UISCE MAGAZINE

Issue 4 | Winter 2025

INC.
OUR (FKD UP &
MACABRE!) STORY
BY JINX & BRICK

PEER LED

INC. BRASS
MUNKIE #45

UISCE

Advocacy for People who use Drugs

CONTENTS

WELCOME BACK READERS !!!

Well, well our loyal friends and readers. How has everyone been doing, we hope you have all been 'keepin on, keepin on' as they say. Its been a minute since the last magazine. So, hopefully we have loads to keep you going in this one.

We have the usual Brass Munkie animation: Listen to Gizmo and all the crew (and new characters) talk about the Safer Injecting Site or the 'antidote to stigma and mental health'. We have stats on whether it's working, and a piece describing the impact of the MSIF done by a person who uses it. We have powerful pieces from women who use drugs, to Travellers to drug trends and work in prisons. We have special art pieces, and a very special first edition of a NEW animation called 'Our F**ked Up and Macabre Story' which is an insight you won't want to miss! As usual you will hear all about what people like us, have to say about the world we live in. The Good, The Bad and The Ugly. Get stuck in, and remember drop in, give us a shout, grab one of our outreach workers if you have any issues and think you're being treated poorly because of who you are and the drugs you use. We have your back, and we will support you to have a voice, and you never know, even create a bit of aul change along the way! YUP YUP!!

Read about why we ran the Support Don't Punish Decriminalisation of People Who Use Drugs campaigns and get onto to us if you need support and want to be part of it in 2026. You will also get a glimpse of how we used art to connect with staff from the HSE clinics to hopefully get better outcomes for people and save lives.

ACKNOWLEDGMENTS

To everyone who we engage with on outreach, in clinics, doing naloxone training, coming to groups, research or doing advocacy cases- thank you for making our voice stronger and working with us to make things better. You are all part of the work and campaign to create a better place. To all the living legends that put stuff in this edition, and to all the projects we worked with in 2025. We had national organisations and networks and local organisations from around the country working with us. Too many to mention. To all the facilitators trainers and workers who we worked in partnership with, lets keep going!

Last but not least- our funders. We owe a gratitude to you, we salute you! The HSE, Department of Health (DPU) and NICDATF for core funding. To MQI who worked with us and the Department of Justice on funding. We hope we continue to do what needs to be done, together.

MOTHERS WHO USE DRUGS!!!

BY ANNMARIE DUNPHY

WE ARE MOTHERS. SOME OF US HAVE USED DRUGS, BUT THAT DOES NOT MAKE US BAD MOTHERS, AND IT CERTAINLY DOES NOT MAKE US BAD PEOPLE. OUR CHILDREN WERE NEVER UNLOVED. THEY WERE NEVER UNWANTED. THEY WERE AND ALWAYS WILL BE OUR REASON TO LIVE. TO MOST OF US OUR CHILDREN ARE THE ONLY FAMILY WE HAVE.

THE SYSTEM SEES ONLY THE DRUGS. IT JUDGES US, PUNISHES US, AND TAKES OUR CHILDREN. IT SILENCES OUR VOICES AND CALLS US "UNFIT". TAKING OUR CHILDREN DOES NOT FIX US. IT BREAKS US EVEN MORE. IT LEAVES US IN EMPTY HOMES, WITH EMPTY ROOMS, AND AN ACHING HEART. IT PUSHES US DEEPER INTO THE PAIN WE WERE TRYING TO ESCAPE.

WE DON'T NEED JUDGMENT. WE DON'T NEED LABELS. WE DON'T NEED TO BE SHAMED INTO SILENCE. WE NEED COMPASSION. WE NEED SUPPORT. WE JUST NEED A CHANCE TO HEAL AND REBUILD.

MOTHERS WHO USE DRUGS CAN TURN THEIR LIFE AROUND. WE CAN LOVE, WE CAN CARE, WE CAN RAISE OUR OWN CHILDREN, IF WE ARE JUST GIVEN THE CHANCE.

WE ARE NOT OUR MISTAKES. WE ARE NOT OUR PAST. WE ARE NOT THE LABELS YOU GIVE US. WE ARE MOTHERS. WE ARE LOVED, AND WE DESERVE TO BE SEEN & LISTENED TO.

WE HAVE A RIGHT TO BE HEARD, WE HAVE A RIGHT TO BE LISTENED TO, AND WE HAVE A RIGHT TO BE GIVEN A SECOND CHANCE. TAKING OUR CHILDREN DOESN'T ONLY AFFECT THE MOTHERS, IT ALSO AFFECTS THE CHILDREN AND NOT ONLY TRAUMATIZES US AS MOTHERS, BUT THAT TRAUMA THEN GETS PASSED DOWN TO OUR CHILDREN. BREAK THE CYCLE NOW AND PUT AN END TO GENERATIONAL TRAUMA.

DRUG TRENDS

The drug market stayed unpredictable all through 2025, with constant changes in what was available, how strong it was, and what it was mixed with. The supply keeps shifting week to week — and that means the risks change too.

Although heroin supply seemed to be low at the beginning of the year, by mid-2025 it started making its way back onto the streets. What many people called "white heroin" or "China White" began to appear, and it was linked to several overdoses both inside the MSIF and outside. Toward the end of the year, reports of both heroin use and overdoses increased again. It is always a risk that what's being sold as heroin may actually contain other, more powerful synthetic opioids — which can drastically increase the risk of overdose. In many cases drugs that were tested simply seemed to be stronger and didn't have synthetic opioids in it.

Crack cocaine continued to dominate across Dublin and other major cities as well as in the Midlands throughout the year. It remained easy to find and often used alongside other substances. Later in the year, there were also growing signs of crystal meth use in parts of Dublin city.

Benzodiazepines were everywhere — Tranax, 'Pink Ladies', Zimos, and fake blue diazepam tablets. Many of these are pills pressed with unknown or dangerous ingredients. Mixing benzos with opioids, alcohol, or other depressants increases overdose risk.

WHAT WE'RE SEEING ON THE GROUND

This information comes directly from UISCE's outreach team, who spend time every week on the streets and in services engaging with people who use drugs. Our team also helps to collect drug samples for testing through the HSE's National Drug Trends Monitoring and Early Warning System. That testing partnership is vital — it confirms what's circulating, identifies contaminated or unusually strong batches, and helps get safety alerts out fast. When something new or dangerous shows up, UISCE shares that information straight back to the community through outreach, peer networks, and services. It's a cycle of communication that can save lives.

WHY DRUG CHECKING MATTERS

Every person deserves to know what they're taking. Drug checking isn't about encouraging use — it's about keeping people alive. Knowing the contents and strength of what's sold on the street helps people make safer decisions, reduces overdoses, and gives health services a clearer picture of what's happening in real time.

UISCE continues to push for accessible, community-based drug checking services across Ireland — not just for emergencies, but as a basic harm-reduction right. Combined with decriminalisation, naloxone access, and increasing low-threshold services, drug checking is part of a system that values people's lives and choices over punishment or shame.

PARTNERSHIP WITH MERCHANT'S QUAY IRELAND

In 2025, UISCE strengthened its ongoing partnership with Merchants Quay Ireland (MQI) through structured collaboration, shared outreach, and co-design processes aimed at improving engagement and support for people who use drugs in Dublin city centre.

Two collaboration and design meetings were held during the year between UISCE and MQI's Community Engagement Team, resulting in a jointly developed Memorandum of Understanding (MOU) to guide the partnership. The MOU sets out shared principles, communication protocols, and collaborative goals, ensuring both organisations continue to work together effectively while maintaining their independence and peer-led identity.

Our teams remain in regular contact throughout the week, coordinating before each outreach session to share updates and identify emerging issues. UISCE and MQI have also carried out joint outreach sessions in and around the MQI area, meeting people where they are and responding together to the realities of street-level need. This collaboration demonstrates how independent organisations can strengthen collective impact through partnership, mutual respect, and shared values—while remaining true to their own community-driven approaches.
MSIF Inreach Collaboration

UISCE continues to work closely with MQI around the Medically Supervised Injecting Facility (MSIF). UISCE peers now carry out weekly inreach sessions within the MSIF, providing consistent engagement and direct support to clients. These sessions have proven highly effective in building trust, gathering feedback, and strengthening communication between people who use the service and the staff who provide it.

Feedback from both clients and staff has been overwhelmingly positive, reflecting the impact of peer presence in fostering a safer, more responsive, and person-centred environment. Through peer inreach, UISCE ensures that the voices and experiences of people who use drugs continue to shape how services evolve—from day-to-day practice to broader system design.

UISCE was proud to support MQI in hosting a visit to the MSIF by a delegate from Northern Ireland, alongside representatives from the Department of Health and the HSE. During the visit, UISCE peers shared their experiences and expertise in helping to shape the MSIF and in identifying ways to make services more inclusive and effective for those who rely on them. The exchange offered delegates valuable insights into what works on the ground, with the hope that these lessons can guide policy and practice in Northern Ireland as it explores its own harm reduction and supervised consumption initiatives.

