR DRUGS  
 HAVE SAFE PEOPLE AROUND YOU  
 TELL SOMEONE WHERE YOU ARE GOING  
 SMOKE INSTEAD OF INJECTING  
 MAKE SURE YOU ARE AWARE OF YOUR SURROUNDINGS. IS THERE PEOPLE AROUND? OR GUARDS AROUND?  
 DON'T USE IN FRONT OF KIDS OR VULNERABLE PEOPLE.  
 LOOK AFTER EACH OTHER, BEFORE, DURING AND AFTER YOU USE  
 BE FAIR WITH EACH OTHER  
 GET OVERDOSE AWARENESS TRAINING  
 TRY AND USE INDOORS WHEN EVER POSSIBLE



#### DURING-

PICK A SAFE PLACE TO USE  
 DO NOT SHARE YOUR EQUIPMENT  
 MAKE SURE YOU HAVE SAFE PEOPLE AROUND YOU  
 TRY RELAX BEFORE YOU USE  
 SPACE OUT YOUR USE, DON'T USE TO MUCH

#### AFTER-

DISCARD YOUR EQUIPMENT SAFELY  
 BE MINDFUL OF YOURSELF AND YOUR FRIENDS  
 MAKE SURE YOU ARE IN A SAFE PLACE  
 HAVE SAFE PEOPLE AROUND YOU  
 HAVE A SAFE WAY TO MAKE MONEY  
 TALK TO EACH OTHER REGULARLY ABOUT WHATS GOING ON FOR YOU  
 EAT REGULARLY AND STAY HYDRATED  
 TRY AND HAVE A PHONE FOR EMERGENCIES  
 GET SOME REST

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# SEEKING SAFETY

## PEER RESEARCHER TRAINING

We have had the great pleasure of meeting the Seeking Safety Team and working with them for three days on their peer research training. The researchers are undertaking research on the Seeking Safety Project. We loved the tasty cake that said “best research team”.



The Seeking Safety programme was established in November 2022 through the National Clinical Programme for Dual Diagnosis. Its initial focus is on women with mental health substance and trauma lived experience.

The aim of the programme is to provide peer support and run the Seeking Safety programme groups. The workers are in seven HSE Community Healthcare Organisations (CHOs) in partnership with HSE-funded agencies (host organisations).

There are 7 host organisations, with each organisation employing one Seeking Safety Project Worker. The host organisations are: Ballyfermot Star, Ballymun Star, Red door Project in County Louth, Roscommon Women’s Network, Ruhama, SAOL Project and Sophia Housing



## ERASMUS EEEFCOM PROJECT

Along with four European partners, and several Irish associate partners, we have been rolling out an Erasmus+ funded project over the past few years. The project aims to use recovery education and community development principles to address substance use and mental health issues in the community.

The project is underpinned by the CHIME framework of recovery which believes that in order to recover, any individual needs 5 core components to their recovery - Connection, Hope, Identity, Meaning and Empowerment. This course aims to empower people to find their power and voice. We designed 3 modules. The first, a 6-week course, called Connect, Create Participate, in which participants with lived experience of mental health and/or substance use issues came together to use their lived expertise in a collaborative way to design a course to be delivered in the community, by peers, based on what they believed were the most important tools needed for community empowerment and recovery. Graduates of the first module then went on to do a 2-day intensive course in creative facilitation skills, where they developed skills for facilitation and became certified facilitators. From these graduates, 2 of the peers were selected to deliver the course that was created by the group in module one. The name "***Building Personal Worth and Connection***" was chosen, and the course was a huge success.



## TESTIMONIAL BY WENDY BURKE

I first got involved in The Connect, Create, Participate course where I finally felt acceptance, knowledge, compassion, safety and openness among peers and facilitators alike. That continued into the second phase of the project where the previous course was polished up by all our shared input, experience, suggestions and love, our voices were heard and appreciated, our lifes ups and downs, strengths, vulnerabilities and achievements were given purpose... to help ourselves and others! I wasn't sure if the distance I had to travel was possible but after the first day, I knew, no matter what I had to make it happen and I can honestly say, its been the best decision I've ever made.

I was then given the opportunity by The Recovery College to be selected for facilitation of the course created and with shaking hands, I wrote my submission. I'm incredibly humbled and grateful to say I'm now trained and facilitating that course. The Recovery College has presented me with a chance to finally see myself and grow, it has supported me to help myself and others. I've smiled, cried, laughed, learned and experienced the most beautiful change in my life, and it's all internal. I never thought it was possible, until The Recovery College allowed me to feel that is was!!!

Forever grateful  
**Wendy Burke**

## COLLABORATIONS WITH SANKALPA - BUILDING CAPACITY AND CELEBRATING RECOVERY IN THE COMMUNITY

Sankalpa Addiction Service is based in the Finglas/Cabra area, the project knows that provision of services for people with coexisting needs is insufficient. This must change. The future direction rests on those responsible of funding and contracting of services to work together in providing results. It is also crucial to build capacity within the work force, and replicate services that have proven to be effective in their practice.

In 2022 Sankalpa led with DCU Recovery College, The Recovery Academy and HSE Dual Diagnosis lead in raising the awareness and training the Finglas & Cabra of Dual Diagnosis. Throughout the project, one of the identified aims of people from across the community was for there to be a greater knowledge of the services that exist in the area, and for there to be better communication and cohesion across the services. The Recovery College with the support of services in the area such as Sankalpa,

FAST and The Loft hosted community forums and facilitated capacity building workshops on Trauma and Dual Diagnosis. The forums and workshops encouraged participation from peers with lived experience of Dual Diagnosis. The contributions made by peers ensured that the overall project did not lose track of how services can support people more effectively. Many peers also took part in the **Train the Trainer** course which now means that Peer led Dual Diagnosis awareness training is now available in the North Dublin area.

Sankalpa and the Recovery College have continued their collaborative relationship by co-hosting an art exhibition in DCU on May 4th of this year. The exhibition was titled **“Stories of Recovery from Substance use and Mental health through Expressive Arts and Visualizations”** A space was provided to showcase art that was created by participants of Sankalpa’s day programme to reflect their own journey of recovery. Participants delved deeper into their creative piece and spoke about their own experiences. We were pleased to have North Dublin singer/songwriter Ciaran Moran perform a few of his own songs for the crowd.





# CREATIVE WRITING

## WORKSHOP AND CAMPAIGN

UISCE is the National Advocacy Service for People who use Drugs. UISCE's primary focus is to ensure People who use Drugs are involved in decision making spaces, and they are fully participating in the design, delivery, and evaluation of services, policies and strategies that directly and indirectly impact us, our families, and our communities.

UISCE implements a peer-led approach to all our work, we recognise that for our peers to be involved in decision making, we must have ongoing spaces for peer engagement. We constantly look for tools to engage peers which will create the conditions for people to explore the issues through their own lived and living experience and develop their own analysis.

One such programme was a creative writing workshop. We know from working with people who have been excluded from society and have no voice or power they can often have un-met literacy needs. The process of writing down your experiences and thoughts, can help you organise thoughts and develop your analysis. It can also build confidence and self-esteem.

The goal of the workshop was not to develop people's writing skills, the creative writing was a tool to build, identify issues, develop a collective analysis, and create the conditions for peers to take on a leadership role by promoting activism. However, an unintended outcome was the improvement in literacy, and upskilling in social skills which increases people's ability to advocate for themselves, and others.

We worked with the brilliant poet and teacher Geoff Finian, who has a long history of running similar workshops. Geoff's approach and skill were central to the success of the group. An UISCE peer, Niall Hickey supported Geoff in facilitating with UISCE peer support worker Caroline McEvoy organising.

As the group developed, they decided they wanted to run a campaign to highlight the issues. The short stories and poems gave us a structural analysis of the issues, which is vital for us to develop solutions. The peers developed 6 videos, based on a collection of poems from the workshop which formed the '**Now You See Me Campaign**'. The campaign reached over 28,000 people on social media and was successful in highlighting stigma and the power imbalance in society.

The group was invited to perform their poems, discuss the issues, and explore solutions in a panel discussion hosted by Lynne Ruane at the Irish Medicine Symposium in Limerick in May of this year. The engagement and feedback were excellent, with the group offering valuable inputs and analysis on a wide range of topics, showing what we can achieve when we believe in people, use a peer-led approach, and have a vision where those most impacted, and with the most experience are actors for change.

PEER-LED  
**'NOW YOU SEE ME'**  
CAMPAIGN



# PAVEE POINT

## DRUG & ALCOHOL PROGRAMME

### TRAVELLER DRUG ISSUE IDENTIFIED IN EARLY 2000S

Pavee Point Drugs and Alcohol programme was established in 2000 following concerns raised by our Traveller Primary Health Care workers about the increased drug use within the Traveller community. Primary Health Care Workers could see the effects of drug and alcohol abuse on the user and the community.

In response to this Pavee Point sought funding to establish a programme to firstly analyse the situation and then support local Traveller organisation in responding to the drugs issue themselves initially.

Secondly, the programme supported and helped build the capacity of mainstream drugs and alcohol services so they could develop systems and best practice to work with Travellers, if Travellers presented.

