UISCE ANNUAL REPORT 2024

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UISCE

Advocacy for People who use Drugs

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Welcome Message

From UISCE Coordinator, Andy O'Hara

I am delighted to present to you UISCE's annual report for 2024. The report allows us to share the various pieces of work we undertook in 2024 and explore an overall process which demonstrates the value of peer led work by a group of people who are often excluded from decision making which we know leads to poorer decisions, weaker responses and harmful outcomes.

This report is a record of how we address that power imbalance, and determine a way forward that is effective, responsive, and seeks to ensure people who have experienced the most extreme forms of discrimination and stigmatisation are leaders in identifying emerging issues and developing collective responses through a human rights framework, in a community development approach.

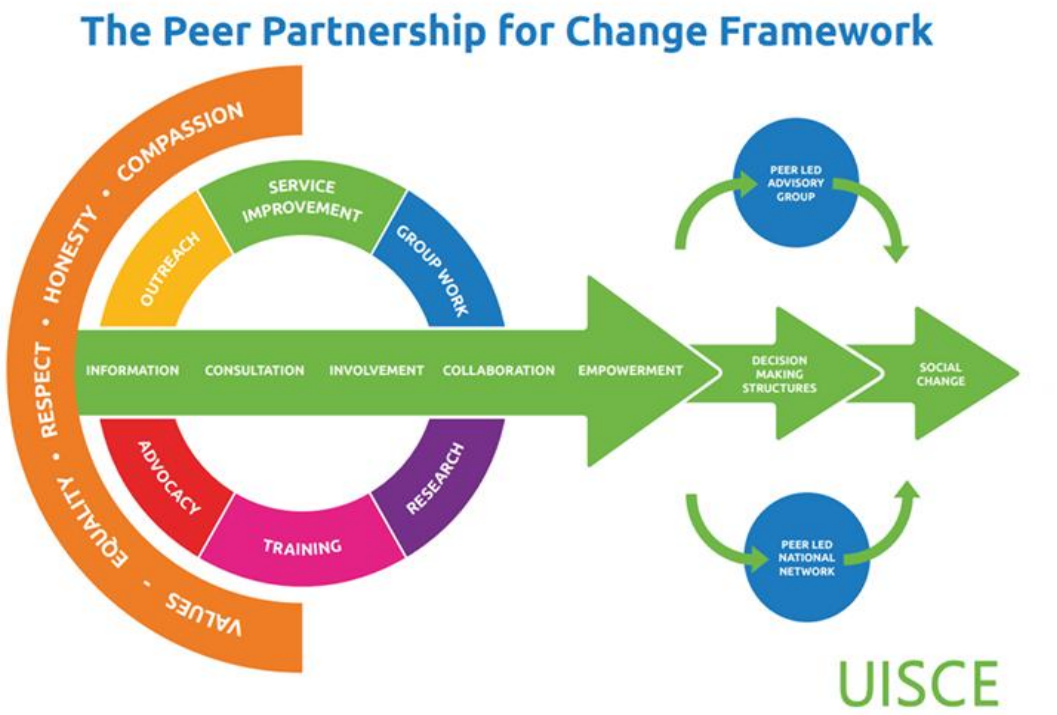
This is a collection of experiences and stories condensed into a programme of work that includes outreach, advocacy, groupwork, training, research, publications, events, campaigns and much more. It is informed by a strong value base and a clear strategy that is aligned with a vison that all People Who Use Drugs are treated equally in society, with dignity and respect, and that we participate fully and have our voices heard in all areas where decisions that affect our lives are made.

This report is not only a record of us doing this, but also a framework of how we do it. It's called the Peer Partnership for Change Framework, and it is laid out in detail in the UISCE & TCD Peer Engagement Toolkit and Guidelines. We would like to take you on a journey through a process of participation, collective action and show how we can achieve the task of social change.

Andy O'Hara

Co-ordinator

Peer Partnership for Change Framework



Our Peer Partnership for Change Framework highlights the importance of authentic peer participation and decision making to create social change. The framework creates the spaces for peers to identify issues through their own living experience, develop their own analysis, develop solutions and identify partnerships and pathways towards structural change. The diagram above shows our process, beginning in orange with our values, which are equality, respect, honesty and compassion, and these are the baseline of all the work we do. The Circle of Activities shows the types of activities, or the tools we use to engage people. This is how we create the conditions for People Who Use Drugs to identify emerging issues and develop collective responses.

The arrows demonstrate the spectrum of participation that exists, from information sharing to consultation through to empowerment, also detailed in the adjacent table. In UISCE, all of our work is focused on the empowerment stage, where peers are leading out on the design, delivery and evaluation of UISCE work.

Values	Principles
Equality	Decision-making and power will be shared. Acknowledge that everyone has a right to the same high standard of healthcare and equality across all state systems.
Respect	Relationships will be built on trust. The voice of lived and living experiences will be valued and incorporated into all decision-making.
Honesty	Be fair and truthful in everything that we do. The decision-making process will be open and transparent.
Compassion	Strive to empathise with the experiences and challenges of others without judgment or assumption. Strive to recognise the impact of trauma on others. Strive to create a supportive, comfortable environment.

Pathway	Examples
Information	You are given all the information that is needed to help make a fully informed opinion. You now have the information to have a personal option.This is step one.
Consultation	People, services or researchers ask for your opinions, views or ideas about a particular topic. Having formed your option, you are now included in the consultation and your options are collected and listened too. This is step 2.
Involvement	You are involved in a project and are influencing the outcome in some way. You continue to participant in the development of the project and are involved in discussions and idea generating. This is step 3.
Collaboration	Partners and peers are learning from each other, ideas and information are exchanged to support co-ordinated decision-making towards an agreed and shared goal. This is a true learning experience for everyone involved leading to rich debates and mutual understanding. This is Step 4.
Empowerment	The process provides peers with a sense of personal strength, freedom and control over the outcome. The final step delivers the project decisions and plans and peers are truly empowered in the process. This is Step 5,

To enable this level of participation, ongoing and meaningful engagement is essential. When supported by structures that centre peer leadership—such as peer-led groups, research processes, or decision-making forums—participation becomes a driver of change. These structures must have the capacity to influence organisations, strategies, and policies, ensuring that the lived experiences of People Who Use Drugs are not only heard, but acted upon.

When peers are genuinely empowered, they can lead projects that shift how decisions are made at every level—from service provision to national policy. This is the ultimate goal of the Peer Partnership for Change Framework: to create the conditions for transformative social change, rooted in equality and justice, that improves outcomes for People Who Use Drugs, their families, and their communities.

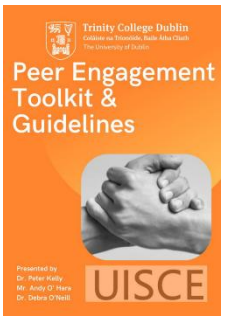
This report showcases UISCE's work throughout 2024 through the lens of the Peer Partnership for Change Framework. It is grounded in the belief that real, lasting change starts when People Who Use Drugs can collectively define the issues that affect them,

build analysis, develop leadership, and forge strategic partnerships. This is not a service-led approach—it is a peer-led, values-based process aimed at shifting power and challenging the structures that perpetuate harm and exclusion.

At the heart of this work are interdependent values: equality, respect, honesty, compassion, collective action, and shared decision-making. When these values are not upheld, peer participation risks becoming extractive or tokenistic. But when they are embedded and practiced, they create spaces that are relational, accountable, and capable of both building trust and fostering critique.

Independence is key. Peer-led initiatives must be free to challenge existing narratives, propose alternatives, and act with autonomy—not be limited to promoting pre-approved messages or providing feedback that fits within the boundaries of service or funder expectations. Independent spaces allow People Who Use Drugs to set their own agenda, shape their own engagement, and build the power necessary to create meaningful and sustainable change.