This partnership continues to show what's possible when peer-led and service-based organisations work together—creating safer, more compassionate responses to drug use rooted in trust, dignity, and shared purpose.

MQI
Merchants Quay Ireland
Homeless & Drugs Services

HARD WORK 'GETS PUNISHED'

OPINION PIECE BY ROBYN MELIA

I'm sure everyone is aware of the new Deposit and Return Scheme introduced by the Irish Government. Basically, when you buy a bottle or can of minerals or water, you pay a small deposit that's added to the cost of what you're buying. You then return the bottle or can and get your deposit back — pretty straightforward.

However, a lot of people don't bother bringing their bottles or cans back. This means that many of them still end up in bins or thrown on the street. As a result, some people have started collecting these bottles and cans in bulk to return them. When you look at what's happening, some interesting — and troubling — things become clear.

For one, this new activity has created a fresh source of stigma. Every day, you can see people collecting bottles and cans. They might have a plastic bag with them, sometimes checking bins or even using a key to open public bin containers. Some spend their entire day doing this. One of the UISCE team has seen individuals engaged in this being stopped and searched by Gardaí. It seems there's often an assumption that anyone collecting bottles or cans is likely:

- Homeless, or
- A person who uses drugs

And therefore already experiences a degree of stigma.

For example, an individual collecting in Temple Bar was told by Gardaí that they had two minutes to leave or they would be arrested. This happened after someone claimed ownership of bottles the collector had picked up and became abusive — yet the Gardaí appeared to automatically assume that the collector was at fault.

Other issues have also been noticed. Most 24-hour shops refuse to let people use their return machines after 11 p.m. Recently, people have been seen ripping the labels off bottles. The machines won't accept bottles without labels, or those that are bent out of shape. This suggests that some people are intentionally destroying the opportunity for others to earn a small amount of money.

Years ago, there was a film starring Laurence Fishburne called Outnumbered and Outgunned, in which he played a recently released convict making a living by collecting bottles and cans. The film showed clearly the stigma attached to this kind of work — and the similarities with what's happening now in Dublin are striking.

In the end, the Deposit and Return Scheme might look like a simple environmental initiative, but the way it plays out shows something deeper. What's worse is that it adds another layer of stigma. People who are simply trying to earn a few euro by collecting bottles and cans are now being judged, watched, or even stopped by Gardaí — just for going through bins. It's another example of how systems can be set up in ways that end up affecting the people already most discriminated against — those living in poverty, people who use drugs, and people who are homeless.

THE SPACE BETWEEN:
ART AS A VEHICLE FOR COMMUNICATION AND CHANGE

In 2025, UISCE – in partnership with Saints & Scholars, inc., ran two creative pilot projects under the name The Space Between. These projects were designed to bridge communication gaps between people who use drugs and the health systems that serve them, by bringing HSE General Assistants from Opioid Agonist Therapy (OAT) clinics and UISCE peers together through art, reflection, and open dialogue.

The workshops created space to explore stigma, compassion fatigue, and the barriers that can arise in healthcare settings. They encouraged participants to look honestly at how relationships between staff and service users are shaped — and how they can be rebuilt on the foundations of empathy, understanding, and respect.

CREATING CONNECTION THROUGH ART

Each project paired a UISCE peer with a member of HSE staff to create plaster casts of their hands and arms. The material itself carried meaning — plaster is used to mend broken bones, and in this context, it symbolised the act of healing fractures between people and systems.

As pairs worked together, conversation came naturally. The casting process required patience, trust, and cooperation — the same qualities that build connection in real life. When the casts were finished, each person transformed theirs into a piece of art, using paint, collage, and found materials to tell their story.

The results were powerful. One participant described their piece as symbolising "growth and hope rising from darkness," using light and colour to express recovery and renewal. Another layered broken mirror pieces across the surface to represent reflection and change. Feathers appeared throughout the works — symbols of memory, loss, and resilience. Some pieces honoured people who had passed, while others celebrated community, friendship, or local identity through colour and texture.

HEALING THE BROKEN BITS

Across both projects, participants explored what it means to "heal the broken bits" — not just within themselves, but within the spaces they share. Many spoke about how systems can become disconnected, how compassion can fade under pressure, and how creativity can reopen those channels of care.

The art-making became a form of dialogue. It allowed people to be seen in new ways — not as staff or service users, but as people with stories, feelings, and hopes. Group discussions identified practical ways to strengthen relationships in clinics: creating safe spaces for honest conversation, offering regular check-ins and coffee mornings, and ensuring peer advocacy is part of everyday service delivery. By the end of each programme, participants said they had a better understanding of one another's experiences.

FROM CREATIVITY TO CHANGE

The Space Between was more than an art project — it was a social practice, a model for how lived experience and professional expertise can meet on equal ground. It demonstrated that genuine connection doesn't happen through policy alone, but through shared experience, creativity, and honest dialogue.

The installations that grew from the project will travel to clinics, community spaces, and events, sparking conversations about stigma and connection.

UISCE's broader work — including peer-led advocacy, harm reduction, and community development — is built on the same principles: partnership, equality, and respect. The Space Between shows how those values can come alive through art, transforming systems from the inside out.

LOOKING AHEAD

Following the success of both Space Between projects, UISCE is now developing a new collaboration with Saints and Scholars for 2026. This next phase will expand the creative approach, exploring new themes and addressing more of the complex issues faced by people who use drugs, their families, communities and the professionals who support them.

HEALING THROUGH ART

BY JOHN O'CONNOR

Art has been part of my whole life. I have struggled with my mental health since I was young, but art was always a way to escape. That's how I ended up getting involved in UISCE. At the time, I was struggling with my mental health and drug use and didn't see much changing for me. I was living in a hostel and there was a Peer volunteer from UISCE named Dan who asked me if I would be interested in coming to UISCE and help with the art part of the community mapping project and I've been here ever since. UISCE gives me a chance to use my life skills and lived experience, but I also get to use my art skills in lots of different projects.

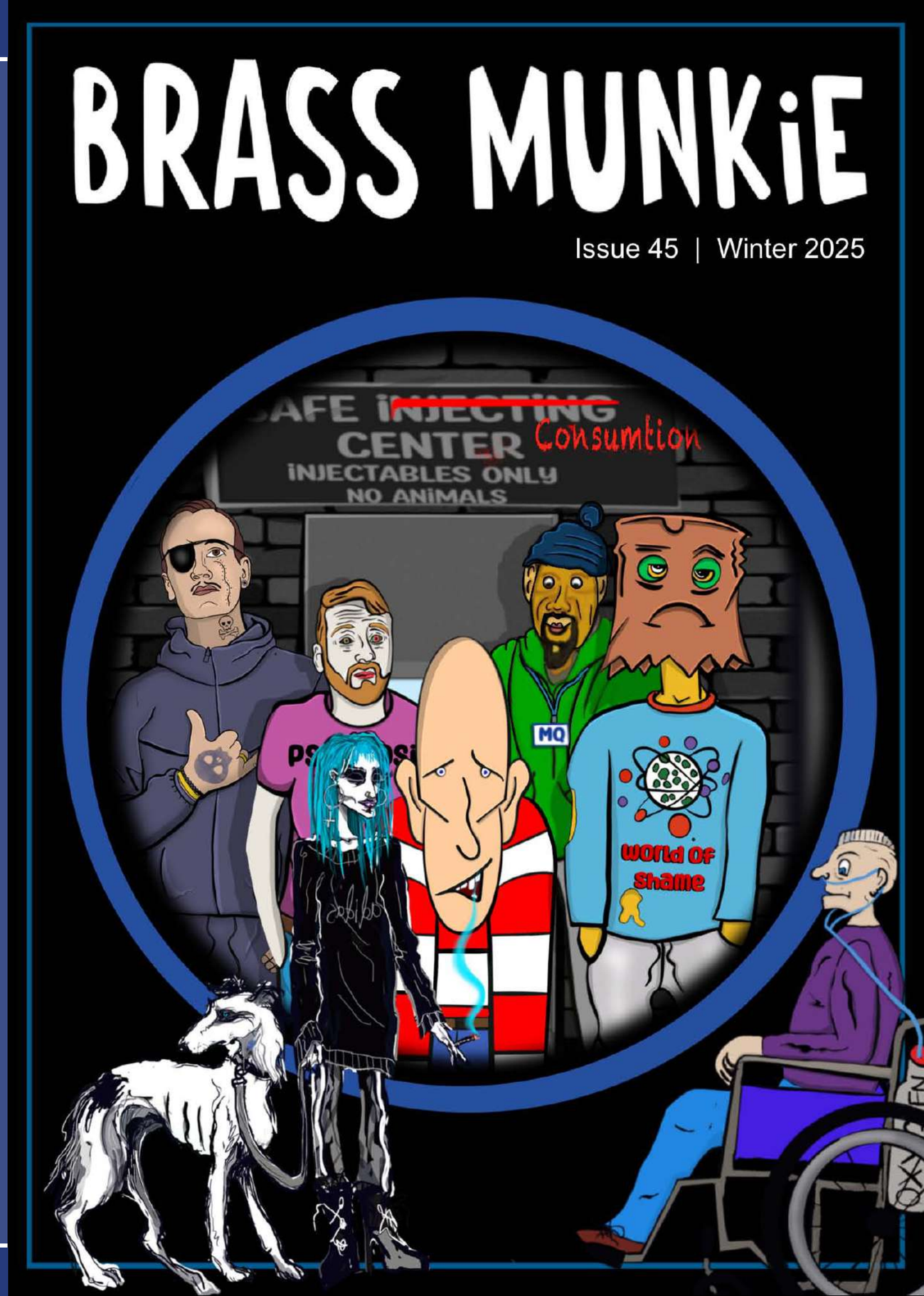
I was put in the care of the state from a very young age. This experience had a lifelong impact on my development within the community. I left school in my early teens and ended up in multiple mental health facilities. I never felt seen or heard and during this time, I turned to drugs as a way to ease the pain I was living with every day. I feel if I had received the proper care and support that I needed, my life would have taken a different turn.