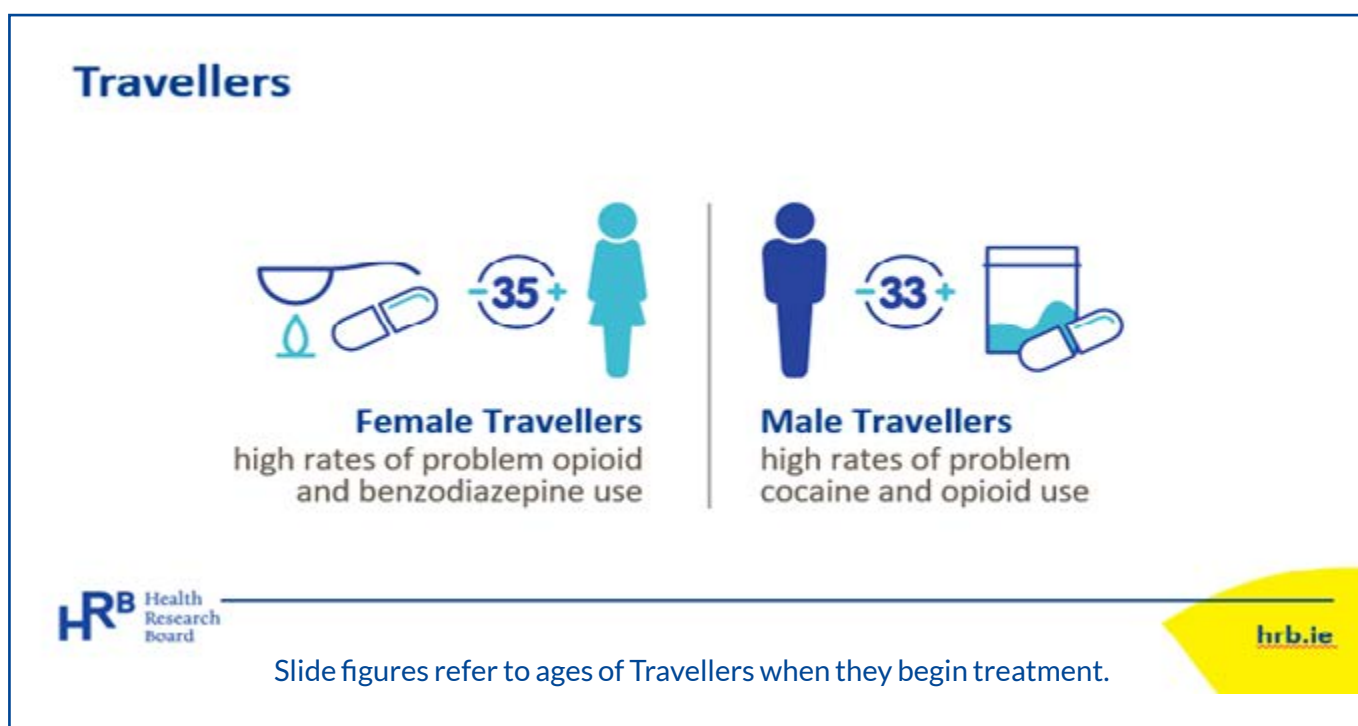
Thirdly, the programme sought to influence and argue for the establishment of government policies in relation to substance misuse in the Traveller community.

### NEW FIGURES ON DRUG TREATMENT

Since then, drug use within the community has become a bigger and bigger issue. Recent figures released by the Health Research Board give some insight into Travellers and drug treatment.

#### As Dr Anne Marie Carew told the Citizens' Assembly on Drug Use recently:

- Data shows that there was a greater need for drug treatment among Travellers compared to the general population.
- Opioids and benzodiazepines were the most common drugs among female Travellers, which





is different to females in the general population where it was opioids and cocaine.

- Among male Travellers, cocaine and opioids were the most common drugs this was the same for males in the general population.
- Powder Cocaine use has become widespread in the community reflected in treatment episodes. There was 525% increase in Cocaine treatment between 2014 – and 2021.
- The overall number of Irish receiving treatment increased by 8.1% between 2014 and 2021, with Travellers increasing by 14.8% nearly twice the national average.
- 3% of treatment episodes are members of the Traveller community yet Travellers are less than 1% of the population.  
HRB, 2022

## TRAVELLER INCLUSION IN DRUG RESPONSES

Our programme works to promote Traveller inclusion in national, regional, and local responses to address substance misuse. In addition, we also work with relevant bodies and state agencies to ensure Travellers and Roma are included in drug and alcohol policy and research. We work to ensure service providers consider both a targeted and mainstream approach. This often means promoting outreach work to ensure Travellers are included in the mainstream approach.

## SUPPORTING TRAVELLER ORGANISATIONS

We also work to strengthen Traveller participation in responding to substance misuse issues through our National Traveller Drug network, and other networks and groups. Here we share analysis, build partnerships and solidarity and promote recovery capital in the community to break stigma and shame of addiction.

We continue to develop and support a Traveller analysis of substance misuse issues and how it relates to racism and exclusion. We also work to include Roma in our overall programme.

## TRAVELLER PEERS

We endeavour to promote and support Travellers who have a lived experience of the continuum of care and help build their capacity and analysis of the social determinants of addiction. We believe Traveller Peers have significant potential to support the Traveller community and are experts by experience. Often Traveller Peers are best placed to help build recovery capital and shine a light on the causes of addiction in their community and increase the numbers accessing treatment.

## TRAINING & EDUCATION

We provide Traveller specific drug & alcohol awareness training, education and practical support to Traveller organisations, drugs task forces and drug and alcohol services. We worked during COVID to highlight issues around drug and alcohol use during the pandemic and we have produced a range of resources to raise awareness of drug issues within the community including leaflets, good practice guidelines, videos and posters.



**PAVEE POINT**  
TRAVELLER AND ROMA CENTRE

## RACISM AND DISCRIMINATION

Racism, discrimination, and exclusion are fundamentally linked to the high levels of addiction in the Traveller/Roma community. Racism and discrimination contributes to the exclusion and marginalisation of Travellers. We work collectively with Travellers and independent groups, to build analysis on these issues and create the conditions for social justice for Travellers.

## LOCAL COLLABORATION

We host a network of local mainstream services and Traveller organisations who are trying to develop their capacity to work with Travellers and Roma struggling with addiction. We do this by facilitating regular meetings of these organisations where we support the sharing of best practices.

## RESOURCES

- Traveller Drug awareness literature available in the Pavee Point Web Publications Library [www.paveepoint.ie](http://www.paveepoint.ie)
- Limited availability of Pavee Pathways Good Practice Guidelines for drug & alcohol services working with Travellers

### FOR MORE INFORMATION CONTACT:

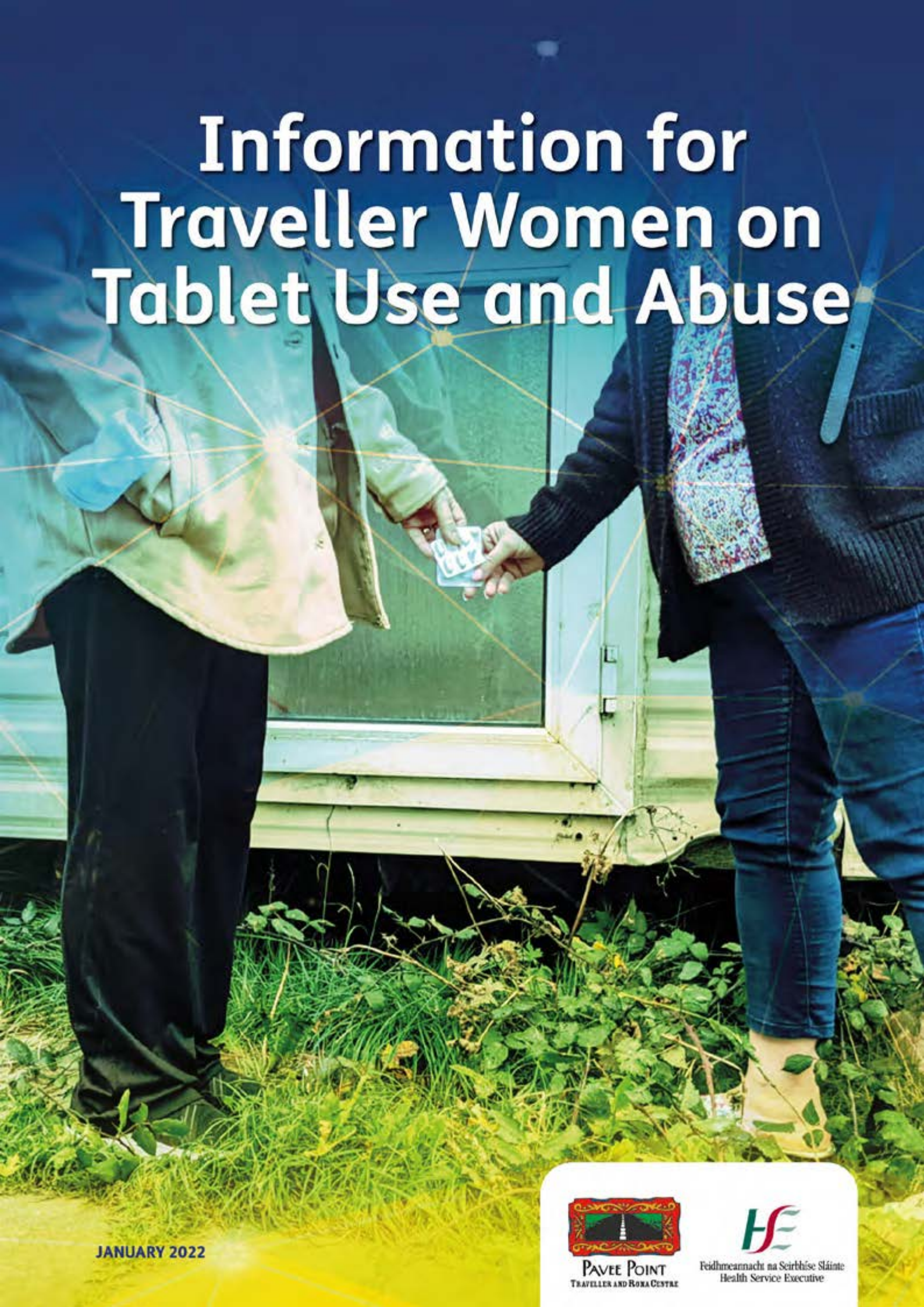
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# Pavee Pathways

## Good Practice Guidelines for drug & alcohol services working with Travellers



# Information for Traveller Women on Tablet Use and Abuse



JANUARY 2022



**PAVEE POINT**  
TRAVELLER AND ROMA CENTRE



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

# PREVENTABLE DEATHS

## OF OUR MOTHERS, FATHERS, SISTERS, BROTHERS, FRIENDS AND COMMUNITY MEMBERS

UISCE is extremely concerned of the high number of drug related deaths of our peers. All of us are continually losing loved ones.

We have set out 7 recommendations in our submission to the Citizen’s Assembly on Drugs Use that can reduce drug deaths and increase people’s quality of life. It all starts with people starting to see us as people, not dehumanising us. As a group, People who use Drugs face discrimination and stigma daily. This leads to people being dehumanised, not having access to services, and an increase in people dying.