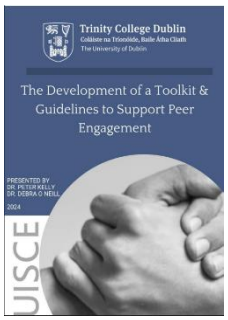
Peer Engagement Toolkit & Guidelines



This year, UISCE partnered with Trinity College Dublin to conduct research into peer participation and to develop a Toolkit for Peer Participation. [1] The aim was to embed participation of PWUD in service delivery, policy design and to create transforamtive change.

"Like many marginalised communities People Who Use Drugs experience poverty, exclusion and trauma. Consequently, their experience of engagement may be poor, and 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. This can be a barrier to engagement, or they can experience punishment for standing up for their rights. The evidence suggests that decision-makers, service providers, and society in general routinely make decisions and judgements which silence People Who Use Drugs without considering their views, experience and expert knowledge"[2]

The project was born out of the fact that although the current National Drug Strategy places a strong emphasis on peer involvement, the experiences of People Who Use Drugs accessing services and taking part in decision making demonstrated evidence to the contrary. The project began with a Community Participation Research Project which was undertaken by Trinity College Dublin in partnership with UISCE in the Summer of 2024.



The report shows that People Who Use Drugs still experience institutional stigma and have endured discrimination within services, including exclusion from decision making and policy development, this was evidenced by research, and directly from peers in the Knowledge Exchange Workshop (KEW) that is documented in the report. The toolkit provides international evidence that argues for fundamental centrality of autonomous peer organisations, the international literature that demonstrates the value of peer networks and that this is done externally by autonomous peer networks and not subsumed into the service-providing organisation, where its effects can become diluted and biased.

The production of this toolkit came from this research process and provides a mechanism for both service providers

[1] Kelly, P. O'Neill, D. O Hara, A. Peer Engagement Toolkit & Guidelines. Trinity College Dublin. Dublin.

[2]Page 2. Kelly, P. O'Neill, D. O Hara, A. Peer Engagement Toolkit & Guidelines. Trinity College Dublin. Dublin.

and People Who Use Drugs themselves; to identify the level of participation they are operating at and provides practical direction on how to move away from tokenistic engagement and towards full peer participation, empowerment and decision making. It provides general guidelines and a conceptual framework that is accessible and implementable on a practical level.

"Everything we do here has a process, and we set out to make the toolkit because we thought it would enrich other organisations to do what we do, to learn how we do it."

- Niall, Peer Support Worker

Within the document, we highlight how the language we use to talk about People Who Use Drugs can isolate, exclude, and reduce acceptance. UISCE works to use 'People First' language and seeks to destigmatise language in all of our work, including through our UISCE magazine "Brass Munkie" comic, and all resources, publications and campaigns.

"[When I started at UISCE] I could see that I was on the other side of the fence now. And people were really paying attention to what we're saying. So, I was like, this is a way to battle the boundaries and the fences that society put in place for people in addiction. So I thought it's a good way to fight that and make ourselves heard."

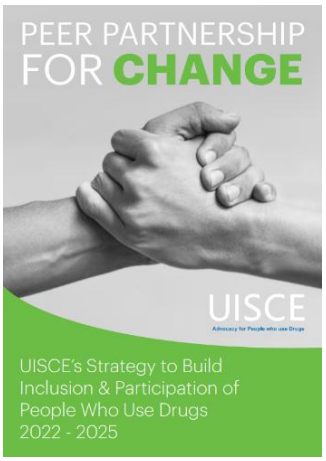
- Dan, Peer Support Worker

Language Matters

	What to Say	What not to Say
	People/person who uses/use drugs.	drug user, drug abuser, druggie, junkie, fiend, gear head, smack head, crackhead, meth-head, living with addiction.
	People/person, who injects drugs	injector, junkie, pinhead, on the needle, intravenous drug user.
	People /person who smoke drugs	smoker, crackhead, meth-head, weed-head, pothead.
	People/person who use/s drugs occasionally or opportunistically	Recreational drug user
	People/person with drug dependency.	Addict, drug addict, drug abuser, problem(atic) drug user, misuser, substance abuser, person who is addicted.
	People/person who uses/use drugs	Patient, unless this is the preferred term of the client.
	Currently using drugs	Relapse, non-abstinent, fallen off the wagon, using again, had a setback, lost cause, not clean.
	People/person who has used drugs	Clean, sober, drug-free, ex-user, in recovery, maintaining recovery, ex-alcoholic.
	Positive/Negative drug screen: presence/absence if drug metabolites in screen process	Clean/dirty urine/blood
	Communities (of people who use drugs); Networks (of people who use drugs); peer led networks.	Drug using population(s), affected communities, vulnerable population
	Opioid Treatment programme; Opioid Agonist Treatment	Opioid Substitution Treatment; Opioid Replacement Therapy

Peer Partnership for Change Strategy 2022-2025

UISCE
Advocacy for People who use Drugs



The above diagram outlines the 7 Goals set out UISCE's Peer Partnership for Change strategy to build inclusion and participation of People Who Use Drugs into service delivery and policy design. It was an ambitious strategy with forty actions. As we enter the last year of the strategy, progress has been made on all the seven goals, with many of the subsequent actions developed or completed with some scheduled for 2025. This annual report will allow you to broadly experience our journey through the implementation of this strategy, through the UISCE Peer Partnership for Change Framework.

Activities

In the Peer Partnership for Change framework, activities are often the entry point for peer engagements. Activities are used to create the conditions for People Who Use Drugs to name the issues affecting their lives, explore those issues in context, and begin developing a collective analysis. Activities may be used throughout the entire process—not just to identify issues, but to revisit them, refine understanding, and build skills and analysis for collective decision-making for structural change. What matters is that activities are linked to the identification of issues, not detached from them. In 2024, UISCE carried out a range of peer-led activities designed to open up space for this kind of analysis.

Outreach


UISCE

PEER LED OUTREACH VOLUNTEER - APPLICATION FORM

Outreach enables peers to meet People Who Use Drugs "where they are at", build relationships, create spaces for people to identify issues and have their voices represented, allow peer workers to know what is happening on the streets and be responsive, such as identifying drug trends and informing early warning interventions. The structured approach informed by the principles and values of UISCE allows for peers to be involved in the design, delivery and evaluation of outreach and subsequent actions. In 2024, this peer-led model was proven to be effective and successful, with peers directly conducting 188 outreach sessions, with over 4000 engagements. The peer-led and independent approach allows for high and more meaningful levels of engagement.

The UISCE outreach team has been on the frontline in identifying drug trends and developing and implementing effective overdose responses in the face of an extremely volatile drug market which has exposed people to significant risks. The outreach team played a key role in supporting the new supervised injecting facility at MQI which opened in 2024. The team plays a critical role in supporting people, giving them a voice and allowing us to identify gaps in service provision and work with relevant stakeholders.

"We do outreach to find out information on lots of different topics. We value what people have to say regardless of what they say. We treat everyone with honesty (values). As peers, we come from that life. We know the people. They would approach us and

trust us quicker. You could've grown up the same as that person. People might not respect your outreach as much if you haven't gotten that experience. We are always looking for ways to make change."

- *Niall, Peer Support Worker*

"We respond to what people need in the moment no matter what. Our groups come from these issues that are brought rather than setting out with an agenda."

- *Suzanne, Peer Volunteer*

Advocacy

Advocacy is a core part of UISCE's work — both in challenging structural injustice and in providing direct support to People Who Use Drugs.

UISCE provides different streams of advocacy. We support people to self-advocate by understanding their rights, how to know if they are being treated unfairly and how to address it. UISCE also supports people to access or navigate their journey through services and state agencies, which people tell us can be stressful and at times traumatising.

Each year, we receive requests for advocacy support from across Ireland. The issues people face are strikingly consistent: barriers to accessing basic services, exclusion and difficulty in accessing and engaging with emergency accommodation and housing, social services healthcare providers, local authorities, clinics, mental health services, and the criminal justice system.

In many instances people are discriminated, stigmatised and denied their rights because of their background and/or drug use.

Much of this work happens informally, through advice, information, and supporting people to navigate systems they are often excluded from. Many people are reluctant to engage in formal complaints processes, fearing repercussions or further exclusion from essential services.