I always loved art in school but wasn't supported the way I wish it had been. I really got into it when I did art therapy as part of a mental health outpatient programme in the hospital. It made me realise that you can see art in everything. It gives you a way to express yourself when it's difficult to do it in words.

I feel the way people view people who use drugs is a direct result of how the state failed me. As a result, my own children were also put into care. I can't help but feel this problem is systemic and if we want through change, people need to be educated on the reasons why people turn to drugs in the first place.

I found my voice in UISCE and within the last year, the impact this has had had changed my life entirety. Uisce had empowered me and has helped me find strengths I have that I never knew I had. UISCE helped me have to get linked in with health inclusion and have also supported me in working on educating myself in a field that I know all too well.

I have been part on many different workshops and projects. For example, both of the Space Between projects which allowed us to use art to connect with GAs from the HSE OAT clinics and showed how art can be used as a tool to bring people together. I hope we can do more projects like this in the future.




SAFE INJECTING CENTER
INJECTABLES ONLY
NO ANIMALS
You got to let people smoke in there!
Bro, my breathing, I need to be monitored!!
Beam me up
Beam me up
Beam me up
PSYCHOSIS
Injecting only folks!
MQ
I need to smoke safely
SAFE INJECTING CENTER
INJECTABLES ONLY
Mumbles... beam me up!
I need to go in...
mumbles...
Have to smoke my pipe.
They're coming for us!!
PSYCHOSIS
Sorry pal, not here!
MQ
These crack users need a safe space... this bloke is about to flip out!!

They won't let me in, so I'm going for a SWIM, they won't find me there!!

Huh!!!

PSYCHOSIS

A guy is trying to jump in the bleeding **Liffey!!!**

emergency

UISCE
Outreach

we're going to get yea help!

Beam me up!!

PSYCHOSIS

All good brother, shit happens! By the way, 'yourman', with the bag on his head was looking for yea...!

That was crazy, that guy's heads gone, he was jumping in the River! Well done pulling him up!!

Where yea taking him?

St James HOSpital!

PSYChOSis

The crack users need to get a consumtion room where they can get mental health help!

Totally agree, we bring them to 'hOSpital' all the time. They throw them back out shortly after!

Beam me up!

PSYChOS

I want It to stOP!!!

YOU hiding something... Why the bag?

STIGMA!!!

sYChOSis

World Of Shame

STIGMA DOESN'T JUST KILL LIKE THE DRUGS; IT KILLS SLOWER, MORE PAINFULLY, AND WITH A SMILE. IT STRIPS YOUR HUMANITY LONG BEFORE IT LETS YOU DIE

YUP!!!

Bagman Heard your looking for me!

Stigma!

Whats the crack with the bag?

I need help with my intrusive thoughts and when I smoke I am suicidal!!

DO I look like a shrink to you bro?

I heard you help people!

I do, but I'm a peer advocate!!! You've a bag on your head and intrusive thoughts. I'm not sure my kind of help is what you need!!

World of Shame

I need to get in the consumption room to smoke!!

World of Shame

I don't feel safe!

World of Shame

You're not the only one. Others are trying!! But they say injecting only!!

What do you mean, you dont feel safe?

My thoughts are to harm myself!!

That's awful bro, to be honest I hear it a lot!

How can I help you?

Just listen to me...!

World of Shame

From who?

They call me a junkie....! I'm a person!!

I know, i hate when they call us that, it hurts!

Absolutely, I'm all ears!

I'm hiding who I am!

we are human beings!

Of course we are!! Attitudes are changing ThOugh!!

Thanks Gizmo for listening to me, feels like someone cares

NO problem, you Ok now? You're not gonna hurt yourself are yea?

we deserve better!!!

NO! Feel much better, thanks!!

DrOp UP tO UISCE brO We'll help each Other!!

I have tO go see a girl about a dOg Literally!!


We are meeting this Gizmo guy, he'll get you into the injection room, no growling!
Grrr... he better. I'm not waiting outside again!


Oh FUCK, He ain't very nice, IS he!!!


Hey GIZMO! I need help!
How can I help you? nice dog!
Grrrrr...


He's a She..., well your a stranger!!
I'll bite the fucker, I'm NO he!!

They won't let my dog in the injection center!!

It ain't a zoo, and it's vicious like...!! we can't even get crack users in!

Tie her up outside!

NOBODY is TyiNG YOU UP BABY!

GRRRRR!!!

NO one is tying me up!!!

LOOK , i CAN SEE YOU LOVE YOUR DOG, BUT i'M TRyiNG TO GET HUMANS iN. CRACK USERS OUT THERE iN AN AWFUL PLACE. HAVEN'T TiME FOR GROWLY HERE...!

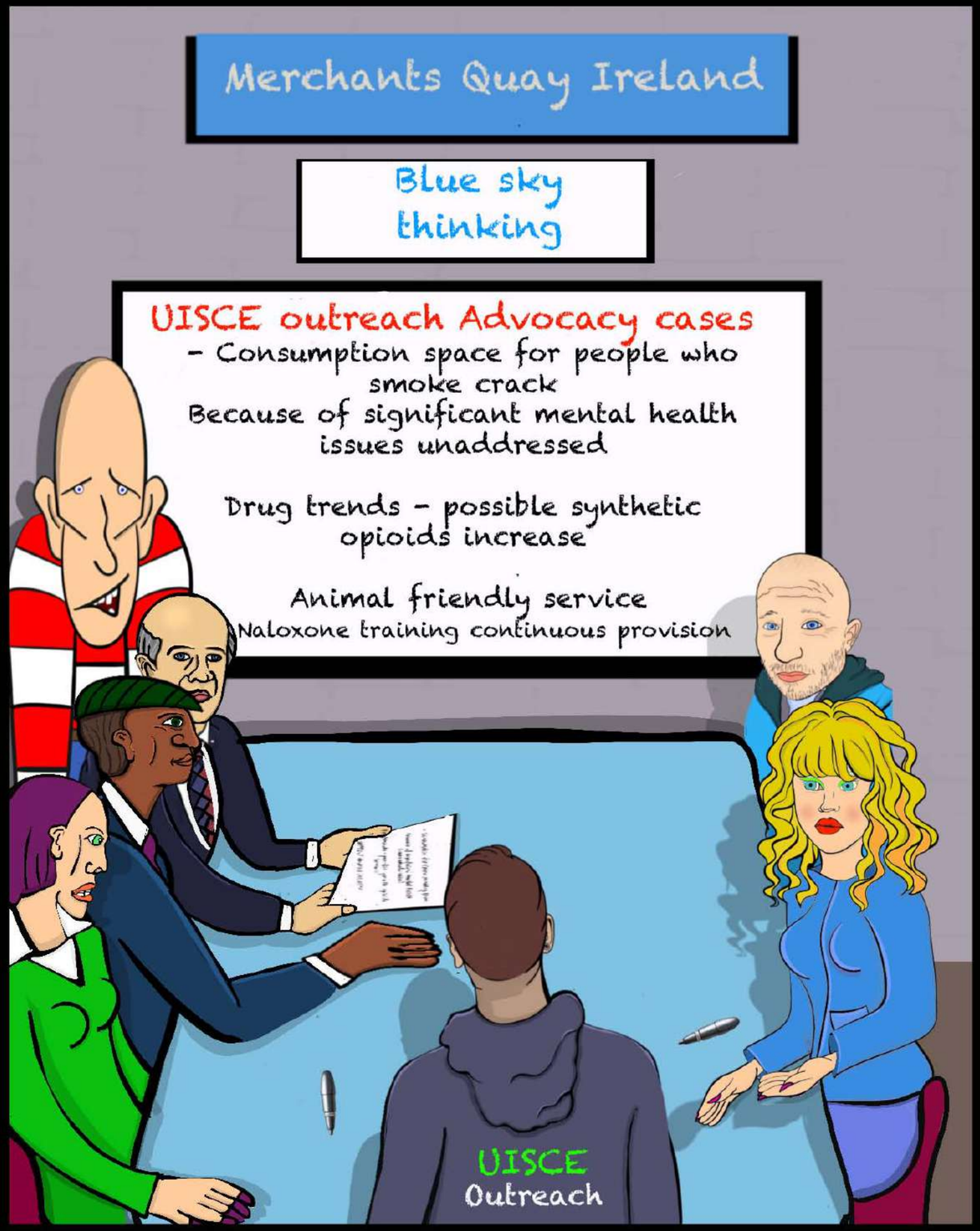
But I can't go in without her, so I can't use safely!