Read our recommendations to save lives here:  
<https://myuisce.org/citizens-assembly-submission/>

If we listen to People who use Drugs, they will identify the issues and we can work together with everyone to create solutions. If we have the polices, services and a society that focuses on a human rights-based approach we WILL have better outcomes for People who use Drugs, our families, and our communities. We need to #Supportdon’tpunish people.

Find out more from our day of action for Support Don’t Punish:  
<https://myuisce.org/brass-munkie/support-dont-punish/>

### HEALTH RESEARCH BOARD FINDINGS:

Findings show an increase in poisonings and reflect both the rise of cocaine use and dangers of mixing drugs.

New preliminary figures from the Health Research Board (HRB) on drug-related deaths show there were 409 poisoning deaths in 2020.\* There were also 397 non-poisoning deaths, with hanging the most common cause of these deaths. The findings were presented at the Citizens’ Assembly on Drug Use on Saturday 24 June 2023.

Commenting on the preliminary findings, Health Research Board Chief Executive Dr Mairéad O’Driscoll said:

*“These findings clearly demonstrate the impact that drug use has in Irish society. HRB findings increase understanding of both the causes of death and the circumstances in which People who use Drugs die. This can help inform preventative measures, which we hope will ultimately save lives.”*

Dr Suzi Lyons, Senior Researcher at the Health Research Board, said:

*“Our findings are a really important way of looking at the overall burden of drug use in the population. We can clearly see that mixing drugs is a major factor in poisoning deaths. We also see that the growing prevalence of cocaine use in society is reflected in deaths with cocaine implicated in 130 deaths in 2020 compared to 24 in 2011. Hangings were a main cause of non-poisoning deaths. Three in five people who die by hanging, also had a known history of mental health issues.”*

### Key findings

409 deaths were **poisonings** and 8 in 10 of these deaths involved more than one drug.

- 7 in 10 involved opioids. Methadone was implicated in 3 in 10 poisoning deaths and heroin was implicated in 2 in 10 poisoning cases
- Almost 6 in 10 involved benzodiazepines and many of them had more than one type of benzodiazepine
- 3 in 10 involved cocaine
- 2 in 10 involved alcohol (as part of a poly drug poisoning)
- Almost 6 in 10 involved other prescription drugs, most commonly antidepressants and antiepileptics



## Socio-demographic characteristics of people who died from poisoning

- More than 6 in 10 were male
- More than half of men were aged 42 years or younger
- More than half of women were aged 45 years or younger
- Half had a history of mental health issues
- 1 in 8 were homeless
- 1 in 5 had never injected
- In 4 in 10 of poisoning deaths, the person was alone
- 11% died in homeless accommodation
- 9% died in a public place or building

There were 397 **non-poisoning deaths** among people with a history of drug use. These were primarily the result of **hanging** or **cardiac events**.

A quarter (108) of non-poisoning deaths were as a result of hanging. Of those, two thirds had a history of mental health issues.

These findings represent nearly 12,000 potential life years lost because of poisoning deaths and more than 10,000 potential life years lost because of non-poisoning deaths in just one year.

**Key HRB findings from the UNACCEPTABLE and PREVENTABLE deaths of homeless people at time of death in Ireland in 2019 from the Health Research Board.**

## Number, demographics, and circumstances of death

There were 84 deaths among people who were homeless included in the study, from a total of 17,822 deaths reported to the coroners during this period

1. This equates to over one death a week (1.6 deaths per week), or 7 deaths per month in 2019. Males accounted for the majority (81.0%) of deaths. The median age at death for males was 40.5 years [IQR 16] and for females 39.5 years [IQR 14], highlighting the burden of premature mortality in the group.

The majority of deaths (77.4%) occurred in the Leinster region, with 59.5% occurring in Dublin. A further 7.1% occurred in Cork, with the remainder distributed nationally. The highest proportion of deaths (40.5%) occurred in a public place, public building, or derelict building, with a further 32.1% dying in emergency homeless accommodation. Eighteen (21.4%) people who died appeared to be rough sleepers, with a further 40 (47.6%) known to be accessing crisis homeless accommodation. Almost all (93%) had a history of substance use with a high level of polydrug use.

There was a high proportion of injectors, especially among men, and a high prevalence of hepatitis C in this

cohort. A high number of people who died in this cohort had epilepsy relative to the general population. Almost two fifths (38.1%) of the overall group had a mental health issue, notably higher among women (75.0%).

Women were proportionally more likely than men to have a mood disorder and have a history of a previous suicide attempt. A high proportion of the deceased were in contact with any medical services (39.3%), the majority (69.7%) of whom were in receipt of substance use treatment within the month preceding death.

More women (62.5%) than men (33.8%) were in contact with health services. Cause of death There were 46 poisoning deaths in total, 37 (80.4%) among men and nine (19.6%) among HRB StatLink Series 11 | Deaths among people who were homeless at time of death in Ireland, 2019 3 women. The most common drug group implicated in poisoning deaths were opioids, followed by benzodiazepines and Z-drugs.

Pregabalin was implicated in less than five poisoning deaths. Almost one quarter (24.3%) of people who died by opioid poisoning had a known history of a previous overdose. Three in ten poisoning deaths involving opioids occurred in a public place (32.4%), with a further four in ten (40.5%) occurring in homeless accommodation.

Just over half (51.4%) of the people who died of a poisoning death involving opioids were not alone at the time of the incident that led to their death. There were 38 non-poisoning deaths, 31 (81.6%) in males and seven (18.4%) in females. Deaths by hanging accounted for 23.7% of all non-poisoning deaths and were the most common cause of non-poisoning deaths among both men and women. One third of people who died by hanging died in homeless accommodation.

Six people who died by hanging had a history of using drugs with the main substances used being cocaine, heroin, cannabis, and benzodiazepines. A person's history of mental health issues was ascertained through information contained in depositions from family members or friends, or from medical documents within the coronial files.

There was a high prevalence of mental health issues in those who died by hanging (66.7%), with depression noted as one of the main issues. Equal numbers of men and women who died by hanging had a mental health issue(s). Deaths due to cardiovascular conditions accounted for 21.1% of all non-poisoning deaths, with all these deaths among men. Of those people who were homeless and died of a cardiovascular condition, 75% had either alcohol dependency, or had use of alcohol implicated in their death. The remaining deaths included deaths due to other traumatic events (26.3%) or other medical causes (28.9%).

**Let us end the moral crusade against People who use Drugs, Let us choose life!!**

# THE MAKING OF 'GIZMO AT THE CITIZEN'S ASSEMBLY' FOR THE BRASS MUNKIE.



As with everything in UISCE, we always focus on the process. Making sure our peers play a leading role, have a stake in society and be actors for change. It's hard hitting, and they don't pull any punches. It's real talk from real people. It's straight from the heart, and it's straight from the streets.

We had the legend that is Thomas McCarthy come down and do a storyboard workshop with a group of peers who completely designed the story for this edition. Tom then did all the animations and brought the story to life. It's no coincidence that the creator of the Brass Munkie and Gizmo was called 'Tommy' and now that mantle is carried forward by another 'Tommy'. Both with a vast experience of drugs and the stigma, discrimination and criminalisation that comes with it.



**WE SALUTE YOU THE 'TWO TOMMIES!'**

# UISCE - BRASS MUNKIE

## CHANGE - WHY!

We want to discuss the Brass Munkie. The name for the magazine thought of in the 90's by a group of People Who Use Drugs who were regularly abused and put down by words such as 'junkie, druggie, and brass monkey (slang for junkie). We know language is power, and we called the magazine Brass Munkie to reclaim and own the word. Own the word, and therefore the insult and you take back the power from people who use the word to put you down. Some people say if you control language, you control society - so taking control of that word (brass munkie) makes it useless to those that use it to slag us, depowering them, and empowering us. That's the idea, anyway!

However, one of the problems with reclaiming words is some people don't understand that we have reclaimed it, so they still use it the negative way or they might think because we use, they can. They can't. We can. We reclaimed it. But what do you think? Should we keep using it and hold the power, or is that not working and it's making the word okay for everyone to use?

So, you will all remember the above piece from the last edition. We asked should we change the name of the Brass Munkie? You spoke, and we listened. Over 1000 people were asked what they thought through outreach, groups, and training.

The majority of you wanted it changed. The main argument was that most people don't understand the idea of reclaiming the word to take back power from those that use Brass Munkie to abuse us. So, if people don't know that then they may think we are saying it's okay for people to use it to stigmatise people like us.

There was still a good number of people who wanted to keep it. They said it was iconic and it was relevant to reclaim words, just like other marginalised groups. Such as was done with the word 'queer'.

So, the magazine will be changed to the UISCE magazine (which may change in the future!) however, as the Brass Munkie and Gizmo was created by the founder of UISCE and creator of the Brass Munkie along with Gizmo to give a voice to the voiceless, and from the hundreds of people who said they wanted to keep it, we will have a magazine within a magazine!! The animation of Gizmo never had a name, and the original Brass Munkie was about Gizmo and the crew who were called Brass Munkies and had NO voice.

So, the Gizmo and the Crew animation will now be called the Brass Munkie, and the magazine will be called the UISCE magazine!

**ENJOY FOLKS, SEE YA'LL IN THE NEXT EPISODE!!**



Follow Tom's art on his social media @EARTHEXITART on TWITTER and INSTAGRAM and his online art gallery <https://thehug.xyz/artists/earthexit> and him up if you want more info on his workshops or his art.