This work is underpinned by a structural understanding of inequality and discrimination as the issues people bring to UISCE are rarely isolated — they are rooted in systemic failures. The majority of people we work with come from marginalised communities that face discrimination covered by the nine grounds recognised in the Equal Status Act, alongside class-based discrimination and poverty. As highlighted in our *Agency, Access and Solutions* research, these experiences reflect widespread human rights violations across services and systems by people who have marginalised and socially excluded most of their lives.

While UISCE remains deeply committed to this work, resources for advocacy around the country are limited, and there is a clear need for a national framework for independent, peer-led advocacy for People Who Use Drugs and UISCE is in the process of developing a business plan to address this.

Groups

UISCE ensures it creates the conditions for issues that are raised by peers through outreach and advocacy, are explored in group settings. People tell us most of their experience of groupwork is information being 'delivered' into their heads to guide them on how to 'improve' themselves or to become drug free. Some of these may be useful, however in UISCE we aim to flip that and use group work as a tool for people to use their living experience to provide services, state agencies and policymakers with critical information on what *they* need to change, as opposed to us. In 2024 we had 115 groups sessions, with over 200 people engaged in issue-based workshops where people explored the issues they identify through their own living experience, develop their own analysis, explore relatable evidence and design solutions. We have provided an account of two groups ran in 2024 which outline the activity, the process and how they sought to create change.

"Most other places, they don't really want you. UISCE made me feel comfortable because I came through a group and that's how I got introduced, and it was like the very first 10 minutes of being sitting in the room doing the thing I just felt like I didn't want to leave and I'm still here."

- John, Peer Support Worker

Community Mapping: "Where Do We Belong?"

This 5-day project, created by peers to document their experience of exclusion and inclusion in the city, originated from peer conversations where PWUD identified a need to document safe, and unsafe spaces in Dublin. Peers used art and community mapping to explore the question, "Where do we belong?". Peers mapped buildings and spaces relating to mental health, safety in the community, the impacts of trauma, stigma and criminalisation. During this process we looked at how criminalising People Who Use Drugs causes harm, shame, stigma and negative outcomes, and why peers are involved in advocating for the repeal of section

three of the misuse of drugs act 1997. Decriminalisation of People Who Use Drugs is a central theme that comes up, with people's experience being that it starts with punishment, labels people as criminal, and undesirable, and that then attaches shame and stigma to people which further alienates them. People also spoke about how not having a voice or a role in service provision and policy design disempowers them and leads to poorer outcomes for themselves, their families and the wider community and how the creation of peer-led spaces which are independent of existing services and structures but are linked in with relevant services and structures can allow us to work together to create the change we all agree needs to happen, and want to see.

During the process former minister of State with responsibility for Public Health, Well Being and the National Drugs Strategy Hildegarde Naughton spoke to peers about the project and the key role they have in creating change.

The impact poverty, inequality and our environment can have on trauma, intergenerational trauma and subsequent drug use is raised a lot, with people laying out why we should implement a social determinants approach to address inequalities, promote broader wellbeing and improve quality of life on the map.

The project was brought on the road and the peers engaged with anthropologists and anthropology students from around the world about the map at Maynooth University, thanks to Professor A Jamie Saris from the Anthropology Department for the first day of Summer School. This work shows peers as experts with solutions to the issues, and promotes that people who are the most impacted and have the most experience around drug use and the associated issues have a key role to play in achieving change.

"Mapping was very positive as it showed all of the spots around the city. So it was important to show people the places we need in town and it shows how much we need services like needle exchange and naloxone and the MSIF as safe spaces."

- Paul, Peer Support Worker

Mural Project: “What’s The Story?”

What’s the Story - Breaking Down Barriers and Building Stronger Communities, was an art project led by peers from MQI and UISCE in partnership with different stakeholders from across the community and state involved in the process of the upcoming opening of the pilot Medically Supervised Injecting Facility.

This project used the arts as a vehicle to document the years of work undertaken in relation to the safer injection facility, promoting a process that explored the fears, hopes and expectations off all the different stakeholders from across the community so we can ask how we got here, what our story is and what does this mean for us all going forward.

Creating a largescale canvas mural and documentary film was an opportunity to bring stakeholders together, continue to build relationships and ensure the different roles from people who for different but valued reasons may have been for, against, or had concerns about the impacts of the MSIF are promoted.

We are here because of all those stakeholders. We created a safe space for everyone to chart their journey and share their experience, share their story about how we got here and how we can all work as a collective to ensure the service is successful for everyone going forward, and how we can build safe and stronger communities. This project was a collaboration between UISCE, the wider community, and Merchants Quay Ireland. Key stakeholders involved in the creation of this mural included representative from the local community, business owners, the Gardai, the HSE/ Department of Health, and representatives from MQI. A large-scale canvas mural will be permanently installed at Merchants Quay in Dublin to celebrate the journey and promote breaking down barriers and moving forward as a stronger community.

"You get to meet different people, and from the other side, some higher up than most of the people that we got to meet every day on a regular basis, do you know what I mean? So, yeah, it's nice just to be part of a community."

- John, Peer Support Worker

Naloxone Training

UISCE delivers ongoing peer-led overdose prevention and naloxone training This is done through outreach and in services.

In early 2024 UISCE was contacted by Dr Des Crowley, who was looking to get UISCE into City Clinic to do Peer2Peer naloxone training. Des and the staff wanted to make sure the people who access the clinic had access to naloxone, which can reverse an opioid overdose and save lives. This was even more important due to the ongoing updates from HSE on synthetic opioids like nitazenes being in some of the drug supply. They can be up to 30-50 times stronger than heroin. A lot of our peers are currently accessing clinics, and in some cases have accessed City Clinic and other OAT clinics across the city.

This meant they had strong relationships with many of their peers who accessed these services. This meant they had trust, and a good chance of getting people to take up the offer of the training and getting a kit. We went in with a plan, 2 people on the ground engaging with people when they came in, and two people in a room ready to train people. The training must inform people and be accessible for those we are looking to train. UISCE has several staff and peers who are trained by the HSE to deliver training. For the OAT clinics we use the HSE produced Opioid Overdose and Naloxone Training Flashcards and HSE videos that give people a visual of how to use the intranasal (nose) and intramuscular (injectable) naloxone.

UISCE progressed to deliver this model in 9 OAT clinics on a regular basis in 2024. This couldn't be done without the partnership, support and guidance of Des Crowley, Michelle George and General Assistants in the OAT clinics. Multiple GA's now work in partnership with the peers to further develop, enhance and deliver the training, with further actions planned.

It's powerful to have the peers go into the clinics and be able to play a key role in engagement with peers and overdose prevention. It also helps us challenge negative stereotypes and stigma and show what happens when peers are supported to lead and when people recognise the key role we can play and look to us to develop a plan with them to address some of the issues.

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In 2024, peers delivered 71 naloxone training sessions, equipping 567 people with lifesaving overdose response skills. Of those trained 539 of these were PWUD and were given naloxone, ensuring that those most likely to witness an overdose knew how to intervene. We know of many of these who have used it to save lives.

"Naloxone training needs to involve people who use drugs, not just picking people in recovery as an easy option. If you train even a few people a week, it is going to save lives. So many people are losing their lives, and they could have been saved."

- Ann Marie, Peer Support Worker

"We are saving lives giving naloxone. We get to see what's happening on the inside. People who use drugs never get to see behind the scenes. We never understood their side before. We see things differently and we understand. It's important that we go in there because we know the people. People who use drugs have a trust barrier because of authorities. We are not an authority figure; we are there for them."

- Paul, Peer Support Worker

Research

Every piece of work in UISCE begins from the ground up and that includes our peer led participatory research projects -A strong participatory process can democratise knowledge by involving peers in the design, delivery and evaluation of research, which promotes social change as opposed to just acquiring of knowledge from a particular group which limits their ownership over what is produced and in turn the efficacy of what's produced.

"Well for me, it tells you that people who take drugs aren't stupid. And they can be brought back and taught. And they're not dead ends, and they're not just lesser than, you know, they can contribute, if you let them. And if you make the spaces."