To be really honest I never thought about about it like that. Let's advocate on your behalf and see what happens!!!

You wouldn't turn away an emotional support animal or a guide dog. I need her always, if something happened.... She's all I have!!

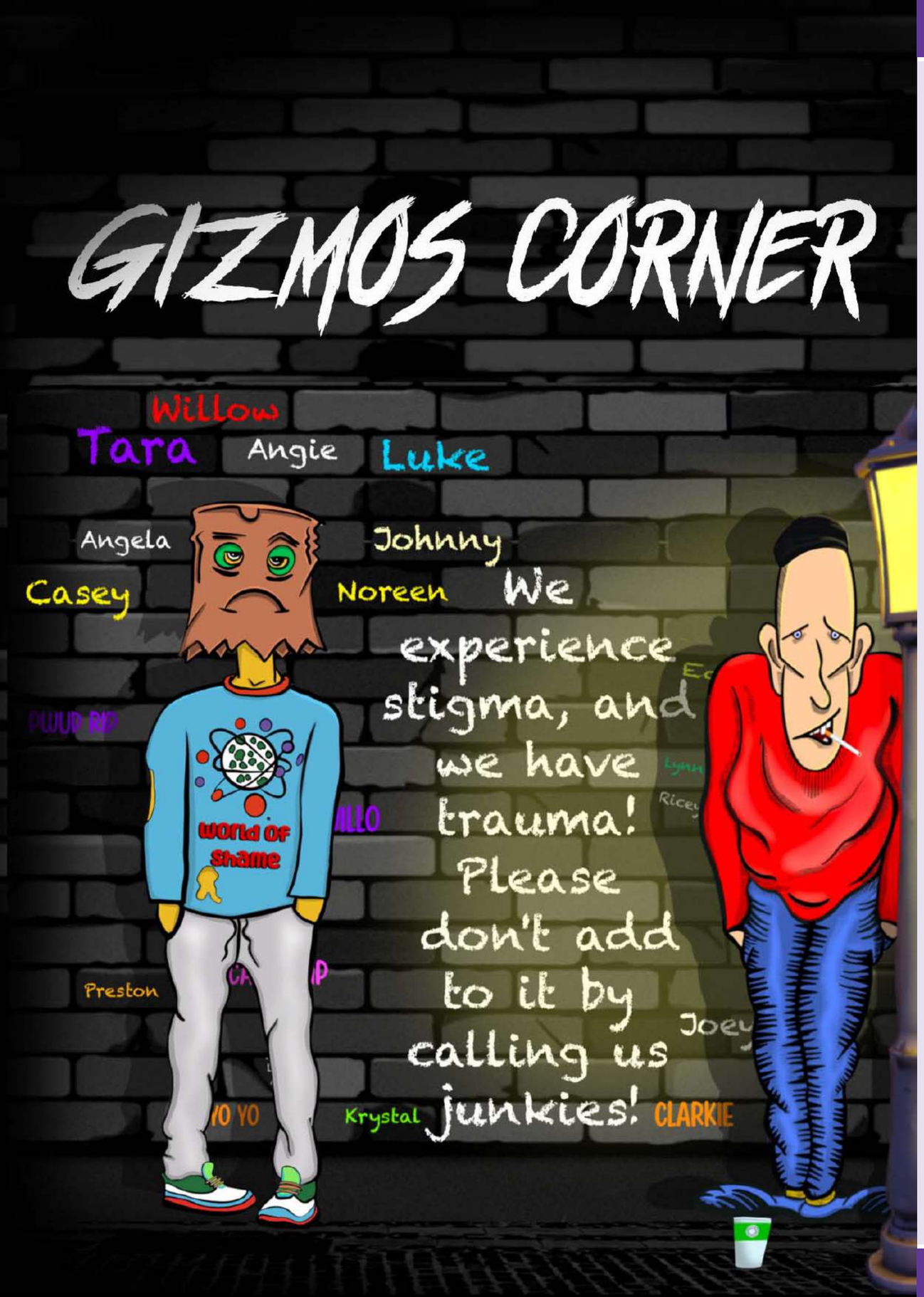
Thank you. Gizmo,

WOOF-WOOF! ♡



As always, The Brass Munkie is where people who use or have used drugs get to be creative and use satire and comedy to say what they want to say, how they want to say it, and give it to you straight. It is current, highlights social issues, reality, and solutions, and looks at the 'real' while charting a story on how to get to the 'ideal', showing all the barriers that people who use drugs can and do face when trying to create change for us all.

This edition includes new characters drawn from our talented peers, some created through our ten-week digital illustration programme. As always, the storyline is developed by a group of people with lived and living experience of drug use. An artist with lived experience leads and curates these shared experiences into The Brass Munkie.



A SAFER FUTURE: THE IMPACT OF IRELAND'S FIRST SAFE INJECTING FACILITY

BY DAN IACOB

Ireland's first medically supervised injecting facility, located at Merchants Quay in Dublin, has already shown its vital role in protecting health, reducing harm, and supporting the wider community. Since its opening and by the end of September the service has supported 1,184 clients, who together made 10,696 visits. During this time, staff successfully managed 179 overdoses — with 98 treated using oxygen only and 81 treated with naloxone and oxygen. Importantly, there have been zero fatalities.

The majority of injecting episodes involve heroin (72%), while 13% involve crack cocaine and 8% a "snowball" mix of heroin and crack. A small proportion (3%) involve other substances. Each shift is staffed by three trained workers in the injecting room, ensuring immediate response to overdoses and medical emergencies.

The service has not only saved lives but has also improved the surrounding area. With safer disposal available inside, there has been noticeably less injecting paraphernalia on the streets since the site opened. The busiest days are Monday and Thursday, reflecting patterns of drug use and supply in the city.

Demographically, the majority of clients are aged 35–44, with 77% male and 21% female. In terms of background, 52% identify as White European and 37% as White Irish, highlighting the diverse community impacted by drug use in Dublin.

Crucially, the project shows the importance of peer-led involvement. Groups such as UISCE, made up of people with lived experience, ensure the service is shaped by those who understand its need most. Their insight keeps the facility accessible, respectful, and grounded in real-life realities faced by people who use drugs.

Looking ahead, securing the MSIF licence on a permanent basis is essential. The evidence is clear: supervised injecting saves lives, reduces public health risks, and strengthens communities. Ireland now has a proven model — one that deserves to continue and expand.

HOMELESS MAN
Original Artwork by
JINX

HOW THE MSIF SAVES LIVES - AND HOW IT CHANGED MINE

BY S.

The first time I used the injecting facility, I was so scared.

It was the last in a long line of terrifying “first times” I’ve lived through in terms of my drug addiction — but the first one to break the chains linking all those scary, lonely, and degrading experiences together. It was the first moment to break through, like a glimpse of light beyond the clouds.

First times, though.

The first time I used H at all, I was 13, and my first girlfriend did it for me. I felt like I was reborn — floating in a heavenly place beyond all harm. Then I felt like I was in hell, and all there was, was pain. The first time cutting myself, I was ten. I used bathroom scissors, and I cried the whole time. Afterwards I felt clear, calm, in a weird disembodied way — like the quiet on a beach after a storm.

The first time having sex for money, or drugs, or drink, or just a place to crash — a dude took me back to his cramped apartment. We smoked weed and spice, then he did stuff to me while I stared at the patterns made by the mould on the ceiling and felt like I was made of nothing at all.

All I could think about was how much smack I could buy with the money he gave me. I made fifty quid. The first time I used needles, I was 14 years old.

And ever since, it’s been one of the most isolating experiences I’ve gone through — almost every day of my life during the periods I’ve been using (way longer than the stretches I’ve been off all substances).

Right up there with being with punters for money or drugs, shooting up is something you go through alone — a way you know the whole world rejects you and considers you scum. An act you know in your bones is deeply shameful and devalues you as a human being in the eyes of nearly everyone you’ve ever known, or will ever know.

Even as you try, over and over, until it’s an act of butchery against your own body — every injection site running with blood, you crying with pain and desperation — you know: nobody cares about the pain this causes me.

By extension, nobody cares about everything I went through that drove me to this moment, in this place.

That place being the darkness of my mind that makes the physical place around me irrelevant.

That place has been dank alleyways, the bins behind hospitals, train station toilets, filthy council gaffs, trap houses, stairwells, massage parlours, punters’ impersonal bathrooms, ditches, and street corners in the rain.