# **KARMA**

**BY CHRISTINE WOODS**

**IT'S TIME FOR THE OFF LICENSE TO OPEN.**

**I AM SICK AND I HAVE NO MONEY.**

**I AM SHAKING, SWEATING BUT COLD, MY HEADS BANGING.**

**I CAN'T GO THROUGH THIS.**

**I FEEL LIKE I MIGHT DIE.**

**I SIT OUTSIDE THE OFFO HOPING TO GET MONEY OFF PASSERS BYES.**

**THERE'S NOT A SINNER IN SIGHT.**

**MY MOUTH DROOLS AS I LOOK AT ALL THE DRINK IN THE WINDOW.**

**SUDDENLY I GET A CRAZY IDEA IN MY HEAD.**

**I REACH DOWN, PICK UP A ROCK, AND SMASH IT THROUGH THE WINDOW.**

**I PUT MY HAND THROUGH THE HOLE OF BROKEN GLASS AND TO MY LUCK,  
RIGHT ON TOP OF A BOX OF JAMESON WHISKEY.**

**I GRAB IT AND RUN.**

**I AM RUNNING SO FAST UP THE ROAD, PANTING AND SWEATING.**

**I STOP AT THE END OF THE ROAD AT A LITTLE LANE WAY.**

**WHY DOES THIS FEEL SO LIGHT I THINK?**

**THE BOX IS EMPTY.**

**KARMA BITCH!!**



# BRASS MUNKiE

Issue 42 | Summer 2023



The Citizens'  
**Assembly**  
on Drugs Use





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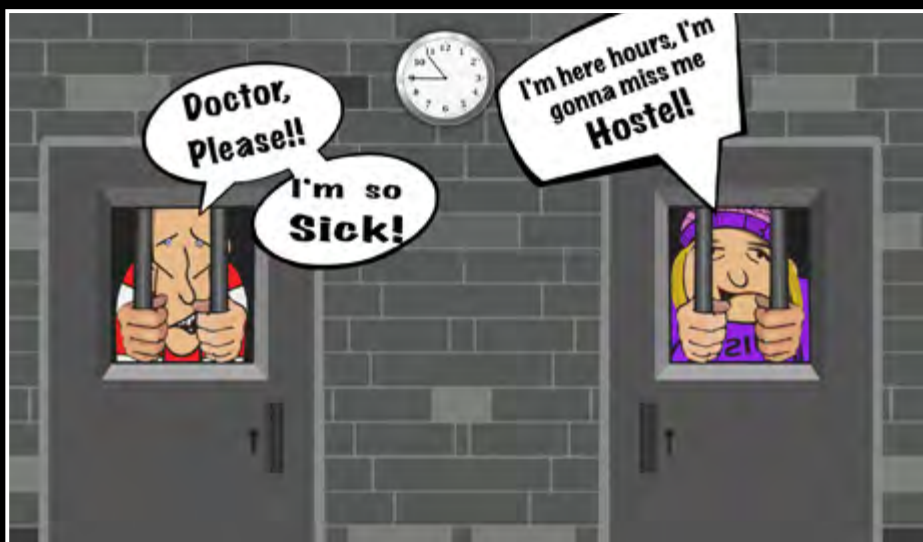
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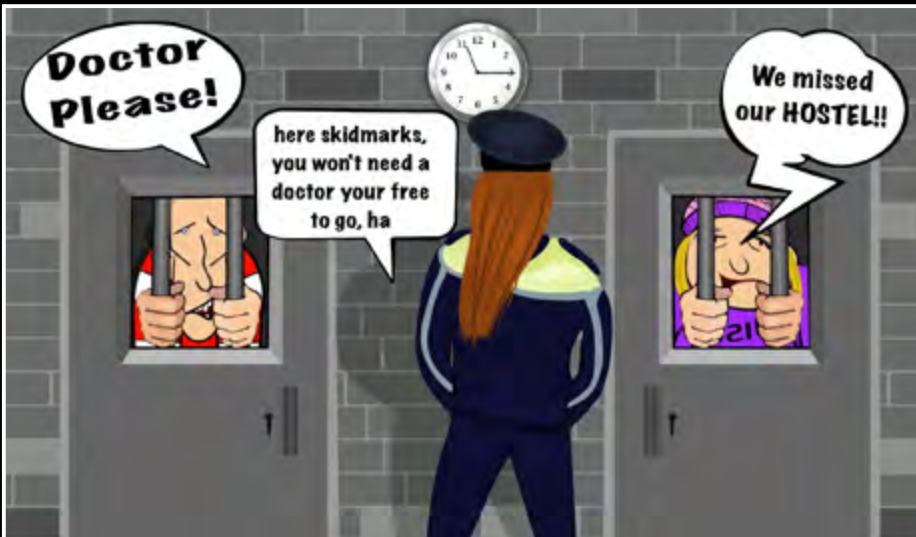
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...and I'm terrified to speak to you today because people like me aren't normally heard, we're normally judged, ignored, dismissed, and looked down on. Contempt is normally what I experience. Nobody ever wants to hear us because I'm a Person who uses Drugs. But let me remind everyone here, I am also a brother, a son, an uncle, and I'm not a bad person.

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I am struggling with addiction, and I have been for a long time. I never wanted it to be like this, and it didn't happen in one day, it took a while, and didn't happen in isolation. I've been punished my whole life because of it. I'm regularly called a Junkie and scumbag. In my mind I hear a voice, it's familiar now I've heard it so much. The voice tells me 'Once an addict always an addict' I took that in somewhere along the way, I took it in a few times actually' and I believed it for so long to be true. But today I know I'm more than that.

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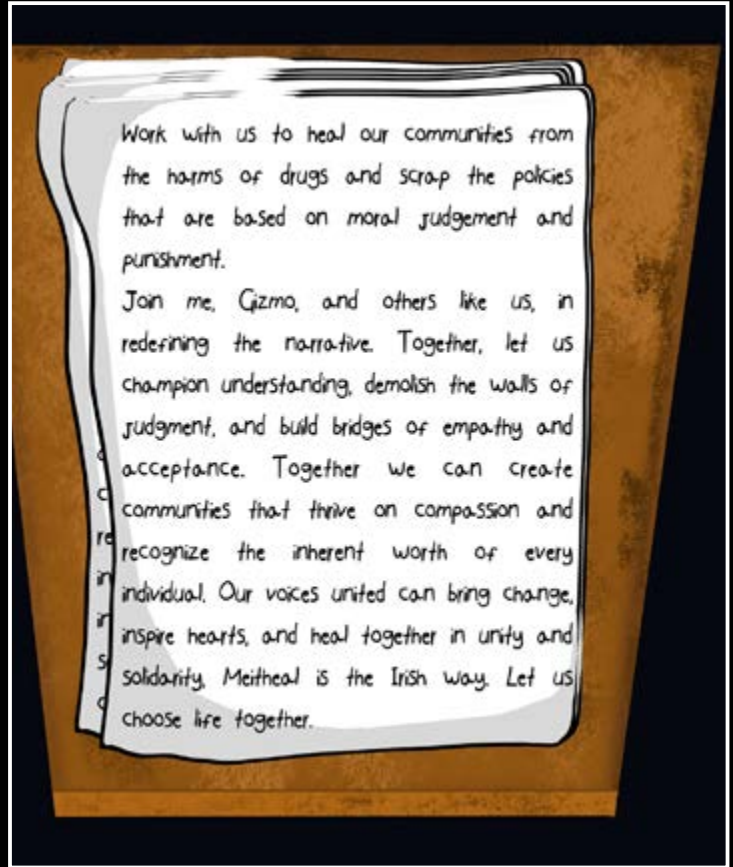
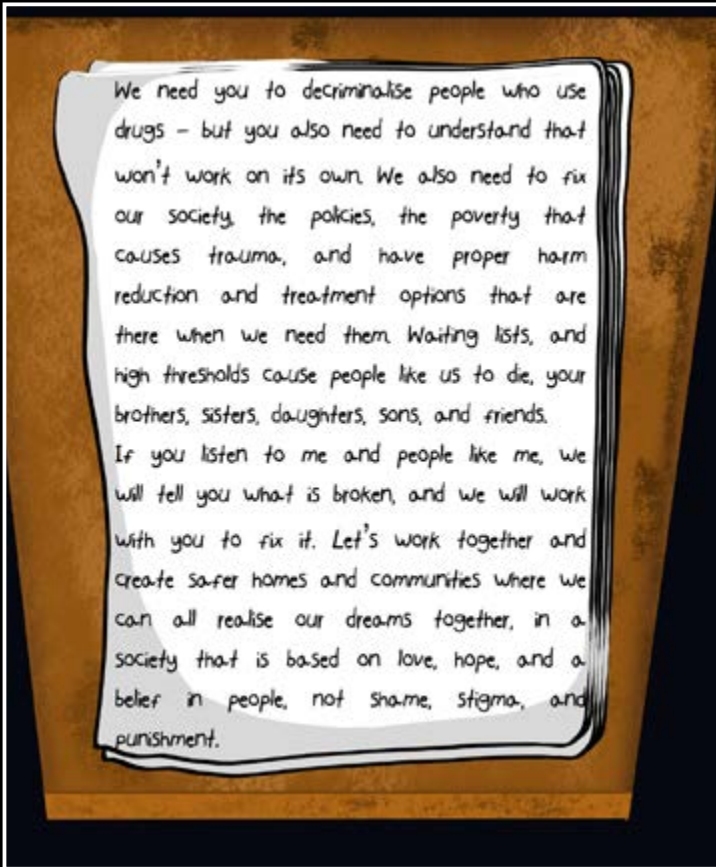
You all know the harmful effects drugs can have on us, our families, our communities! We all know someone who's struggling, families destroyed, loss, grief, pain, hopelessness in the face of this ... 'thing, condition, illness' whatever it is. But what people maybe don't know is, we also have government policies and systems that are meant to help us, but they don't, they punish us and demonise us.

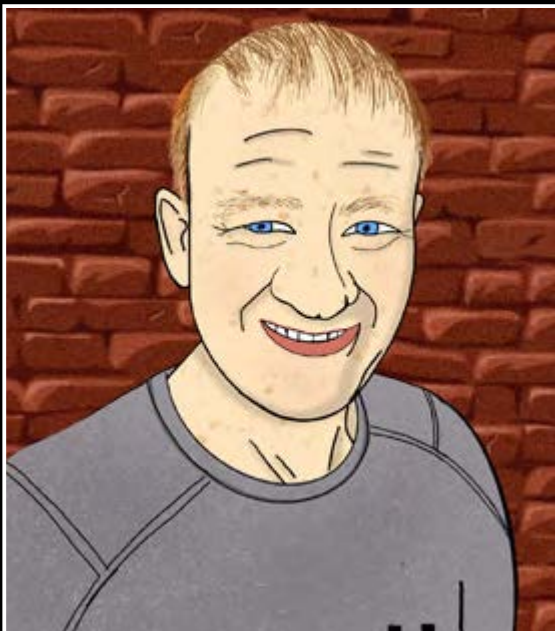
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Can you imagine what that feels like to come through a system that has stigmatised you your whole life, has criminalised you, mistreated you from when we were kids. I have a request for you! Look at the person who uses drugs, even look at me! Look past the physical appearance, behind those eyes are many experiences of trauma, abuse, loss, care, prisons, rough sleeping, coldness, danger, fear, streets, and homeless accommodation. We need to support people, not punish them. Please understand we have used drugs to cope and deal with all our trauma, then we have been criminalised and retraumatised and I'm here to tell you... It has only made things worse.