- Niall, Peer Support Worker

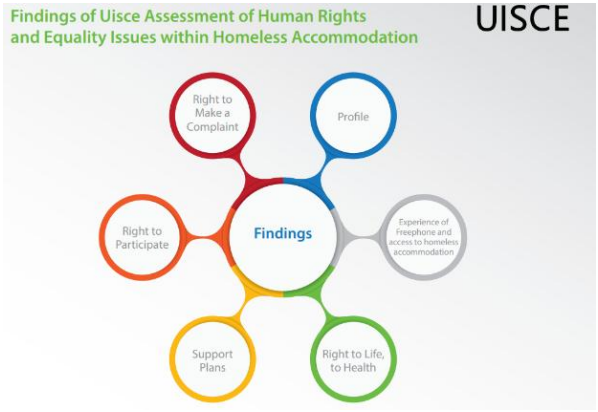
Lives on Hold Report

In February 2024 the Lives on Hold report was launched. The report is an analysis by SURIA of Peer-Led Research into the Methadone Maintenance Treatment practice, programme facilitated by Community Action Network (CAN) and SURIA between the following projects:

- The Canals Local Drugs and Alcohol Task Force,
- The Northeast Regional Drugs and Alcohol Task Force
- The Southwest Regional Drugs and alcohol Task Force
- UISCE, The National Advocacy Service for People Who Use Drugs in Ireland

The findings of this research which interviewed 229 peers attending services found that 44% of respondents do not know what a care plan is, only 52% had been offered counselling and just 13% have been offered rehabilitation or detox services. 92% had never been asked their opinion on their treatment and 95% have never made a complaint. These experiences align with the outcome of our Agency, Access and Services research project and reinforce the importance of independent peer led decision making structures in services.

Agency, Access, And Solutions Research



The Agency, Access and Solutions report presents the findings of a peer-led research project by UISCE, in collaboration with the Community Action Network (CAN),funded by IHREC, that explores the experiences of People Who Use Drugs within homeless accommodation, using a human rights framework and focuses on how homelessness services meet—or fail to meet—the needs of some of the most vulnerable groups in society.

The findings highlight a deep and systemic failure within the homelessness service structure, particularly for People Who Use Drugs. Despite progressive policies like the National Quality Standards Framework (NQSF) and the Public Sector Human Rights and Equality Duty, there is a stark gap between policy and practice. Fundamental rights — including adequate housing, health, and participation in decision-making — are consistently denied, further entrenching cycles of poverty, trauma, and drug use.

The overrepresentation of marginalised groups—such as people with histories of incarceration, institutional care, and socio-economic disadvantage—points to a broader failure to address the root causes of homelessness, showing that the current system does not provide trauma-informed, holistic support but instead reinforces punitive, judgmental responses. These responses fail to break the cycles of trauma, social exclusion, and criminalization that many people face, making it more difficult for them to escape homelessness.

Key findings include:

- 96% of participants had been homeless for six months or more, with 73% homeless for three years or more
- 71.95% having been in prison and 21.95% in care.
- 52% of participants do not feel safe in their current accommodation.
- 18% were members of the Traveller community.
- Access to basic needs such as heating, ventilation, and privacy are reported as inadequate, severely impacting participants' health and dignity.

This document is not merely a report—it is a call to action. It brings forward the voices of peers as rights holders, offering a clear roadmap for how services can be improved through a human rights-based approach. The implementation of this approach would ensure that services are more people-centred, respect dignity, and provide the necessary support to help people rebuild their lives.

"Another big highlight was the research with IHREC on homelessness and human rights. I live in a hostel and act as a representative for the clients. I was the bridge between management and residents. When we reviewed what residents were supposed to be entitled to versus what was actually being provided, it was shocking. I challenged the stakeholders, and they had to respond directly."

- Dan, Peer Support Worker

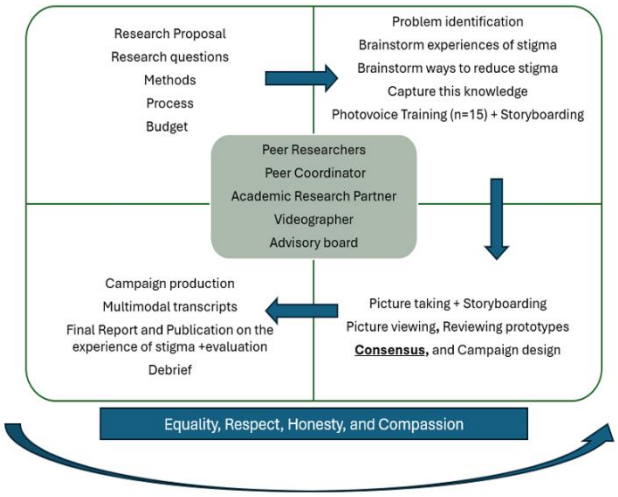
A Digital Story Anti-Stigma Campaign

This project was a partnership between UISCE and Dr Nicole M Miller (University of West London), grounded in the belief that People Who Use Drugs must lead the work of challenging stigma. Using a Community-Based Participatory Research (CBPR) approach and UISCE's Peer Partnership for Change framework, peers from UISCE, the HSE National Drug Treatment Centre, and Merchants Quay Ireland co-created a digital story campaign to reduce stigma against People Who Use Drugs.

Through creative, peer-led research methods — including photovoice, storyboarding, focus groups, and multimodal transcripts — peers explored the impact of stigma on their lives and developed solutions to challenge it. The process identified six key themes:

- Invalidating hostile social systems
- Class and the accommodation sector
- Inadequate health and social care systems
- Criminalisation
- Inspiring social consciousness
- Challenging and deconstructing systems of power

Figure 1. Application of CBPR to the anti-stigma digital story



Participating peers identified positive impacts from the process, including building creative skills, raising awareness of structural stigma, recognising their own strengths, and having a supportive space to process their experiences. The project produced a set of anti-stigma recommendations that align closely with those of the Citizens' Assembly on Drug Use (2024), highlighting the value of an intersectional approach that examines how multiple systems of power reinforce stigma — rather than focusing solely on individual services or sectors.

This analysis will directly inform the development of anti-stigma training rooted in person-centred, holistic healthcare. As always, peers led the process at every stage —

from designing storyboards to producing the films — making key decisions about how their stories were told and how the campaign would be delivered.

The project was co-facilitated by UISCE and UWL, ensuring both methodological rigour and community legitimacy. In 2025, we aim to build on this work by developing training, expanding campaigns, and engaging policymakers.

"The anti-stigma campaign was brilliant. When you're a person who uses drugs you just think that's normal life - being stigmatised. You don't really realise it until you do that piece of work. It was crazy to see how much we are stigmatised."

- Ann Marie, Peer Support Worker

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Advisory Boards

A core principle of UISCEs work is to increase the participation of PWUD in decisions that affect their lives. Once issues have been identified and analysed through peer-led activities, the next step is to create the structures where peers can sustainability and independently make decisions, direct processes, and hold influence. Creating the conditions for collective decision-making is what distinguishes tokenistic peer engagement from meaningful participation. This requires time, facilitation, and independent space—where peers are not asked to simply feed back into existing systems but instead shape how that work happens and what happens next. UISCE being independent of any service or structure is vital to this work. It puts us in a position to help facilitate the space for Peers to develop analysis, challenge systems and drive change on their own terms. We believe that partnerships are vital to this process and independence gives us the space and tools to create the conditions for this work to happen.

UISCE's work in 2024 involved supporting and helping to create the conditions for peers to build and strengthen peer-led decision-making structures in multiple settings. When done in partnership with an organisation, the overall aim is to increase the participation of peers in the structures of the organisation, to embed a culture of participation from the ground up that can ensure peers can play a lead role in the design, delivery and evaluation of the organisation's initiatives. Below are three examples of this work. These structures emerged from peers identifying issues and UISCE as an independent organisation helping to facilitate the space for peers to lead in shaping responses.