It has never been this place.

Where it’s quiet — but not in that empty, aching way. Not that silence that surrounds you when you’re focused on your works and you know will follow you around forever, branding you like a curse.

This is the quietness of safety.

Where people know — and see — what you’re doing to your body, and what this world has done to you.

But here, they still smile at you.

Even with the spike still in your arm, they ask if you want a coffee, and what kind of biscuits you like.

Where even as you nod out — and at this moment, more than any other, you are used to being invisible — you are not only seen but seen with kindness.

By people with gentle words, and hands that reach out to you only to help, not to point in contempt and disgust.

I’m angry that so many people — so many countless people — have suffered, tried their best, and died without ever being able to be here, in the quiet of this place.

I wish I could share it with everyone.

I can’t — so this is the next best thing.

We need the MSIF to stay, and we need it to broaden its scope — to embrace everyone, no matter the substance they’re struggling with or how they choose to use it.

For the sake of reclaiming human dignity.

For the sake of not only safety and some level of comfort, but for the sake of our very lives — we need these things desperately.

If you are blessed enough not to be close enough to, or ever touched by, this hell to understand — care anyway.

Care on our behalf, because we’re people too.

Somewhere, every day, another 14-year-old sticks a needle in her arm for the first time.

If she isn’t your daughter, your sister, your best friend — she is someone’s.

May we all care enough to put aside our own comfort, and the choice of blissful ignorance, to keep her safe.

PRODUCING THE CELL

BY ANTO SEERY

Over ten weeks, I had the privilege of working with five members of UISCE—Hugh, Anto, Roman, John and Niall—to create The Cell.

None of the lads had ever written or performed theatre before, which is exactly what made the process so powerful. The piece centred on five men sharing a holding cell, each taking a moment to tell a story from his life. Simple on the surface—but what emerged was honest, funny, painful and deeply human.

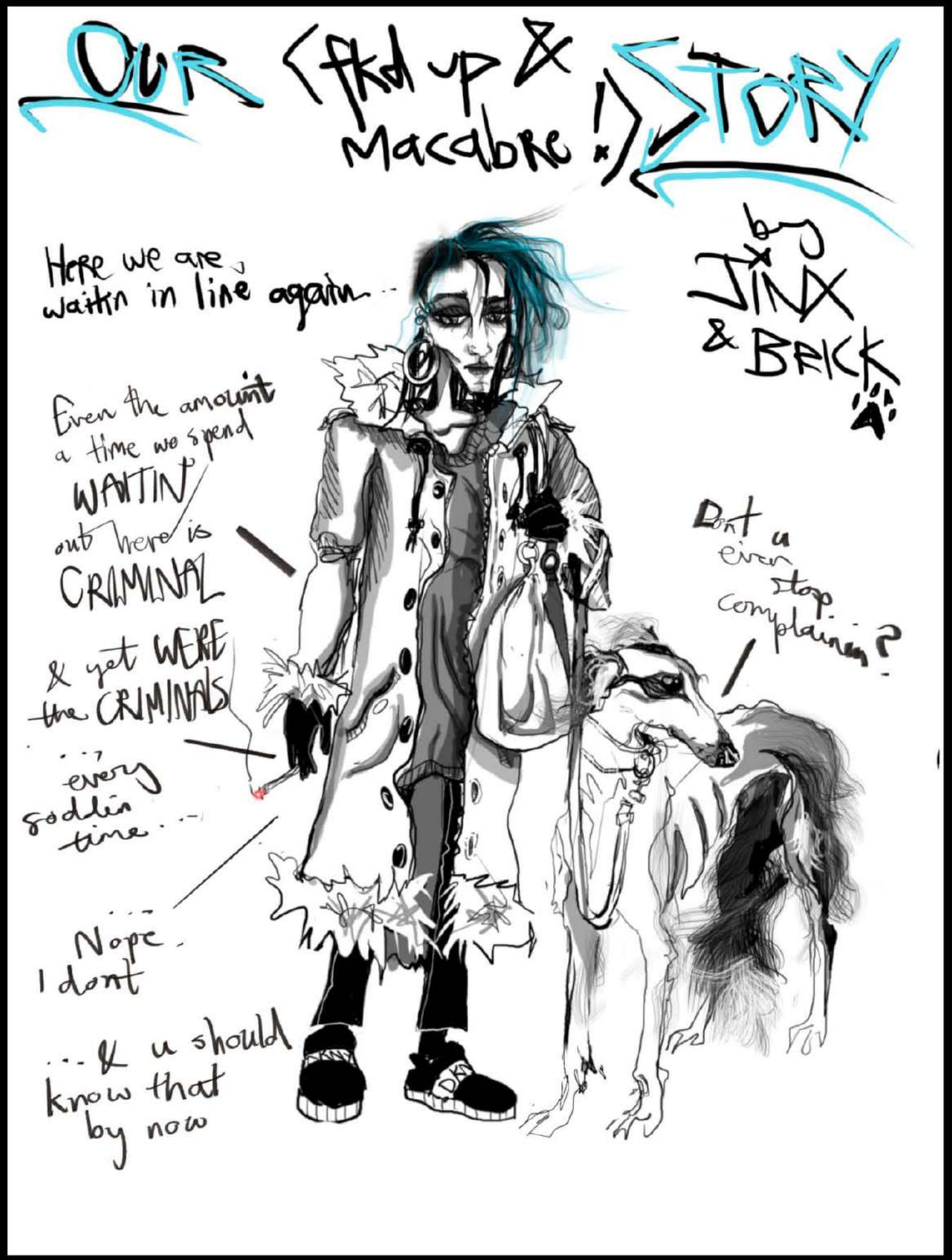
Each of the lads wrote his own piece, drawing directly from lived experience. Week by week, we sat together shaping those stories, figuring out how they might breathe onstage. What started as personal stories slowly grew into a collective narrative. We weren't just building a show—we were building trust.

I've always believed theatre matters most when it gives space to voices not usually heard onstage. These were real, working-class stories told by the men who lived them, without filters or polish. As Augusto Boal reminds us, "Theatre is a form of knowledge, and it can be a means of transforming society." In our little rehearsal room, that felt true. The lads weren't just performing—they were taking ownership of their stories and letting them be seen.

The Cell was performed in September as part of the Sean O'Casey Arts Festival, and watching the five of them step onstage for the first time was something I'll never forget. Their nerves, their pride, their absolute commitment—those moments are why I love this work.

This was the second piece I've devised with UISCE—the first being Why Are We Waiting—and I'm incredibly grateful to have been welcomed back. A huge thank-you to Andy, Laoise and James for giving me the opportunity once again to work with the lads. Their openness, support and trust made this project possible.

In the end, The Cell became far more than a theatre project. It was a testament to what can happen when people who don't usually see themselves on a stage are given not just permission, but encouragement, to speak. And I'm honoured to have been part of it. Onwards. Anto.




Believe me,
we've all waited
long enough
& if u
ain't lived it
don't man you
NO IDEA
of the
COLD...
HOMELESS
CIRCLE
K

My name aint Jinx.
Or, shocker, u never thought it was?!:))

my actual name is
ElizaBETH Louise - or
LIZA LOU - Ackermann.

i am the srsly
messed-up only
daughter of an
even-more-messed-up-if-
dats-even-posible
family.

Dis is
BRICK, my
Dog (that aint
his real name
either ;)

FAMILY COMES FIRST

aint gonna get
into da circle
of flamin Hell Fire
dat woz my beloved
family. xxx
Suffice ta say, Life
at home woz Livin Fkn Death.

i waited it out, til i new the
kiddos would survive.

a damn XPERT in - certain
barter arrangments thatd keep me in
smokes, knickers & Diet Coke.
Then i legged it.


i DIDNT KNOW WHAT DA FUCK to DO NEXT . . .
so i DID the only thing i new how to do . . .
I DID SMACK x
(then Dates, to pay for it, then more Smack, then more . . . u gettit.)


THAT YEAR. THAT PLACE . . .
They were made of TEARS x & DEATH x
I KNEW I WOULD NEVER BE REAL AGAIN x

why cant i remember?