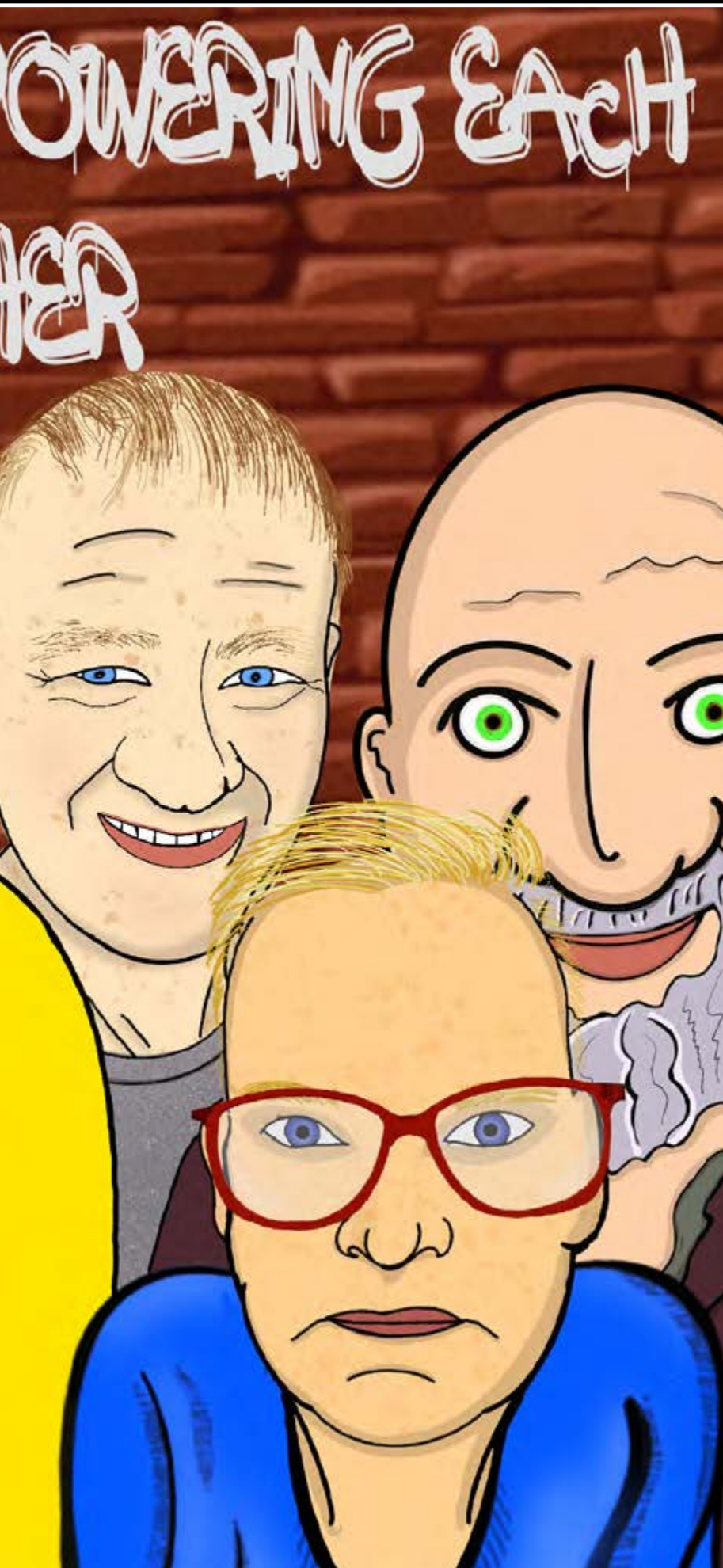
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# CA ON DRUG'S USE

## WHAT'S THE STORY NOW, AND WHAT CAN WE DO TO CHANGE THINGS FOR PEOPLE WHO USE DRUGS, FAMILIES, AND OUR COMMUNITIES?

UISCE is the national advocacy service for People who use Drugs in Ireland and is comprised of people with lived and living experience of drug use and drug policy. The foundation of this work is the recognition that people who use drugs are people, first and foremost, and that each person deserves rights, protections, and policies that are humane, evidence based, and health led. This work can be seen across national and local levels. From serving on various committees and steering groups, to conducting peer-led outreach, training, groupwork, resource development, research, and the development of peer-led advisory boards-and increasing the participation of People who Use Drugs in programmes, projects, policies, structures, and strategies related to drugs and drug policy. UISCE serves an important role in creating the conditions for People who Use Drugs to participate in the design, delivery and evaluation of policy and service provision around substance use in Ireland.

The Irish history of drug use and the connection with social class and marginalization is well documented. Heroin use proliferated specific socially deprived Dublin communities through the 1980's and 1990's. Today, we continue to see structural violence and disadvantages contributing to drug related harm in economically deprived areas from Dublin, to Limerick, to Cork, and rural communities in between. The Citizens' Assembly on Drug Use is an important moment in the history of Irish drug policy. It is a moment to reflect, learn, and challenge the ways in which policy has been implemented over the history of this country. It is a time to ask the uncomfortable question "is what we're doing working?" and further, "who is the current system

working for?" The uncomfortable truth is that the current approach to drug policy is perpetuating inequities.

As we move forward with analysing the current status of drug use and drug policy in Ireland with this Citizens Assembly, UISCE believes it is of the utmost importance to consider evidence we know to be true from the scientific literature and the ways in which we can promote equity and inclusion across our approach to drug policy. Based on our experience, and the international literature that overwhelmingly supports these concepts, UISCE recommends the following concepts, interventions, and changes to drug policy for the Citizens' Assembly's consideration:

- 1. Peer participation and community engagement with People who use Drugs**
- 2. Decriminalisation of People who use Drugs**
- 3. Low threshold continuum of care for substance use disorders**
- 4. Advancing drug checking interventions**
- 5. Expansion of naloxone distribution**
- 6. Implementation of safe consumption spaces**
- 7. Implement a social determinants approach to address inequalities, promote broader wellbeing and improve quality of life**

# IT'S NOT LIKE THAT ANYMORE!!!

BY NIAL HICKEY

GOING TO NANNY'S ON SUNDAYS WITH THE WHOLE FAMILY FOR DINNER,  
IT'S NOT LIKE THAT ANYMORE !

DISCOS AT SCHOOL RAVES IN THE OLYMPIC AND THE ASYLUM,  
ITS NOT LIKE THAT ANYMORE !

KALYPSO'S, TIME BARS, WHAM BARS, BLACK JACKS, APPLE JACKS AND POSTMAN PATS,  
ITS NOT LIKE THAT ANYMORE !

MEETING GIRLS DOWN LANEWAYS, IT'S DEFINITELY NOT LIKE THAT ANYMORE.  
GOING ON LONG WALKS, GETTING LOST IN ALL THE FIELDS WE USED TO HAVE,  
IT'S NOT LIKE THAT ANYMORE !

GOING TO DUNLAOIGHAIRE AND CATCHING A FEW MACKEREL WITH THE GRANDAD,  
ITS NOT LIKE THAT ANYMORE!

BEING CAREFREE AND FULL OF LIFE,  
IT'S NOT LIKE THAT ANYMORE!

GETTING PUT IN FRONT OF THE TELLY ON A FRIDAY NIGHT TO WATCH THE LATE LATE SHOW,  
IT'S NOT LIKE THAT ANYMORE !

SLEEPING OVER IN YOUR MATES FOR A LAUGH,  
IT'S NOT LIKE THAT ANYMORE !

TAKING GEAR, GOING THROUGH RECOVERY AND RELAPSED ALL THE TIME,  
IT'S NOT LIKE THAT ANYMORE !

WAKING UP DYING SICK, LOOKING FOR MY NEXT FIX,  
IT'S NOT LIKE THAT ANYMORE!

RUNNING AROUND TOWN, ROBBING THE SHOPS BLIND,  
IT'S NOT LIKE THAT ANYMORE !

WAKING UP EVERY MORNING WITH A BOUNCE IN MY STEP,  
THAT'S THE WAY IT'S LIKE NOW, THAT'S THE WAY IT'S LIKE EVERMORE!!!

# MINISTER'S VISIT

We were delighted to have the Minister for State with responsibility for drugs Hildegarde Naughton and the Social Inclusion general manager for CHO 9 Brain Kirwan visit us in UISCE in May. They met with a group of our peers and staff.



They both took a considerable amount of time to listen to some of the work the peers and UISCE are involved in, as well as the issues people are experiencing. They gave Minister Naughton and Brian a rundown of how their involvement in the design, delivery, and evaluation of services and polices is low, and described a detailed framework on how to increase the participation of People who use Drugs in programmes, projects, polices and structures.

They were both supportive of, and recognised the key role UISCE as the National Advocacy Service for People who use Drugs has played in developing models of best practice around peer work. It was

agreed this could address the gaps in participation across the sector.