Peer-led Naloxone Advisory Group

Aim

The overall aim of the Naloxone Peer Led Advisory Group is to increase, promote and maintain the participation of peers with lived or living experience of substance use to work in partnership with the National Naloxone Quality Assurance Group (NNQUA) in the delivery and implementation of the recommendations of the National Drug & Alcohol Strategy re: naloxone under 2.2: To reduce harm among high-risk users. This objective focuses specifically on people who inject drugs and the issues of overdose and drug-related deaths. Among the associated actions are 2.2.30b: Expanding the availability of naloxone to people who use drugs, their peers, and family members to achieve better health outcomes.

Role of the Naloxone Peer Led Advisory Group

- Make recommendations to the National Naloxone Quality Assurance Group in relation to the implementation of National Drug & Alcohol Strategy re naloxone to increase awareness, training and accessibility of naloxone.
- Provide feedback to the National Naloxone Quality Assurance Group of any barriers to naloxone training/naloxone availability that peers are experiencing and overdose concerns emerging at local and regional level.
- Ensure effective communication processes are in place between the Naloxone Peer Led Advisory Group and the National Naloxone Quality Assurance Group.
- Bring ideas and proposals from other peers to the group and ensure peers are kept up to date in relation to the work of the National Naloxone Quality Assurance Group.
- Support the role out of peer led naloxone training.

The group continues to be effective, meeting with the Chair of the NNQAG Denis O' Driscoll, and naloxone lead for the HSE, Jenny Smyth on a regular basis in 2024. The group have worked with Jenny and Denis to ensure strong representation on the NNQUG, with clear actions on increasing naloxone training in emergency accommodation, exploring ways to push for the deregulation of naloxone, inform and support the CIRCLE programme and ongoing assessment of these and other actions.

National Drugs Treatment Centre Advisory Board

UISCE currently support peers and management in the NDTC to maintain a Peer-led Advisory Board (PLAB) The NDTC PLAB has a Terms of Reference with management and meets on a tegular basis. The PLAB has increased participation, identified gaps in

service provision, conducted in service surveys and developed a proposed plan between peers and management to explore improvements in care plans and complaints process, improving engagement and the overall experience of people accessing the service. This work also informed a broader anti stigma research project to address the underlying issues people who access the service experience.

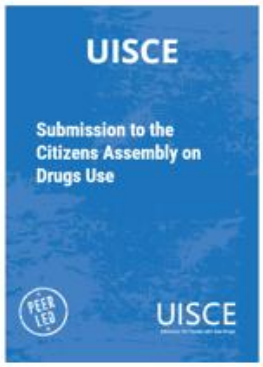
MSIF Working Group

UISCE developed a working group made up of People Who Inject Drugs to ensure strong representation on the design, delivery and evaluation of the medically supervised injection facility opened by MQI in 2024. This was developed from peer-led outreach and in collaboration with MQI. UISCE facilitated representation on the operational working group, and stakeholders group set up by MQI. This ensured the experiences of peers had influence on both structures that had decision making powers related to the MSIF.

"Since around 2015 or 2017, we've been pushing for a safe injection facility (SIF) in Dublin. It's a huge battle because drug use is a big business, and there's little incentive to actually solve the root problems. But the science backs it, so it's not something that can be ignored. We worked with the HSE, Merchants Quay, and the team from Portugal and Correlation. I remember clearly what the Portuguese team said – from the moment a SIF opens, every process needs to be tested and adapted constantly to improve. That's real progress."

- Dan, Peer support Worker

Submissions, Position Papers, Campaigns and Events



At UISCE, all our work is about creating change led by People Who Use Drugs. As outlined in our *Peer Partnership for Change* framework, we focus on closing the gap between those who hold power and those who experience its impacts.

One of the ways we do this is by bringing the voices, experiences, and solutions of People Who Use Drugs directly into spaces where decisions are made. Campaigns, policy submissions, position papers, events, and speaking engagements are some of the tools we use to challenge stigma, shift narratives, and push for changes in laws, policies, and practices.

This work is about making sure that People Who Use Drugs are not just talked about — but heard, respected, and centred in shaping the systems that affect their lives.

What follows is just a snapshot of some of the ways we brought that work forward in 2024.

Campaigns

Along with campaigns for *the "What's The Story* "and "*Where Do We Belong"* workshops detailed in the Groups section of this report, UISCE were part of Support Don't Punish, which is a global advocacy campaign calling for drug policies based on health and human rights that UISCE has been involved in for many years. As part of this campaign, we have a peer-developed leaflet outlining what we need to have a 'support don't punish' approach and video showing peers having conversations with members of the public on harm reduction and the harms of punitive drugs policy. We share this message through outreach and our social media.

International Overdose Awareness Day 2024 - #IOAD24

Ireland has the highest rates of drug deaths in the EU, suffering four times the average fatality rate and International Overdose Awareness Day 2024 was a busy day for UISCE. Peers were out in numbers in the city, speaking to people about overdose awareness and engaging with PWUD on harm reduction and naloxone training programme. Peers also presented harm reduction and Naloxone information at Ballymun Youth Action Projects #EndOverdose event. This was shared through a powerful video which presents the peer-led actions taken in response to the overdose crisis in Ireland, reshaping the narrative from People Who Use Drugs being a 'problem' to being part of the solution, and drivers of change.

Shining A Light on Drug-Related Bereavement

Also released for IOAD24, was the video for the 'Shining A Light on Drug Related Bereavement' event for IOAD24 which was being organised by Dr Sharon Lambert and UCC. The aim of the event was to highlight the impact of bereavement on families, services and peers. The work was based on research conducted within DCC and in collaboration with community partners. The research highlights drug related grief as a complicated grief, a disenfranchised grief driven by stigma.

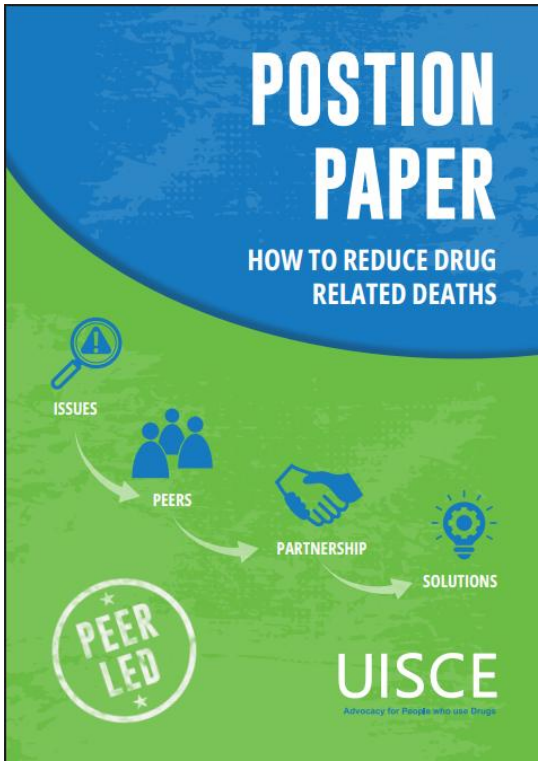
Position Paper

In 2024, developed on the back of the 2023 overdose prevention strategy, UISCE published the position paper, *How to Reduce Drug-Related Deaths,* setting out clear, practical actions to reduce overdose deaths in Ireland and respond to the increasing risks posed by a changing drug market.

This position paper was developed through UISCE's ongoing engagement with People Who Use Drugs, who identified key gaps in current responses — particularly around access to naloxone, the impact of synthetic opioids, and the lack of harm reduction supports available to people outside of traditional service settings.

The paper outlines eight core recommendations, including increasing naloxone access and peer-led distribution, drug checking, expanding low-threshold treatment, safe consumption spaces, and creating a working group to explore safe supply interventions.

Central to the paper is the recognition that People Who Use Drugs are not only most at risk of overdose — they are also best placed to lead and inform overdose prevention efforts. This reflects UISCE's ongoing commitment to ensuring policy responses are informed and shaped by People Who Use Drugs.