That part of my life? B4 i turnd 7 yrs old?

its A -BLANK- well, not quite a BLANK

its so DARK

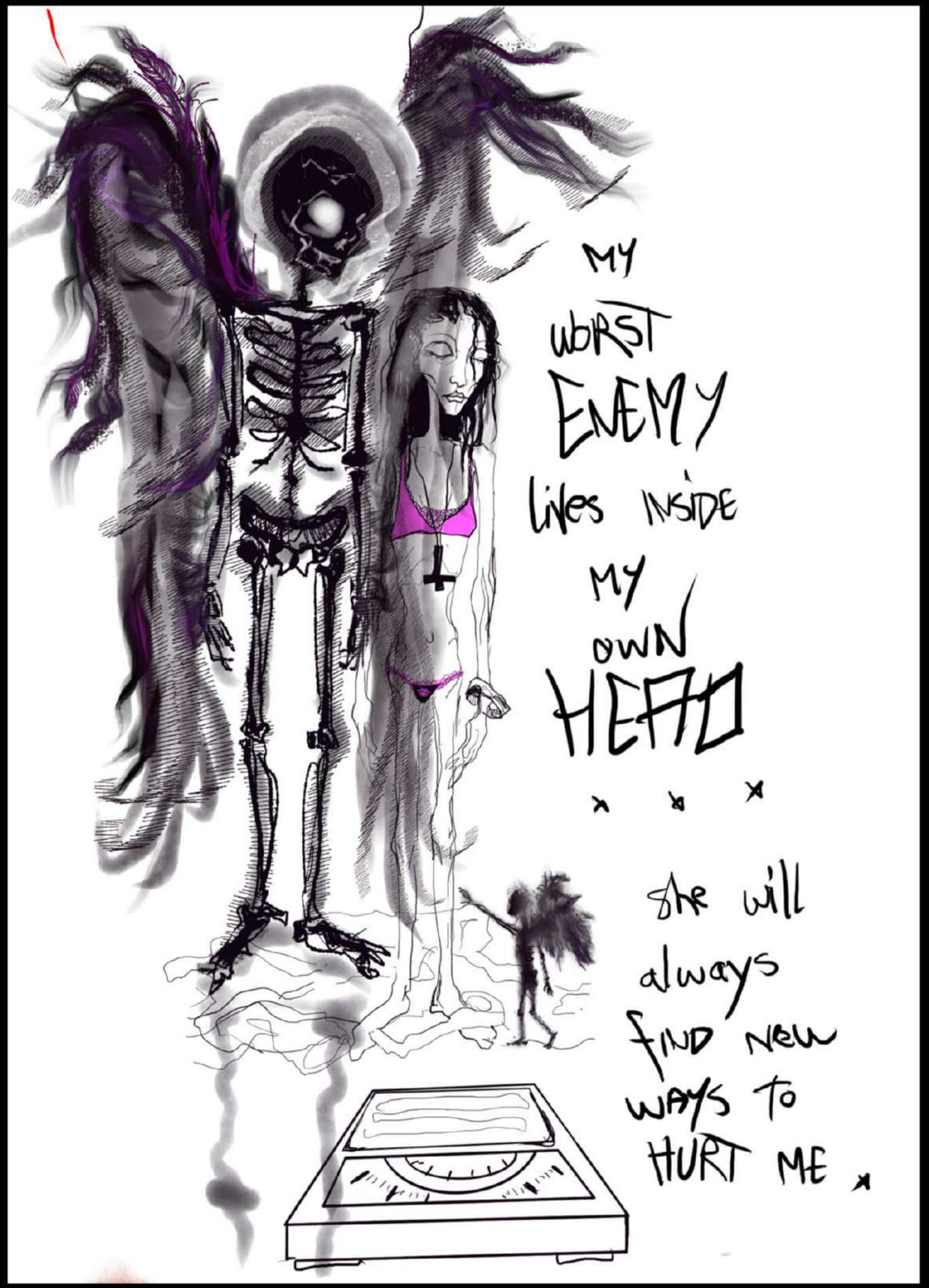
ALL around me, exsept for this GLARE of LIGHT

under that DOOR

i dont wana walk towards it. But i have to...

I SWEAR I'M LISTENING!

That Me – the lil girl who still believed Life had some hope of being Good some day – has DEAD, get it? x




Never
forget
your
first
time


it ends the SAME
DAMN
WAY.
for all of us.
Every Time.

I weren't always like this, ya know.

I ~~WAS~~ AM!

AN ARTIST

FRAGILE

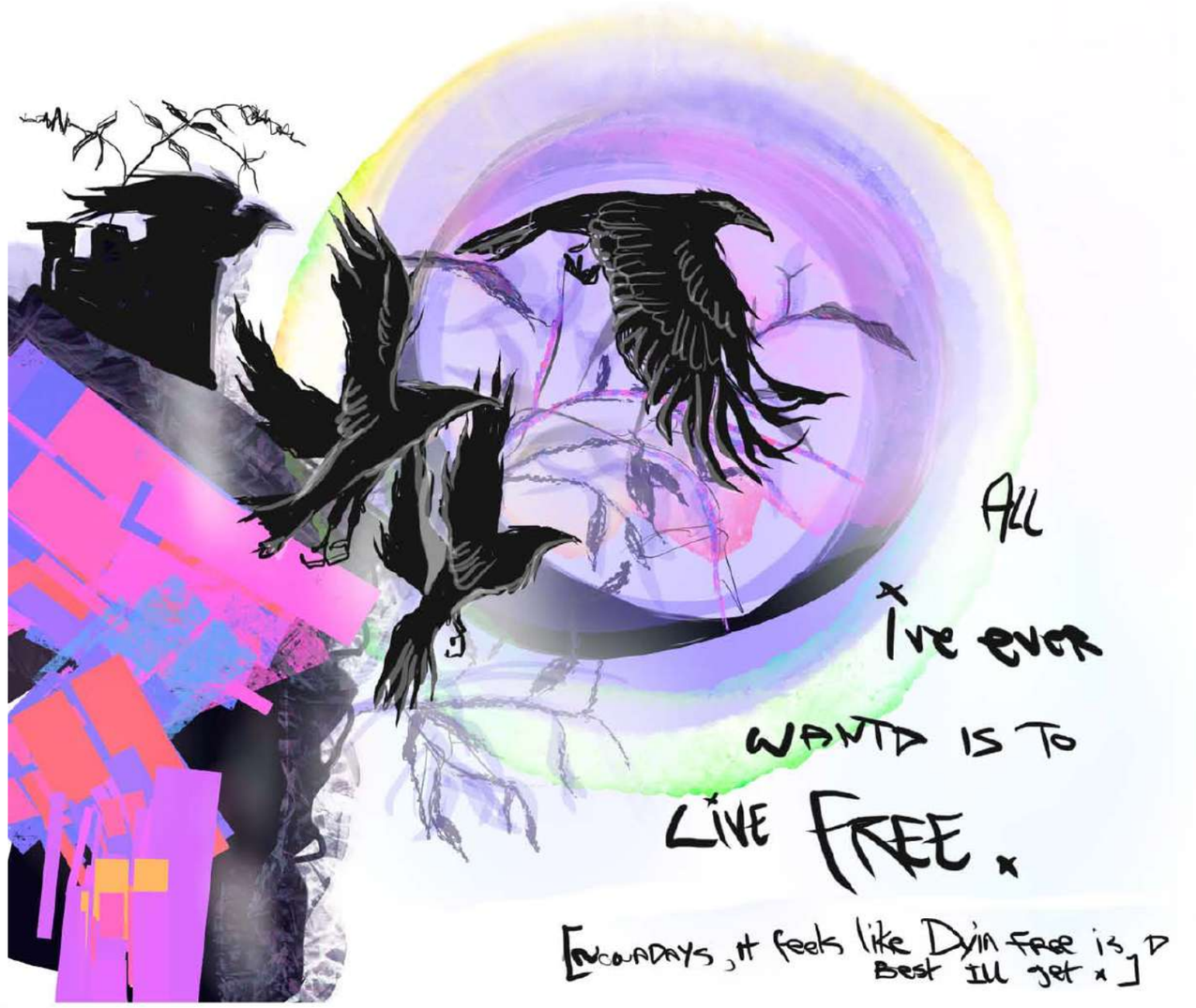
But that was Then...

FREEDOM

IS RIDIN A BIKE...

DANCIN, ART... CREATIN SHIT IS HOW I KNOW I'M ALIVE, ya KNOW? x


ART — & fkn
with d LAW — words
my LIFE !


All
I've ever
WANTD IS TO
LIVE FREE x
[NOWADAYS, it feels like DYIN FREE is
Best I'll get x]

OPINION OF AN ADVOCACY WORKER

BY JAMES HEAVEY

Every day, people who use drugs (PWUD) try navigating a world that has treated them as problems instead of people due to stigma, punishment and criminalization.

My name is James Heavey, and I am an advocacy representative for UISCE, the national advocacy service for people who use drugs. I have been working within the social care sector for Seven years and have vast knowledge of healthcare, community drug projects and the homeless sector. I arrived at UISCE six months ago and have not looked back.

I have been given this opportunity to write this article to highlight who UISCE is, what we can provide and most importantly, how we can help.

PWUD are met with stigma, judgement, punishment and criminalization on a daily basic and the vast majority of our society except this and PWUD consider this treatment as the norm. I am here to tell you that is not the case.

I assist PWUD by opening advocacy cases and helping them navigate the systems by ensuring the rights are met and that they are treated with dignity and respect.

Before arriving at UISCE, a peer engagement toolkit was published, and this toolkit is a framework for change in how public bodies and services should treat PWUD. In essence, the long-term goal for this publication is for social change, but in order for this outcome, it has to start with treating PWUD with **EQUALITY, RESPECT, HONESTY** and **COMPASSION**.