*"It was great to meet the Minister and Brian, we all felt they listened to us and valued our expert opinion. It's great for people to finally realise we are part of the solution, not the problem. People like us are stigmatised, criminalised, shamed and discriminated all the time and people think we have nothing to offer, which can be soul destroying and only leads to things getting worse."*  
**Gillian McDonnell.**

*"We are very excited about the work we are involved in; we are looking forward to working with everyone to create change and make sure we can all live our best lives."*  
**Niall Hickey.**

*"Such an insightful meeting with peers at UISCE. It is so important that policy is steered by the lived experience. Looking forward to working with the team in the time ahead and seeing them go from strength to strength."*  
**Minister Naughton.**

**We look forward to working in partnership with the Minister, DoH, DPU, HSE and all other stakeholders to create the change we all want to see in our communities.**



# THE CREATIVE WRITING CLASS

BY STEPHEN SMYTH

**SOMETHING I LOOK FORWARD TO ON A THURSDAY.**

**I GET A NICE WARM WELCOME FROM EVERYONE.**

**LOTS OF "HOW ARE YOU ?" AND HUGS.**

**A NICE CUPPA AND SLICE OF CAKE.**

**I FEEL RELAXED AND HAPPY TO BE HERE.**

**I DON'T FEEL JUDGED, I FEEL ACCEPTED.**

**I LOVE MY GROUP.**

**WE ARE PEOPLE FROM ALL DIFFERENT WALKS OF LIFE, WHO COME  
TOGETHER TO WRITE.**

**THE GROUP IS ALWAYS SO WELCOMING AND THE OTHER PARTICIPANTS  
MAKE ME FEEL GOOD.**

**WHEN WE PUT PEN TO PAPER, MAGIC HAPPENS.**

**THERE IS SO MUCH REALNESS AND HONESTY IN THE ROOM.**

**I CAN JUST BE ME.**

**I LOVE IT.**

# FRIENDS REMEMBERING FRIENDS

Friends Remembering Friends started in 1996 – in that year there was three deaths of young people through drug/alcohol misuse. It was observed by the **Ballymun Youth Action Project** that their friends seemed at a loss as to how to grieve these deaths and more so a venue for them to show this grief. Friends Remembering Friends was set up to provide a space to mourn the death and celebrate the lives of those we have lost in a safe non-judgmental place where service users would (with the help of YAP) run the service. The service welcomes all from any community or area.

## SOME COMMENTS FROM THOSE WHO ATTENDED ON THE NIGHT

“it was an uplifting night”

“I always feel lighter leaving, as I feel it’s a celebration of those peoples lives rather than the loss”

“a community endeavour for everyone”

“a very inclusive night for every stage of recovery”

“we felt like one big family, the kids were made feel at home”

“it was for every walk of life, I wish more would go as they would get a lot out of the night”

“Those involved had a few things to say too”



“I was honoured to be part of it”

“I loved reading the poem, it was so touching”

“so empowering to participate, it was so out of my comfort space”

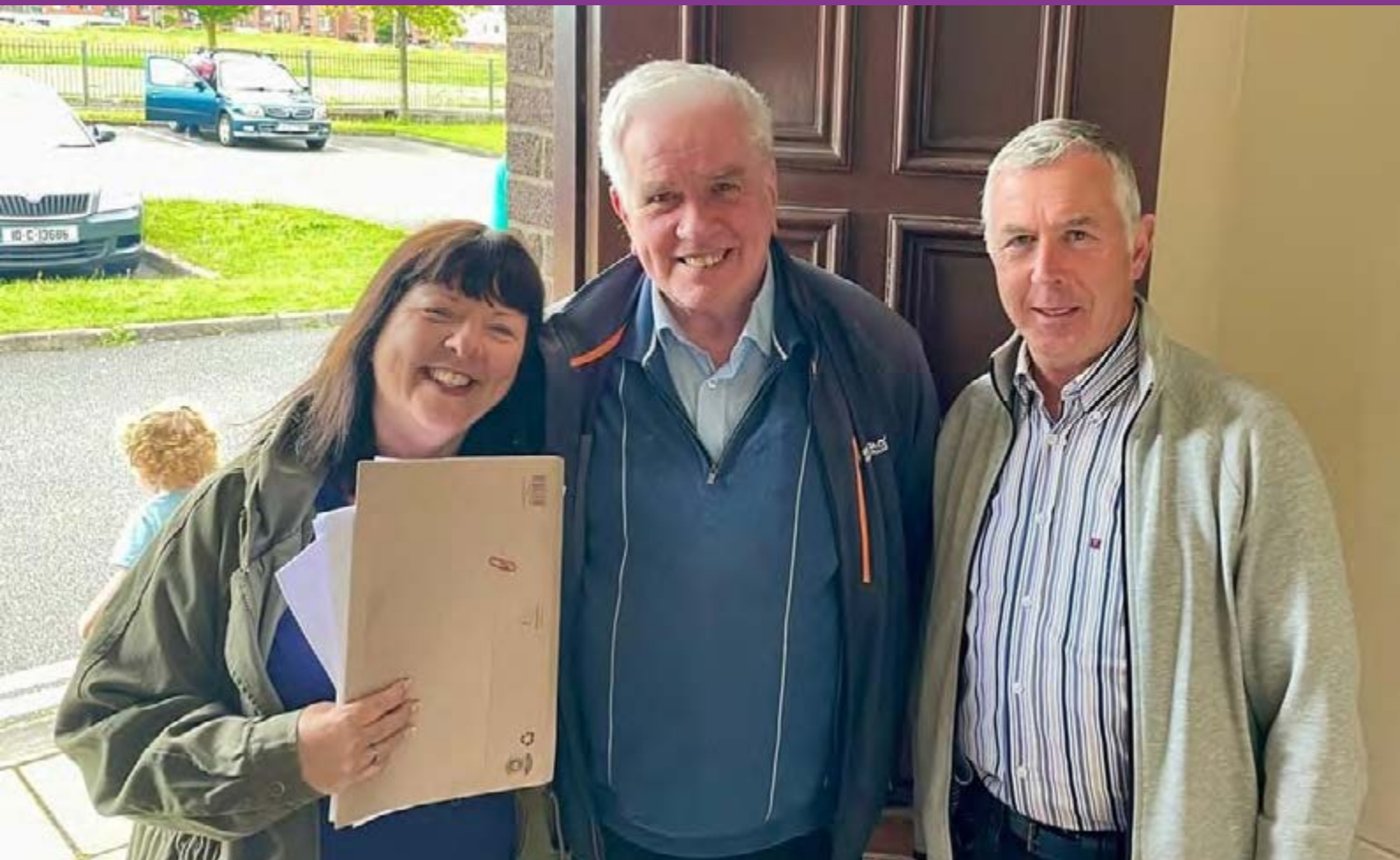
“added to my confidence in helping with my recovery”

“I found it an inspiration to be part of”

“coming up to it would be great to get extra hands on board as the craft group make things for the night”









# NEEDLE EXCHANGE & HARM REDUCTION

**DUBLIN 1**

**ANA LIFFEY DRUG PROJECT**  
 MON-THURS 2PM-5PM  
 FRIDAY 9.30-1 & 2PM-5PM  
 OUTREACH NSP - 087 712 7059  
 MON-FRI 9-11.30 GRANBY CLINIC

**DUBLIN SIMON OUTREACH**  
 MON-FRI 8.30PM-10.30PM  
 SAT 10AM-10.30PM  
 SUN 4PM-10.30PM  
 01 872 0185

**DUBLIN 2**

**HSE OUTREACH**  
 MON-FRI 9AM-4PM  
 LORETTA: 086 604 1013  
 CLODAGH: 086 604 1029

**COOLMINE HOUSE**  
 MON-FRI 8.30PM-10.30PM  
 SAT 10AM-10.30PM  
 SUN 4PM-10.30PM  
 01 872 0185

**DUBLIN 7**

**HSE OUTREACH**  
 HARM REDUCTION CALL ONLY  
 MON-FRI 9AM-4PM  
 PAM: 086 605 7205

**DUBLIN 8**

**MQI RIVERBANK**  
 MON-FRI 8AM-9PM  
 SUN 9AM-1PM  
 01-524 0160

**DUBLIN 10**

**BALLYFERMOT ADVANCE PROJECT**  
 MON-FRI 9.30AM-1PM & 2PM-5PM  
 01 623 8001  
 087 431 9921  
 OUT OF HOURS NSP 3 EVENINGS PER WEEK (VARY EACH WEEK)  
 087 361 8422