Citizens Assembly Policy Submissions

The recommendations put forward in UISCE's submission to the Citizens' Assembly on Drugs Use[3] were developed through participatory, peer-led and issue led processes involving PWUD. These were

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

This year UISCE's peers identified a number of key priorities, including the decriminalisation of drug use, the expansion of harm reduction services, a strong focus on the relationship between socio-economic status, poverty, trauma and drug use, and increased peer participation in decision making. These priorities were reflected within the recommendations of both the Citizens' Assembly On Drug Use[4] and the Oireachtas Joint Committee on Drugs Use[5]. Some of the CA recommendations that align with UISCES submission include:

5 a health-led approach to drug use

8 –relates to aligning drug policy with socioeconomic strategy.

13 – relates to prioritising marginalised and disadvantaged communities.

14 – relates to drug policy design and implementation being informed by People Who Use Drugs.

26 - building resilient, sustainable communities though local partnerships.

Along with many similar recommendations, The Oireachtas Committee on Drug Use recommended the following:

- That action taken should not involve a punitive approach.
- Service provision inadequately addresses current service user needs and differs geographically. Service provision and improving people's conditions and environment should be addressed with a targeted,

[3] UISCE Submission to the Citizens Assembly on Drug Use. Retrieved Citizens Assembly on Drugs Use Submission - UISCE

[4] Report of the Citizens' Assembly on Drugs Use | Citizens' Assembly

[5] https://data.oireachtas.ie/ie/oireachtas/committee/dail/33/joint_committee_on_drugs_use/reports/2024/2024-10-22_joint-committee-on-drug-use-interim-report_en.pdf

strategic response that are person-centred
- Full decriminalisation of the person in relation to the possession of drugs for personal use and Repeal of Section 3 of the Misuse of Drugs Act 1997.
- Government should prioritise drugs use as a policy priority, as part of an overall socioeconomic strategy
- A poverty and trauma-informed approach to addiction services.
- That naloxone should be available over the counter, as opposed to being available only on prescription.

This alignment demonstrates the value and legitimacy of participatory peer-led approaches in shaping drug policy that responds directly to the realities faced by People Who Use Drugs in Ireland, and we expect these recommendations to shape the new National Drugs Strategy.

Participation in Media, Events and National Structures

UISCE is present and active on multiple local and national platforms. ensuring that the voice of People Who Use Drugs is embedded in local and national policy-making structures. As a result of the nature of the independent peer-led process, UISCE is in a strong position to truly represent People Who Use Drugs in these spaces because of the vast amount of people we engage, the strong process, and the position of peers in decision-making structures. Below is an example of some of these structures:

- National Oversight Committee
- Strategic Implementation Group 3
- Early Warnings and Emerging Trends group
- National Naloxone Oversight Quality Assurance Group

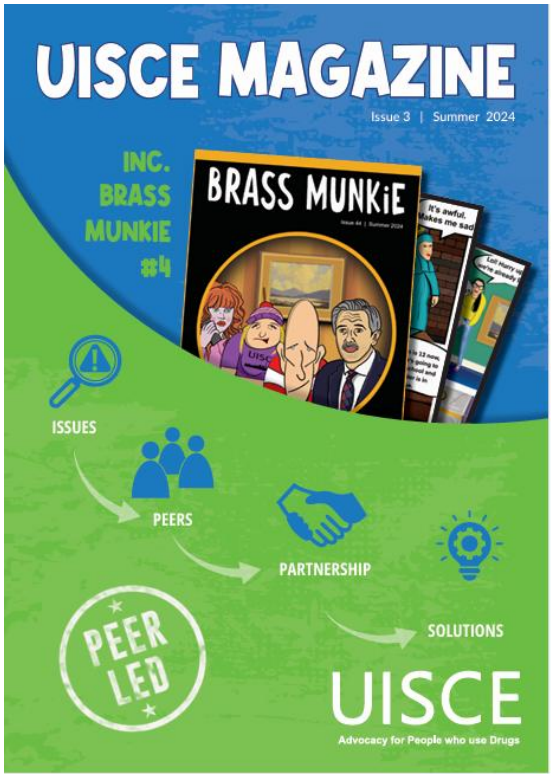
UISCE peers have directly represented on national radio, current affairs programmes such as Prime Time, local and national fora related to drug, health and social policy as well as multiple local and national events. In 2024 UISCE took part in the filming of Midas production on the opening of the MSIF in 2024, to be shown on Virgin Media in 2025. This, and the many other appearances by UISCE peers is the testament to people who are willing to take risks and put themselves forward to speak for themselves, and the process UISCE uses to get there. This is no easy task. We make a conscious decision to do this so we can destigmatise People Who Use Drugs, and show that irrespective of where we are on the spectrum of drug use, we must be allowed exercise our right to have a voice, and show people that we have experiences and insights that are important and critical for change, and more importantly- We Have Value!

“It’s important to have media coverage and documentaries because they bring awareness. Society tends to shove issues like addiction into the corner and pretend they don’t exist, but nearly every family is affected by addiction in some form – drugs,

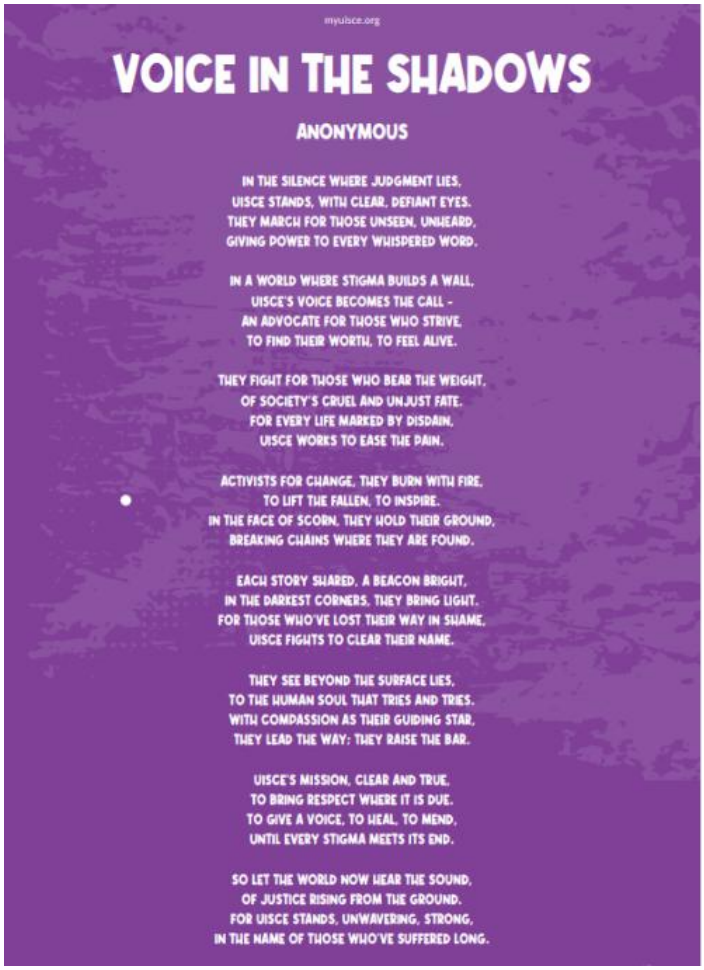
alcohol, or even people. Awareness forces society to look at the issue instead of ignoring it. When people understand what addiction is rooted in, they're more likely to take real steps to address it."

- Dan, Peer Support Worker

UISCE magazine



UISCE aims to ensure that the community of PWUD have access to relevant information regarding services, legislation and any other relevant topic. To do this, we publish the UISCE magazine, which aims to provide accessible information to the community of PWUD as well as to service providers. The magazine has been operating for almost thirty years and is a core piece of our work that is recognised right across the city. It's an opportunity to promote the work that showcases how peers are leading the charge in affecting change, challenging the narrative that People Who Use Drugs are 'just a problem' and correcting the record that we are part of the solution, this magazine demonstrates how. experiences of People Who Use Drugs and doesn't flinch away from sharing these stories exactly as they are. Brass Munkie is a comic strip that comes directly from the issues and experiences raised by Peers.



myuisce.org

VOICE IN THE SHADOWS

ANONYMOUS

IN THE SILENCE WHERE JUDGMENT LIES,
UISCE STANDS, WITH CLEAR, DEFIANT EYES.
THEY MARCH FOR THOSE UNSEEN, UNHEARD,
GIVING POWER TO EVERY WHISPERED WORD.