I assist PWUD by advocating on their behalf or assisting them advocating for themselves. The cases I deal with range from homelessness/emergency accommodation, social housing, accessing treatment or harm reduction services, Tusla, OAT clinics and the criminal justice system.

I myself have vast lived experience of the types of unfair treatment and inequalities that PWUD face. I am here today to tell you; you are not alone. Let UISCE assist and guide you with whatever issues you may be facing.

Thank you for taking the time to read this article and if I can help just one person after they read this, it will have been worth it.

You deserve it!
J.

MOUNTJOY OVERDOSE AWARENESS DAY

BY NIALL HICKEY

On Friday, September 19th, as part of Overdose Awareness Month, we were honoured to collaborate with several dedicated people and organisations working to save lives and reduce harm.

Our partners on the day included:

- **Jenny Smith**, HSE Naloxone Project Lead
- **Jason Campbell**, Frontline Make Change, Senior Addiction Practitioner & Community Prison Links Worker
- **Danielle Tormey**, Ana Liffey Drug Project Worker and Circle Programme Facilitator
- **Niamh McGuinness**, Merchants Quay Ireland – Homeless and Drugs Services, Deputy Head of Operations (Regions and Prisons)
- **Niall Hickey**, UISCE Peer Support Worker, Peer-to-Peer Naloxone Trainer, and member of the UISCE/HSE Peer-Led Naloxone Advisory Group

We were warmly welcomed into Mountjoy Prison to talk to over 40 peers about Naloxone, the medication that can reverse an opioid overdose. Many of the men we met came from low-threshold communities and had experienced trauma from a young age. Their openness and willingness to engage were powerful — many questioned why Naloxone isn't yet deregulated, recognising that access to it could have saved the lives of friends or family members.

Naloxone is a life-saving medicine that can reverse an opioid overdose and cannot cause harm if given to someone who isn't overdosing. Yet, access remains limited.

Did you know that in 2021, 41% of drug-related deaths in Ireland were people who used alone? No one should feel so stigmatised about their drug use that they have to use in isolation.

With the rise of fentanyl and nitazenes contaminating the drug supply, it's more important than ever to make Naloxone easily accessible — including through local pharmacies. We need to stay ahead of emerging drug trends and ensure that people who use drugs, and their families, have the tools they need to save lives.

If you've read this far, please tell someone about Naloxone. By spreading awareness, we can help prevent overdose deaths and save lives in communities across Ireland.

WE'RE ALL SPACE CADETS
Original Artwork by
Dan Iacob

A TRAVELLERS STORY

BY PATRICK MCCANN

My name is Patrick Mccann, and I am a member of the Travelling community. I was born in county Cork, but I grew up in England. Mostly around London and Manchester, but mostly Manchester. My family moved back to Ireland when I was around thirteen, and we moved around from site to site until we settled in Dunsink Road, in Finglas. I was a typical kid; I never really got into much trouble. I used to love to box, and I started a boxing club in Coolock called St Lukes. From the age of fourteen till I was 18, I was obsessed with boxing, and would train in the gym, three or four times a week, and I also worked in FAS courses during the day. From the age of seventeen, my relationship with my father started to break down, and it began to become very hostile and uncomfortable living in the yard together. Eventually, I left the yard and moved to another site with my oldest brother. This is when I started going down the wrong road. I stopped boxing and started drinking a lot in the site. We used to call them carry-outs.

I started experimenting with lots of different kinds of drugs, and then my life really started to go out of control. At this point in my life, I really was completely lost with nothing positive to look forward to. I had no education, no qualifications, and I was living in poverty. Everyone in the site was living in poverty, and on top of all that, I was turning into an alcoholic with a high drug dependency. Since I came to Ireland, because I am from the Travelling community, I always felt like a second-class citizen. Because of the discrimination, and demonization that my community endured, I never felt that I had the right to do the same things that settled people could do. Such as, a proper education, or proper employment. On top of all that, we were treated like animals, and criminals by the Garda. There was no community approach taken by them with us. They treated us like we were the enemy, and they were out to get us all the time.

Being demonised and criminalised by society and especially by the Guards as a young Traveller, made me feel like I was a criminal, even though I never committed a crime in my life. The longer that I was living in the overcrowded site, my drug addiction got worse, and every week I would nearly owe every penny of my dole to people. I started to commit crimes to pay off some of my debts, but the more that id pay off debts, by the end of the week I'd owe just as much. This left me in a way that I was always off trying to get money somehow. The way I looked at it, was if I am going to be treated like a criminal anyway, I may as well just be one. this began fifteen years of crime with about six years of that spent in prison. I never done any massive sentences, but there wasn't a year that went by that I wasn't doing some kind of a sentence. Mostly six months, sometimes twelve months, but for fifteen years of my life, I was caught up in the revolving door of the criminal justice system. I always took tablets like Diazepam but about seven years ago, I got completely strung out on tablets. I was taking a packet or two of Zimmo's or Trannex every day.

About seven years ago, I went into Coolmine therapeutic day programme, to get some kind of help with my drug taking and get a letter off them for court. I was in the program for six months, and it really did change my life. After I graduated from the programme, I went back to education. I stated doing a level five in community development. After I completed that course, I went on to graduate with a bachelor's degree at Maynooth University. In my last year of college, I done a placement with UISCE. It didn't take me long to see how good of a place it was, and all the good work they were doing, and all the people they were helping. I also, loved working with the peers, because we all have so much in common. We all were, and still are in addiction, and are all trying to better our lives and help other people to change their life as well. I started working for UISCE last month, and I hope that I can use some the experience that I gained through the madness of the last twenty years, and put it to good use, to help people who use drugs. I also plan to work with members of the Traveller community that are on drugs, and eventually set up groups, and do advocacy cases for them. And look at the particular issues that they may be having around drugs, and homelessness.

12 STEP PROGRAMMES: THE NEWCOMERS GUIDE

DISCLAIMER

This article is written from the author's own personal experience of 12-step recovery. There are terms and language that UISCE wouldn't use but are used in 12 step fellowships. This article is written as a guide for people thinking about attending their first meetings.

THERE ARE FEW THINGS HARDER TO DO THAN WALK INTO YOUR FIRST RECOVERY MEETING.

For many, the idea of walking into a community centre or meeting hall to sit in a circle of strangers is terrifying. You are split between many opposing forces: the desperation and hopelessness of your current life, the unknown and the fear of judgment and' getting passed the pride to ask for help, whilst also struggling with the voice in your head telling you "it wont work for you, its too late, its a waste of time, i'm different than them"... though the reality is, every person that walked though that door had similar thoughts.

In addition, you've probably seen in the movies a dark smoke filled room full of people crying while spilling their guts. But actually, the rooms aren't grim, secret societies or cults. They are simply rooms full of people who have felt exactly how you feel right now. It's a warm vibrant place of smiles, hugs and friendships. Before you make the decision, you need to strip away the stigma and understand the mechanics of how these programs actually work.

THIS ARTICLE EXPLAINS THE REALITY OF THE PROGRAM, THE MYTHS, PHILOSOPHY, AND THE RISKS YOU NEED TO WATCH OUT FOR.

THE "GOD" THING...

The Myth: I'm an atheist/agnostic so religions are not for me, so I can't use the 12 Steps.

The Reality: The 12 steps are a spiritual, non religious programme of recovery. There is a massive difference.

"Spirituality" doesn't mean you have to join a church. It simply means trying to live by spiritual principles, practical values like honesty, courage, open-mindedness, and a willingness to change.

The literature uses the word "God" because the text is over 90 years old, but the principle is open to interpretation. You are asked to find a "Higher Power" of your understanding. If you are stuck on this, look at the logic of what Step One says "We admitted we were powerless over our addiction, that our lives had become unmanageable."

Here is the reality: If you do not believe in a power greater than yourself, you cannot be a person with an addiction.

- Why? Because for years, the addiction was a power greater than you.

- It created an obsession and compulsion to use, it told you when to sleep, who to hang out with, how to spend your money, and to lie to get what you need to use. It controlled your actions despite your best intentions to stop.

- You have already been serving a higher power, though a destructive one. The program simply suggests you replace it with a loving power greater than yourself. Many people use the meetings, or the therapeutic value of one person with an addiction helping another and others use religious ideas. It's totally up to you.

Think of it like Dr. Jekyll and Mr. Hyde, or the classic devil and angel on your shoulder. The addiction is the dark voice that has been in control. Recovery is about handing over control to the other voice! The one that wants you to survive and thrive. You can do this by sharing your internal monologue with other recovering addicts or a sponsor, they will certainly identify with you like no other.

TOTAL ABSTINENCE - FROM MIND OR MOOD ALTERING SUBSTANCES

The Reality:

- The program philosophy views alcohol as a drug. Period. If you put down the needle, pills or powder but pick up the bottle or vice versa, you are just switching seats on the Titanic. Therefore, the goal is total abstinence from all mood-altering substances.