**DUBLIN 11**

**WELLMOUNT PRIMARY CARE CENTRE (FINGLAS)**  
 MON 2PM-4.30PM  
 01 856 7700

**BALLYMUN YOUTH ACTION (BYAP)**  
 MON-FRI 10AM-1PM & 2PM-5PM  
 \*PIPES ONLY  
 01 846 7900

**DUBLIN 12**

**HSE OUTREACH INCHICORE/CRUMLIN/RIALTO**  
 MON-FRI 11AM-4PM  
 DEREK: 086 604 1014

**DUBLIN 13**

**HSE OUTREACH**  
 MON-FRI 9AM-4PM  
 JOHN: 086 605 7181

**DUBLIN 15**

**HSE OUTREACH 37A COOLMINE IND ESTATE**  
 MON-FRI 11AM-1PM  
 CATRIONA: 086 854 3770

**DUBLIN 16**

**HSE OUTREACH**  
 MON-FRI 9AM-4PM  
 MARY: 086 859 0731

**DUBLIN 17**

**DARNDALE NEEDLE EXCHANGE BELCAMP LANE**  
 THURS 2PM-4PM  
 01 848 8951

**DUBLIN 18**

**HSE OUTREACH DUN LAOGHAIRE**  
 TUE 9AM-4PM  
 CALL ON OTHER DAYS CAN BE ARRANGED  
 SEAN: 086 605 7150

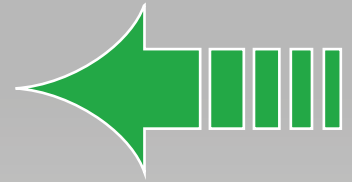
**DUBLIN 22**

**CASP**  
 MON-FRI 9.30-1PM & 2PM-3.30PM  
 MON & WED 6.30PM-7.45PM  
 01 616 6750

**CLONDALKIN TUS NUA**  
 MON & Fri 10am-12pm & 2-4pm  
 TUES-THURS 2PM-4PM  
 01 457 2938

**CLONDALKIN CLINIC CLAC, ST. / LOMANS RD**  
 MON-FRI 9AM-4PM  
 PETER HOMEN: 087 798 0175

# ARM REDUCTION SUPPLIES



## DUBLIN 24

### HSE OUTREACH

MON-FRI 9AM-4PM

NICOLA 0868065014  
DEBBIE 0868590733

### JADD, JOBSTOWN, TALLAGHT

MON-FRI 9AM-5PM  
SAT & SUN 9.30AM-11.30AM

085 781 6183 / 01 459 7756

### CARP KILLINARDEN TALLAGHT

MON-FRI 9AM-4.30PM

01 462 6082

## CARLOW

### ARDU

MON-FRI 9AM-5PM

059 917 8050

## CORK

### CORK CITY OUTREACH

MON-FRI 9AM-5PM

FRANK: 086 025 5410

## GALWAY

### CLEARY'S PHARMACY

MON-FRI 8.30AM-6PM  
SAT 9.30AM-6PM

091 562 967

## KILDARE

### ARAS NEWBRIDGE CALL HSE OUTREACH FIRST

MON-FRI 9AM-4PM

SUZANNE: 086 806 5013  
WYNNE: 087 617 2517  
DES: 086 604 1015

## KILKENNY

### ARDU

CALL HSE OUTREACH FIRST  
MON-FRI 9AM-4PM

MEL: 087 984 5014

## LAOIS COUNTY

### MQI OUTREACH

MON-FRI 9AM-5PM

BARRY: 087 292 5727

## LIMERICK

### ANA LIFFEY MID-WEST ASSERTIVE OUTREACH TEAM

MON/WED/FRI 9AM-1PM

NSP: 085 871 0983

## LONGFORD

### MQI OUTREACH

MON-FRI 9AM-5PM

DEREK: 086 411 3628

## OFFALY & PORTLAOISE

### MQI OUTREACH

MON-FRI 9AM-5PM

LINDA: 086 084 4729

## WATERFORD

### ST. OTTERAN'S HOSPITAL JOHN'S HILL

MON-FRI 9AM-5PM

051 848 658

## WESTMEATH

### MQI OUTREACH

MON-FRI 9AM-5PM

ANGELA: 087 915 0329

## WEXFORD & ENNISCORTHY

### HSE SUBSTANCE MISUSE TEAM ST. JOHN'S HOSPITAL

CALL FIRST: 053 925 9825

## WICKLOW

### HSE ARKLOW ADDICTION CENTRE

HSE ARKLOW ADDICTION CENTRE  
MON-FRI 9AM-4PM

CALL TO ARRANGE  
JOHN: 086 859 0734

### BRAY HSE MOBILE VAN

MON-FRI 9AM-4PM

SEAN: 086 605 7150

### BRAY COMMUNITY ADDICTION TEAM

37 BEECHWOOD CLOSE  
MON-FRI 9AM-5PM

01 276 4692

The Pharmacy Needle Exchange Program is carried out in more than 100 pharmacies nationwide. Community pharmacy-based needle exchange allows patients to pick up sterile injecting equipment and return used items.

Patients can identify pharmacies taking part by the international needle exchange logo on their shopfronts



# NALOXONE TRAINING

By June this year UISCE has delivered 10 trainings, with a total number of 136 people trained, with 136 lifesaving naloxone kits dispensed.



As a member on the National Naloxone Oversight Quarterly Assurance Group (QAG) UISCE represents the views of People who use Drugs, which is critical to identifying the gaps we experience on the ground and offer up solutions to address barriers and overcome challenges. It was agreed with the QAG members that UISCE would set up a Peer-led Naloxone Advisory Group which could directly advise the QAG and implement change. The group is made up of people with lived and living experience of drugs, as well as being peers who have saved a person's life with naloxone, and/or being saved by naloxone. They have invaluable experience which has been shared and is influencing decision making and indeed action

around naloxone implementation. The group have met directly with QAG members and legends Jenny Smyth and Denis O Driscoll. Jenny is the HSE lead on Naloxone and Denis is a pharmacist (hence the nickname 'Denis the Chemist') who was one of the drivers on naloxone being used in Ireland, and has worked tirelessly on this for years, along with Dr. Eamon Keenan and many others and will continue to do so.

The Advisory Board have done training provided by Denis and Jenny and are now qualified in delivering life saving overdose prevention training. They currently deliver peer led naloxone training around Ireland with UISCE.



Catherine Gore | Brian Shanahan | Gillian McDonnell | Alison Stone | Nicholas Diez McKenna

## HSE ADDICTION SERVICES CREATE NALOXONE STREET ART TO LAUNCH NEW NALOXONE RESOURCES



### 'NALOXONE SAVES LIVES'

Today 26/04/2023, Hildegard Naughton, T.D., Minister of State for Public Health, Well Being and the National Drugs Strategy welcomed the naloxone street art which has been created to teach people how to respond to an opioid overdose. The naloxone street art is part of a suite of new naloxone resources developed by the HSE to raise awareness of this life-saving medication.

In Ireland, opioids are the main drug group implicated in drug overdose deaths (HRB, 2019). The HSE is engaging with key stakeholders and partner services to expand the provision of training and the availability of naloxone to People who use Drugs, their peers, family members and frontline staff who may witness an opioid overdose.

Deaths from opioid overdoses can be averted by the provision of naloxone. It acts by reversing, within minutes, the effects of opioid overdose, keeping a person alive until emergency services arrive. Its efficacy has been proven internationally. Naloxone is currently available in Ireland by prescription and comes in two types: intra-muscular and intra-nasal.

The World Health Organisation (WHO) recommends that people likely to witness an opioid overdose e.g. close friends, a partner or family member, and staff or volunteers working with People who use Drugs should have access to naloxone and be trained to administer it.

The 'Naloxone Saves Lives' street art was created in Dublin by artist Deniece Quinn and incorporates a QR code which members of the public can scan with their mobile phone camera to bring them to two HSE demonstration videos. These videos show how to recognise and respond to an opioid overdose, including how to administer naloxone.

**Minister of State for Public Health, Well Being and the National Drugs Strategy, Hildegard Naughton** stated: *"My focus under the National Drug Strategy is on saving lives, reducing harms from drug use and supporting recovery. Naloxone's potential as an effective tool in preventing drug overdose deaths is recognised by international experts including the WHO and the EMCDDA. The HSE'S Naloxone Programme is a vitally important tool in the national effort to minimise the harms caused by substance use and will help save lives. Improving public awareness of naloxone benefits us all."*

**Minister Naughton** added: *“Presenting this important message in a creative mural will educate the public and encourage engagement on a topic that has such a huge impact on society.”*

**Prof Eamon Keenan, National Clinical Lead, HSE Addiction Services** said: *“This very impactful naloxone mural is intended to raise awareness amongst the whole population to the benefits of using naloxone, a lifesaving medication, in situations of opioid overdose. We hope that this will reduce stigma around the whole area of drug overdose and direct people towards our online information and resources via the QR code embedded in the image. I would also like to wholeheartedly thank the artist Deniece Quinn for her hard work and enthusiasm for this project.”*

*“I welcome the approach being taken by the HSE in partnership with Service Providers, community groups and people with lived experience of drugs in helping to empower families to recognise and respond to a loved one’s drug-related overdose.”*

The launch of the street art was attended by members of the HSE, Department of Health, An Garda Síochána, National Ambulance Service, National Drug Treatment Centre, and representatives from the National Naloxone Oversight Quality Assurance Group, Irish College of General Practitioners and the UISCE Peer Led Naloxone Advisory Group.

The HSE wish to thank the artist Deniece Quinn of Compact Ivy Mural Design and are grateful to CA-Ventures and Henry Construction for the use of the hoarding during the construction works and their support throughout this project.



As part of the Naloxone Programme new resources have been developed and distributed by the HSE National Social Inclusion Office including; updated training presentations and demonstration resources, naloxone information posters for display in community and clinical settings, naloxone training flash cards, information leaflets, keyrings with the QR code to the demonstration videos, naloxone carry cases for people supplied with naloxone and **“Ask me how naloxone saves lives”** badges.

## VIDEO RESOURCES

Demonstration videos with step by step information on how to respond to an opioid overdose and administer naloxone for staff, people our services support and families are available at:

[www.drugs.ie/naloxone/](http://www.drugs.ie/naloxone/)

## NALOXONE E-LEARNING VIDEOS WITH

1. An Garda Síochána
2. Irish College of General Practitioners

The HSE National Social Inclusion Office in collaboration with the An Garda Síochána National Drugs and Organised Crime Bureau have created an e-Learning presentation for members to increase awareness of the role of naloxone and its role in Keeping People Safe. The presentation provides information for An Garda Síochána members on what naloxone is, how to recognise an opioid overdose and how both types of naloxone are administered. Our research shows that in 7% of overdose cases a member of An Garda Síochána is the first person on the scene. Naloxone can be administered by family members, friends, peers, other people who use drugs, staff in drug and homeless services and An Garda Síochána members if they have received training to do so.

This e-Learning presentation was communicated to all members of An Garda Síochána within the internal newsletter: Newsbeat on the 3rd of May 2023.

The HSE National Social Inclusion Office in collaboration with the Irish College of General Practitioners (ICGP) have created an e-Learning module to increase GPs' awareness of drug related deaths and the role of naloxone. The module also describes how to recognise an opioid overdose, how to advise patients on how to administer both types of naloxone and guidance on prescribing naloxone. This module is suitable for all GPs and is particularly relevant to GPs who prescribe Opioid Substitution treatment (OST). The successful completion of this module is a requirement for the level 1 and level 2 certificate in Addiction Management in Primary Care training. The e-Learning module will be accessible to members for completion on the ICGP e-Learning platform.

## 'FAMILIES MATTER' WEBINAR

As part of the Naloxone Programme the HSE National Social Inclusion Office hosted a live 'Families Matter' webinar on Tuesday the 25th of April. The aim of the webinar was to help empower families impacted by a loved one's substance use to recognise and respond to drug-related overdose. The presenters shared information about the different types of drugs, how they interact, how to recognise and respond to a stimulant overdose and how to recognise and respond an opioid overdose (including the administration of naloxone). A recording of the 'Families Matter' webinar is available for viewing at: [drugs.ie/FamiliesMatter](https://drugs.ie/FamiliesMatter)



# TINY FOREST

## TOLKA RIVER PROJECT



On the 22nd of March 2023, we in conjunction with **MINI Ireland** and **Earthwatch Europe** planted Ireland's very first Official Tiny Forest. It uses a Japanese method that supports the trees to grow 10x times faster than through normal planting. The Miyawaki Method is a unique approach to reforestation devised by Japanese botanist Akira Miyawaki. Tiny forests as small as six parking spaces can grow quickly and are much more biodiverse than those planted by conventional methods.