IN A WORLD WHERE STIGMA BUILDS A WALL,
UISCE'S VOICE BECOMES THE CALL -
AN ADVOCATE FOR THOSE WHO STRIVE,
TO FIND THEIR WORTH, TO FEEL ALIVE.

THEY FIGHT FOR THOSE WHO BEAR THE WEIGHT,
OF SOCIETY'S CRUEL AND UNJUST FATE.
FOR EVERY LIFE MARKED BY DISDAIN,
UISCE WORKS TO EASE THE PAIN.

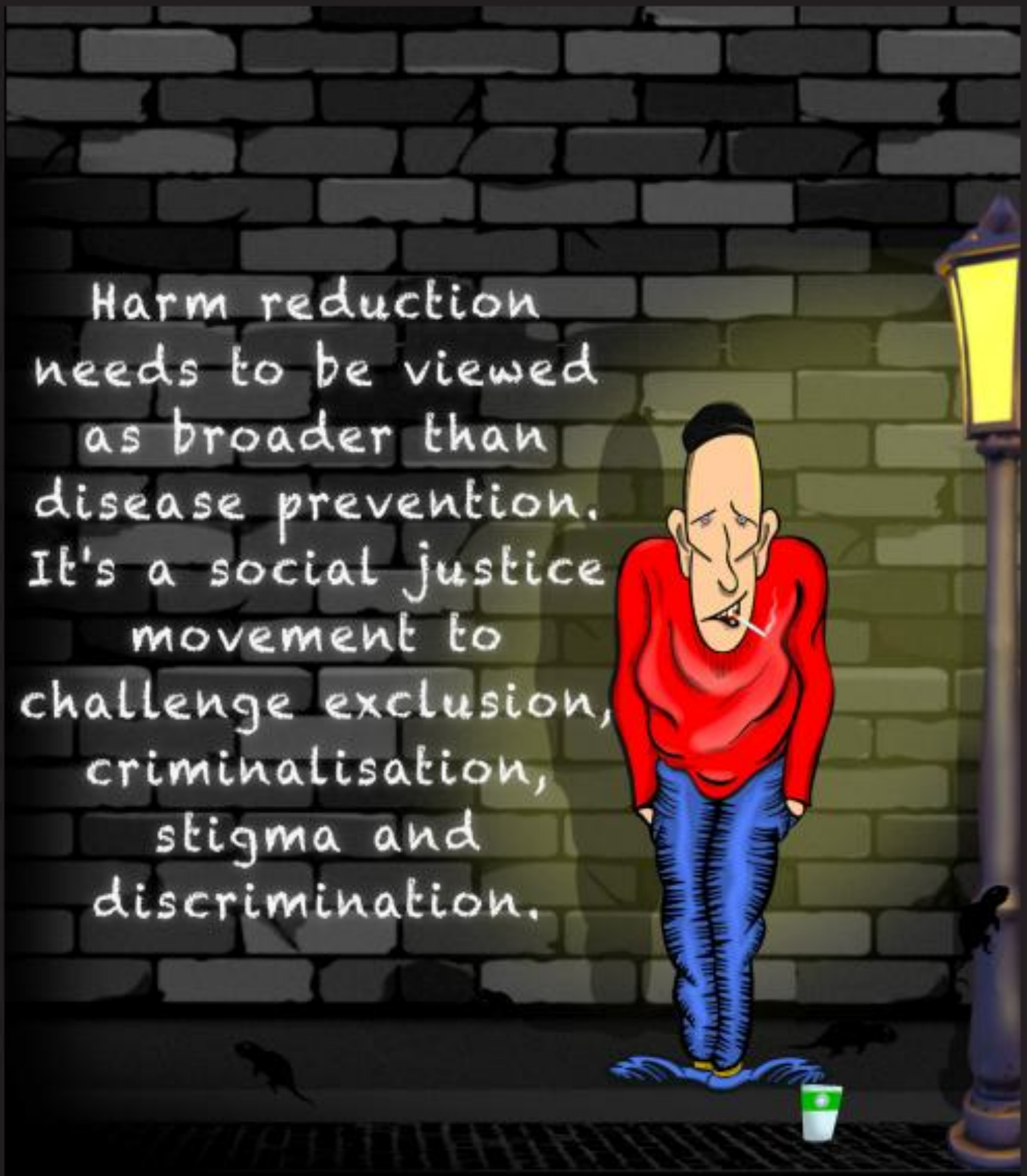
ACTIVISTS FOR CHANGE, THEY BURN WITH FIRE,
TO LIFT THE FALLEN, TO INSPIRE.
IN THE FACE OF SCORN, THEY HOLD THEIR GROUND,
BREAKING CHAINS WHERE THEY ARE FOUND.

EACH STORY SHARED, A BEACON BRIGHT,
IN THE DARKEST CORNERS, THEY BRING LIGHT.
FOR THOSE WHO'VE LOST THEIR WAY IN SHAME,
UISCE FIGHTS TO CLEAR THEIR NAME.

THEY SEE BEYOND THE SURFACE LIES,
TO THE HUMAN SOUL THAT TRIES AND TRIES.
WITH COMPASSION AS THEIR GUIDING STAR,
THEY LEAD THE WAY: THEY RAISE THE BAR.

UISCE'S MISSION, CLEAR AND TRUE,
TO BRING RESPECT WHERE IT IS DUE.
TO GIVE A VOICE, TO HEAL, TO MEND,
UNTIL EVERY STIGMA MEETS ITS END.

SO LET THE WORLD NOW HEAR THE SOUND,
OF JUSTICE RISING FROM THE GROUND.
FOR UISCE STANDS, UNWAVERING, STRONG,
IN THE NAME OF THOSE WHO'VE SUFFERED LONG.


Harm reduction needs to be viewed as broader than disease prevention. It's a social justice movement to challenge exclusion, criminalisation, stigma and discrimination.

Close The Gap Conference

In December we held a full day conference in Smock Alley, led entirely by people with lived and living experience of drugs, that showcased how peer-led processes are creating the conditions for systemic change. The event featured

- A real-life drama, developed and acted by people with living experience.
- The unveiling of the UISCE & TCD Peer-led Toolkit, offering practical guidelines for increasing the participation of People Who Use Drugs in service delivery and policy design.
- Findings from the IHREC-funded research "Agency, Access, and Solutions", exploring gaps in equity of service provision in emergency accommodation.
- The debut of Digital Story Peer-Led Anti-Stigma Campaign, created through a digital storytelling, community-based participatory approach.
- A Story of Partnership and Saving Lives- UISCE peers and Dr Des Crowley discuss a partnership approach in response to the overdose crisis
- Panel discussions, Q&A sessions, music, and conversation – all grounded in the living experiences of those most impacted.

The day was a powerful example of what is possible when the conditions are created for peers to drive change.

Looking Forward to 2025

Peer Partnership For Change Strategy Evaluation

As we enter the final year of our Peer Partnership for Change 2022-2025 strategic plan, UICE will develop an evaluation of the strategy and begin planning for our next strategic planning process to ensure our work remains rooted in our core values and builds on learning and evidence.

National Framework for peer-led advocacy and participation.

UISCE has developed models of best practice that are peer led and informed by international research which have been proven to be effective. Some of this has been outlined in this annual report. This work has increased our engagement with peers, services and structures from across Ireland. We know there are huge gaps in the ability of our peers to access credible, independent advocacy and opportunities to participate in decision making, and be actors for change.

In 2024 we highlighted a need for a national framework to meet the requirements set out in national strategies and now the Citizens Assembly on participation and advocacy. It is widely recognised as critical to how we move forward.