- The Term "Addict"- My name is "... and I'm an addict." That's how people introduce themselves at meetings, even when long abstinent. It can feel jarring for newcomers, who often wonder, "Will I always have to call myself an addict? The reason is practical, not punitive. The programme insists on it to guard against complacency, to remind us that addiction is a chronic condition, that can be managed, but never cured, and that it can resurface or migrate to other behaviors. Saying "I'm an addict" isn't about degrading yourself; it's about staying honest with the reality of the disease, because complacency kills.

- **The Consensus Issue:** The literature is decades old. While many members don't agree with using some terms they feel are outdated, these fellowships are world-wide and achieving a consensus to change the official text is almost impossible. So, the language stays the same.

- **The Solution:** It is up to the member and their sponsor to interpret the words in a way that helps them recover by staying close to the spirit of the words. They don't have to agree with every specific term, everything is a suggestion. They take the principles that work, and work through the semantics with their guide.

WHY IT'S CALLED A "DISEASE"

The Myth: Calling addiction a disease is just a cop-out or an excuse to avoid responsibility.

The Reality: The program uses the word "disease" for two very practical reasons. One medical, and one linguistic.

The Medical Reality (Addiction Untreated Will Eventually Will Kill You):

Simple and stark: addiction is an illness. It is progressive in the view of 12 step programmes literature - it's also incurable, and if left untreated, it is fatal. This may be a controversial statement in some quarters but the program doesn't claim the 12 steps is the only way to recover or has an opinion on other forms of recovery, it simply says in its collective experiences by helping each other and applying the steps they were able to get and stay of drugs and live life to their full potential. It teaches that addiction isn't a bad habit you can break with

willpower; it is a condition when untreated regularly ends in jails, institutions, or death. Acknowledging it as a disease means accepting you need treatment to survive, just like a diabetic needs insulin.

THE INTERNAL REALITY ("DIS-EASE"):

If the medical definition doesn't sit right with you, look at the word itself: Dis-Ease. It literally means "lack of ease." Members have said at meetings long before they picked up the first drug, they felt a constant, low-level anxiety and uneasiness. They never felt like they fit in; and were never comfortable in their own skin. They lived in a state of dis-ease - using drugs to feel at ease, comfortable and to fit in. Recovery is about treating that internal discomfort so you don't need the drugs to feel okay.

THE REAL WORK: BEHAVIOR AND "DEFECTS"

The Myth: If I stop using, my life will instantly be fixed.

The Reality: The drugs are just a symptom of the problem. The problem is internal and how a person comes to be not at ease is a subject of debate. Though the programme is not interested in the how, it is only interested in what the person wants to do about it and how the fellowship can help.

Stopping the use is just the first step (Abstinence). The real work is "Recovery," which is about changing the behaviours that made us want to escape reality in the first place.

Character Defects or flaws and shortcomings: You will hear people talk about their "defects of Character." This refers to the patterns of lying, manipulation, anger, self-pity and ego, traits we used to survive. You have to remember behaviours form like habits, so getting and using and finding ways to get more are loops of behaviour, so digging a bit deeper you realise they are ingrained by repetition and difficult but not impossible to change.

The Change: If you remove the substance but don't fix the behaviour, you end up abstinent only, miserable and difficult to be around and eventually likely to use again. The natural state of addiction can be self pity which is devastating for us. We need to find a solution and have found it in the steps. They are designed to dismantle these defects so you can live comfortably in your own skin.

A CRUCIAL WARNING: RELATIONSHIPS AND VULNERABILITY

The Reality: When you first become abstinent, you are walking around without your armour. You are raw, emotional, and incredibly vulnerable. This makes the meeting rooms a safe place for recovery, but a dangerous place for romance.

There are risks, 12 step programmes are a microcosm of society, there are cases where members strike up sexual or romantic relationship both male and female. It creates a massive risk of relapse, in addition to predatory behaviour which is rare but does happen so be mindful.

But there is a solution: stick with the same sex/ gender and members with time will guide you. The safest suggestion for a newcomer is simple: Men stick with the men, women stick with the women. This isn't about sexism; it's about safety. It's not a dating meet up. You are there to save your life, not to find a date. Building a support network with the same gender helps you focus on your recovery without the confusion of sexual tension. Emotional intimacy can easily be mistaken for romantic interest when you are new. Protect your recovery by keeping your circle safe and focused.

SPONSORSHIP: A GUIDE, NOT A GURU

The Myth: A sponsor is a therapist, or a life coach who runs my life.

The Reality: You cannot do this alone. You need a guide.

- **What a Sponsor Is Not:** They are not therapists, they are not marriage counsellors, doctors or psychologists. They are not perfect people. They are simply other recovering people who have a little more time abstinent than you do.

- **What a Sponsor Is:** They are someone to guide you through the Twelve Steps. That is it. They hold the flashlight so you can see where you are going.

- **Therapeutic Value:** The core principle of the program is the therapeutic value of one recovering person helping another.

- A doctor can give you medicine, and a psychiatrist can analyse your childhood, but only another person who's experienced addiction truly knows the obsession of the mind and the desperation of the heart.

- **The Rule Remains:** Just like in friendships, the suggestion stands: Men sponsor men, women sponsor women. This keeps the focus strictly on recovery and avoids the emotional complications that can derail your progress.

THE BOTTOM LINE

The programme isn't magic, and it isn't a cult. It is simply a toolbox.

Inside every person seeking recovery is a fight between two sides. There is the addiction that wants to keep you stuck in hopeless loops. But there is also a profound hope and desperation to live. There is a part of you that wants to stop being ashamed and start being free.

The program is to help the "hope" side win. If you can surrender the fight and ask for help, you have the chance to be clean, free and rebuild a life beyond your wildest dreams.

Drug use in meetings..."The only requirement for membership is a desire to stop using"!

You don't have to be abstinent to attend as many people come to their first meeting while still using street drugs, alcohol, methadone, or prescribed medication. Over time, with the support of the fellowship, most work toward abstinence. Recovery didn't happen overnight, so "easy does it", just take it one day at a time.

It's strongly suggested that you don't bring drugs or paraphernalia into meeting rooms out of respect for others. No one will force you to stop using, and no one will throw you out for relapsing or still using. There are no bosses, just a fellowship of equals helping each other stay substance-free.

Important: Only your doctor or a qualified medical professional can advise you about stopping or changing medications (including those for mental health). There are no professionals running the programme, just people trying to live drug free, one day at a time. If you're new, try not to focus on the differences you notice in meetings. Give it time. Real change rarely happens quickly. Don't leave and say "it didn't work" unless you've honestly tried the suggestions.

And whatever you do... ***"don't leave before the miracle happens".***

Anonymous Author

CAMPAIGNS

HEALTH NOT HANDCUFFS: SUPPORT DON'T PUNISH 2025

In 2025, UISCE once again joined the global Support Don't Punish campaign, calling for drug policies based on health, human rights, and dignity rather than punishment. This year's theme — Health Not Handcuffs — called for an end to the criminalisation of people who use drugs and a national shift toward compassion, care, and community-based support.

Led by UISCE peers, this year's campaign placed decriminalisation at its heart. It highlighted how Ireland's current laws continue to punish people for poverty, trauma, and ill health instead of providing the support needed to live well. Through creative storytelling, social media, and community engagement, UISCE amplified the voices of people directly affected — people who use drugs, their families, communities and professionals working in harm reduction and healthcare.

A series of videos shared real experiences from across Ireland, showing how criminalisation deepens stigma, creates barriers to healthcare, and isolates people from community. These stories stood in stark contrast to the evidence that health-led, person-centred approaches save lives, reduce harm, and strengthen families and communities.
"Criminalisation doesn't stop people using drugs — it stops them seeking help."

Alongside the videos, UISCE launched an online petition calling for the decriminalisation of people who use drugs and for greater investment in harm reduction, housing and wrap around supports.
The campaign is continuing online through video releases of lived-experience and professional stories discussing the real impact of criminalisation.

Each post, voice, and testimony carried the same message: we need to prioritise health, not handcuffs.

UISCE's campaign aligned with the growing momentum for drug policy reform in Ireland, echoing the recommendations of the Citizens' Assembly on Drug Use and the Joint Oireachtas Committee, both of which called for decriminalisation and expanded harm reduction services. Health Not Handcuffs added the essential element — the voices of lived and living experience — to that national conversation.

Please support and share the campaign from our social media:

@uiscegram

@myuisce

@myuisce

INTERNATIONAL OVERDOSE AWARENESS DAY 2025

To close the summer campaign season, UISCE also marked International Overdose Awareness Day on 29 August and 1 September. Peer-led outreach took place across Dublin, providing naloxone training and overdose awareness education and engaging communities under the message #EndOverdose — that every overdose death is preventable.

Through both campaigns, UISCE's message remained consistent and clear: drug policy reform must prioritise life, dignity, and inclusion. Ending criminalisation and expanding harm reduction are not separate goals — they are essential parts of the same vision for a more compassionate, evidence-based Ireland.

UISCE

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