Over 150 volunteers from the community took part and also staff from MINI Ireland. The clients of Tolka dug in and from 10 am-12 pm, we had planted over 500 trees with the organisers having to hide a few for the corporate sponsors to plan in the afternoon. To watch a whole community come together and build this forest was a sight to behold, our clients spoke of how the whole process reduced stigma and changed their own perspective on society as nobody batted an eyelid at the fact this was an addiction recovery facility and that the people here may or not have substance use issues.

None of this was an issue, the issue at hand was a large group of people planting a forest !! And we did, yes we did. We planted 600 trees in the size of more or less of a tennis court !!

To come back to the clients and their experiences, we spoke of how nature and recovery are so entwined in each other, such as planting a young tree needs time, patience and nurturing much like when clients begin to attend a project like Tolka River. Over time they grow and become their own person or entity again much like the recovery journey.

The support from other services and local people on the day was immense, we had visits from politicians, other services, and just about someone from everywhere. Some people planted a tree in memory of a loved one lost to addiction, mental health or otherwise and this was very touching on the day.

In the almost 3 months since we planted the trees have grown to over 3 feet in some places. We planted only Irish native trees and this is crucial to the overall method of Tiny Forestry.



*May the forest grow long and may recovery continue to be something that the person decides !!!*





<https://www.chelseagreen.com/product/mini-forest-revolution/>

# I AM

BY DENISE SWAN

**I AM SUPER PROUD OF MYSELF FOR MAKING A BIG EFFORT TO BETTER MY LIFE. MY 2 GIRLS AND MY GRANDSON ARE THE MOST IMPORTANT PEOPLE IN MY LIFE, AND THEY DRIVE ME TO WANT A SOBER LIFE MORE THAN ANYTHING ELSE IN THIS WORLD.**

**I WANT TO BE THE MOTHER AND THE GO TO PERSON FOR MY CHILDREN, INSTEAD OF BEING THE PROBLEM AND THE NUISANCE TO EVERYONE WHO LOVES ME.**

**SOMETIMES I CAN BE VERY SELFISH AND THAT IS MY WORST TRAIT. IF I HAD THE CHANCE TO GET DRUG FREE AND SEE THINGS MORE CLEARLY I KNOW I WOULD BE UNSTOPPABLE AND I WOULD MAKE MY FAMILY SO PROUD.**

**I DON'T WANT TO FEEL SHAME OR GUILT ANYMORE. I DON'T WANT MY DAUGHTER TO BE AFFECTED ANYMORE BECAUSE OF MY SELFISHNESS. SHE IS A VERY SPECIAL GIRL AND SHE IS THE MOST LOVING AND PROTECTIVE OF ME AND I DON'T WANT TO LET HER DOWN.**

**I WANT TO BE DRUG FREE!!!!**

**I WANT TO WAKE UP EVERY MORNING AND FEEL GLAD THAT I AM ALIVE.**

# UISCE

Advocacy for People who use Drugs

## PEER LED OUTREACH VOLUNTEER - APPLICATION FORM

Name	
Mobile No.	
Email address	
How do you prefer to be contacted?	Telephone <input type="checkbox"/> Email <input type="checkbox"/>
How did you hear about us?	
Why are you interested in this Volunteer role?	
What would make you a good Peer Outreach Volunteer?	

### TO APPLY FOR THIS POSITION

**BY POST:** Detach this form and Post to: **UISCE, 8 Cabra Road, Dublin 7, D07 T1W2**

**BY EMAIL:** Photograph your completed form and email to: [info@myuisce.org](mailto:info@myuisce.org)

# SAFER NIGHTLIFE PROGRAMME

## TO REDUCE HARM THIS SUMMER

Continuing the work of last summer's successful pilot project, the HSE is partnering with a small number of festivals this year to put in place Safer Nightlife harm reduction programmes onsite. The multi-component campaign will involve outreach at festivals' 'back of house' drug checking through the use of surrender bins, media awareness and a social media campaign.

Minister for Public Health, Wellbeing and the National Drugs Strategy Hildegard Naughton said: "I am delighted to see the HSE Safer Nightlife Programme progress and expand into its second year. It is an excellent example of reducing the harms of drug use through interagency work and engaging closely with people who may be considering using drugs. The programme was incredibly successful in 2022, and allowed us to highlight particularly dangerous substances encountered in festival settings while also creating greater awareness for people who use drugs as part of the night time economy.

*"The Programme for Government contains the commitment to increase drug monitoring at festivals, and harm reduction interventions, such as the Safer Nightlife Programme, can save people's lives. I will continue to work alongside colleagues in the HSE to see this invaluable initiative rolled out even further in the months and years ahead."*

Prof Eamon Keenan, HSE's National Clinical Lead, Addiction Services, commented: "I am delighted to launch the second phase of our Safer Nightlife campaign that includes an expanded 'back of house' drug checking service with an aim to identify drug market trends of concern. This approach will improve our drug monitoring capabilities and help to tailor our harm reduction services in Ireland. Through a 'back of house' approach we can access drugs in a safe, non-judgemental manner to quickly gain insight on what drugs may be in circulation



and issue real time drug alerts about substances of concern to festival attendees via our social media channels.

*"As shown at the first phase conducted at Electric Picnic last summer, this approach has the potential to identify trends otherwise unknown. The HSE found trends of concern including high potency drugs, 12 new psychoactive substances and 4 drugs which had never been identified before in Ireland."*

*"We are working with An Garda Síochána to guarantee that the Drugs.ie and medical tents are health-led settings and safe spaces for people to talk about their use and consider surrendering drugs. The HSE and Gardaí will work closely on operational plans to ensure the 'back of house' drug monitoring can be conducted for harm reduction purposes and that the surrender bin areas can be used safely by people attending the event."*

*"As well as high strength drugs appearing, as seen recently in the UK, we are currently concerned about the possibility of new psychoactive substances being mis-sold as MDMA pills or crystal, cocaine and cannabis. New drugs are continuing to emerge and we must be aware of the risks they pose, in particular the risks of overdose and mental health problems. While the HSE recognises that it is safer not to use drugs at all and there is always risk, the campaign has been developed in response to a changing drug landscape in Ireland and aims to offer people who use drugs practical harm-reduction information on how they can reduce health harms if they choose to use."*



## HOW YOU CAN STAY SAFE AT FESTIVALS THIS SUMMER:

- Tell your friends if you decide to use drugs at the festival. Try to have one friend who doesn't use, be with people you trust, avoid using alone and stick together.
- Be in the know before you go: See the new HSE festival information on the latest trends, follow @drugs.ie on Twitter, Instagram and Facebook.
- Start low and go slow, take a small test dose. Pace yourself by taking a small amount and leaving time between use can help you identify how you are reacting to the substance. If you don't react as expected, avoid taking anymore.
- Leave the mixing to the DJ: Avoid mixing drugs, including alcohol and prescription medication. This can increase your risk of becoming unwell or experiencing a drug emergency. Alcohol will increase the risks with all drugs. MDMA could interact negatively with some medications such as antidepressants.
- Keep cool and stay hydrated: Sip water but don't drink over a pint an hour as drinking too much water can be dangerous as this can cause a blood salt imbalance in your body. Take breaks from dancing and give yourself time to cool down.
- Medics are your mates: Don't be afraid to get help if you or a friend becomes physically or mentally unwell. Know the location of the medical tent at events and what you would do in case of an emergency. Be honest with medics about what was taken, they are there to help.
- Consider surrendering drugs if 'back of house' monitoring is available at an event you attend: Chat with the harm reduction teams onsite for more information.
- Follow drugs.ie this summer for drug alerts

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

# SERVICE PROVIDED BY NEEDLE EXCHANGE OUTREACH SUPPORT WORKERS IN CORK CITY

- Frank Horgan (works with HSE and Homeless services) 086 025 5410.
- Eve Ryan (works with HSE and Homeless services) 087 387 4188.
- Cork City 5 days a week, needle exchange Monday to Friday.
- The aims of the outreach street service are:
  - Working directly with Intravenous drug users on the streets.
  - Brief Interventions, assessments and refer clients to appropriate services.
  - Priorities homeless persons.
  - One to one support for People who use Drugs, refer family members to other service.
  - Linking people into services.
  - Harm Reduction/Harm Minimisation.
  - Supporting Local Communities around Drug Litter.
  - Supporting the Business Community around Drug Litter.
  - Removing Drug Litter.
  - Naloxone training provided.
  - Needle exchange provision training provided.
  - Safe disposal of Drug litter training provided.
  - Work weekends in December only from 12 pm to 8pm Friday to Sunday.
  - Outreach to Kerry once a month.
  - Payment Free.





HAVE YOU HAD AN ISSUE WITH ANY SERVICE OR SPACE YOU ACCESS?

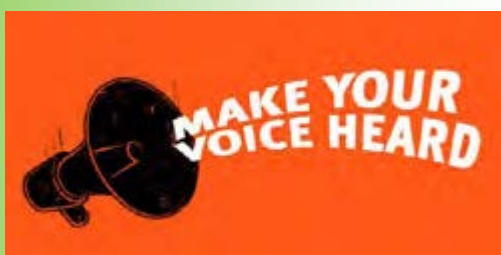
DO YOU FEEL YOU CANNOT RAISE YOUR CONCERNS?

DO YOU FEEL YOU ARE NOT LISTENED TO?

HAVE YOU BEEN STIGMATISED OR DISCRIMINATED AGAINST BECAUSE YOU ARE A PERSON WHO USES DRUGS?



IF YOU HAD, AND NEED SUPPORT CONTACT UISCE NOW!



*CONTACT US:*

*(01) 5554693*

*(01) 5157253*

*info@myuisce.org*



# UISCE

Advocacy for People who use Drugs

8 Cabra Road, Dublin 7  
D07 T1W2  
(Next to the Phibsborough Luas Stop- Green Line)

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Email: [info@myuisce.org](mailto:info@myuisce.org)  
Web: <https://myuisce.org/>