UISCE will prioritise a business plan for how to develop and fund this framework in 2025 and beyond, based on the evidence presented in the UISCE Annual Report for 2024. We hope to continue to receive support from partner organisations, funders and stakeholders to continue this vital work.

Looking to 2025

- Develop the UISCE & TCD Peer Engagement Toolkit & Guidelines into Peer-led Training
- Develop the Anti-Stigma research into Peer-led Training.
- Strengthen, evaluate and consolidate peer-led outreach for and by People Who Use Drugs
- Inform, support and evaluate the pilot MSIF, with a view to beyond the pilot including exploring the need and efficacy of consumption rooms and other related facilities nationally.
- Inform and promote the efficacy of new and effective harm reduction measures which save lives and improve outcomes

- Continue to develop creative ways to engage People Who Use Drugs
- Develop further peer-led research, policy briefs and campaigns to affect change,
- Seek to ensure People Who Use Drugs have independent spaces to explore issues, and effectively advocate at local and national level.
- Explore funding to enable us to support peers and services across Ireland to embed participation in a way that is meaningful, independent, and transformative.

"We know that if UISCE didn't exist, most of this evidence, analysis, and leadership would not reach decision-makers. There is no existing structure in Irish drug policy that does this work outside of UISCE. What we are building is not just projects — it is the infrastructure for peer-led change in Ireland."

- Andy, UISCE Co-Ordinator

Why Funding Peer-Led Work Matters

UISCE operates on a fundamental principle: People Who Use Drugs are the experts in their own lives. If policies, services, and supports are to meet the needs of those that need them, and address the root of the issues, they must be designed and implemented with and by the people they affect most. Investment in peer-led advocacy and harm reduction is not just funding a service—it is funding systemic change. It is a commitment to human rights, dignity, and health. The projects outlined in this report demonstrate that when PWUD lead decision-making, real progress happens. Sustaining and expanding this work requires ongoing commitment. Without continued investment in peer-led research, advocacy, and harm reduction, people will remain excluded from decisions about their own lives, and the opportunity to create safer, more effective, and more compassionate drug policies will be lost. UISCE will continue to advocate for sustainable funding models that support peer-led approaches and ensure that People Who Use Drugs are at the centre of policy and service development.

Our Voice Matters – Quotes From Our Peers

"Society has to be aware of us. People who use drugs are often not living their lives, they're surviving. Everyday they're fighting to survive. With places like UISCE, a lot more people would speak out about where the barriers are within the system and services. You'd know what's out there for people as well, you can point them in the right direction."

- Ann Marie, Peer Support Worker

"I just think it's very important to give people who would never have a chance a chance at getting their life back. Because when you are a person who uses drugs, or you want to come off drugs, or are off drugs and you're about 40 or 50, there's nothing out there for you. Nothing. And this place for me is just… I know I always say for me, I want to give back, and that is my aim to give back, because I took so much from the town you know?"

- Niall, Peer Support Worker

"I first became aware of UISCE in 1999/2000. It was a very different organisation then. It's only in the last number of years, there's no comparison. UISCE now is peer led and offers a peer group. Its reach to other organisations and its impact on other organisations has been immense. I think if it continues to develop at this rate it's going to be a really necessary and useful organisation. Being part of that is very exciting."

- Robyn, Peer Volunteer

"It brings in people from all backgrounds, all communities. Yeah, we're based in Cabra, but if you live in Clondalkin and I bump into you on outreach and you need advocating, we're going to advocate for you. It doesn't really matter where you come from. I think then when you bring the people in here, and they go on their little journey and their little path, they go back to their community. And maybe what they learn here they can put in practice in their community, and then maybe we can have UISCEs all over Ireland!"

- Niall, Peer Support Worker

"I've got my life in order since I started in UISCE. I've learned a lot about myself. I've done a lot of training. I have learned how to deal with people who are not in the drug scene, how to deal with people with respect and not lose my temper. I hope I can move on and keep going with UISCE."

- Paul, Peer Support Worker

"Having a voice as a peer is vital. Experience can't be taught in a classroom. You can study addiction all you want, but lived experience brings an understanding that no book can match. Life for someone who uses drugs doesn't follow a schedule. It's chaotic, and we adapt based on instinct and experience. That's why peer workers can see problems and solutions in real-time and communicate that to services. We know what works and what doesn't – often before it's even tested."

- Dan, Peer Support Worker

"Just to progress. I just want to take on whatever is given to me and I can get out of it. I just want to be able to improve myself and UISCE has given me that chance to do that because I notice myself, I am improving in things. I'm getting more like when I used to be just down and I would go home and do it as I was saying to you earlier on and I'd just get depressed. I can't get no motivation. But yeah, UISCE, I want to be out doing it. Do you know what I mean? I go up and I'm out the door. I know it's only a couple of hours a week, but it's a couple of hours a week that gets me out of the house. And to do something that I've always wanted to do."

- John, Peer Support Worker

Peer-led can be a bit of a buzz word, I feel irritated even hearing the phrase now even though its brilliant and I'm totally for what it stands for. It just makes me think of tokenism. I've been treated that way a lot. One of the things that's great about UISCE, they just genuinely care and want you to have your say because they understand that you don't get a chance to.

- Suzanne, Peer Volunteer

So how can you get people that use drugs Involved in something and you don't want them to use drugs? It doesn't make sense. So that's what's different about here. Yeah, you know, your drug use doesn't matter. Now, if you want to stay drug free, we will help you through that as well. You know, in order to come into the organisation you have to have, you either have to have lived experience or you have to have, you have to actually live it. You know what I mean?

- Niall, Peer Support Worker

"I've always been active in social justice, and I wanted to give back and do something about the problem. I've tried volunteering for quite a few organisations and they all Garda Vetted and rejected me, so I was really disappointed. I spent ages thinking that there was no way for me to get involved and it seemed really unfair because the whole sector is dominated by people with no experience of addiction, it's an ally dominated industry. So I got involved in UISCE by chance through a friend at an event, and I found out that they don't mind if you have a criminal record. I couldn't believe that it didn't

matter. I already knew that UISCE was brilliant. It was a light at the end of the tunnel. UISCE values what you have to give even if you are really sick."

- Suzanne, Peer Volunteer

Acknowledgements

To the Peers

First and foremost, we extend our deepest appreciation to the peers who lead, organise, advocate, and shape UISCE's work. Every project, campaign, and training session this year was made possible because of your expertise, willingness to drive change, and refusal to accept exclusion.

To Our Board

We would like to express our sincere gratitude to the members of our Board for their continued guidance, commitment, and belief in the vision of UISCE. The success of our work over the past year is a direct reflection of your support, leadership and expertise. Your dedication ensures that UISCE remains a strong, independent voice for people who use drugs, and your ongoing encouragement helps us grow, adapt, and deepen our impact across every aspect of our work.

To Our Partners and Allies

We recognise and appreciate the organisations, researchers, advocates, and service providers who have worked alongside UISCE in 2024. Whether through collaborative projects, research partnerships, policy discussions, or shared advocacy efforts, your engagement with UISCE's peer-led model has strengthened the movement for harm reduction and human rights in Ireland.

To Our Funders

Thank you to our funders for investing in peer-led work, harm reduction, and drug policy reform. The impact of UISCE's initiatives in 2024 was made possible through your support. UISCE will continue to advocate for sustainable funding models that centre the leadership of People Who Use Drugs, ensuring that this work is not just supported for a moment but is embedded in long-term strategies for change.

In particular HSE Social Inclusion CHO9, North Inner-City Drug and Alcohol Task Force and the Drugs Policy Unit who provide critical core funding. We have received additional supports or funding from the Irish Human Rights and Equality Commission, Merchant's Quay |Ireland and the National Drug Treatment Centre. Its important to note, we see these as key partners in our work, not simply funders. We aim to adopt the same 'partnership and strengths-based approach' outlined in this report with all our funders, supporters and partners. We hope to grow these partnerships into 2025 and beyond

To everyone who supported this work in 2024—by showing up, by amplifying voices, by challenging stigma, or by standing in solidarity—thank you. The road ahead is long, but we walk it together.

UISCE

Advocacy for People who use Drugs

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