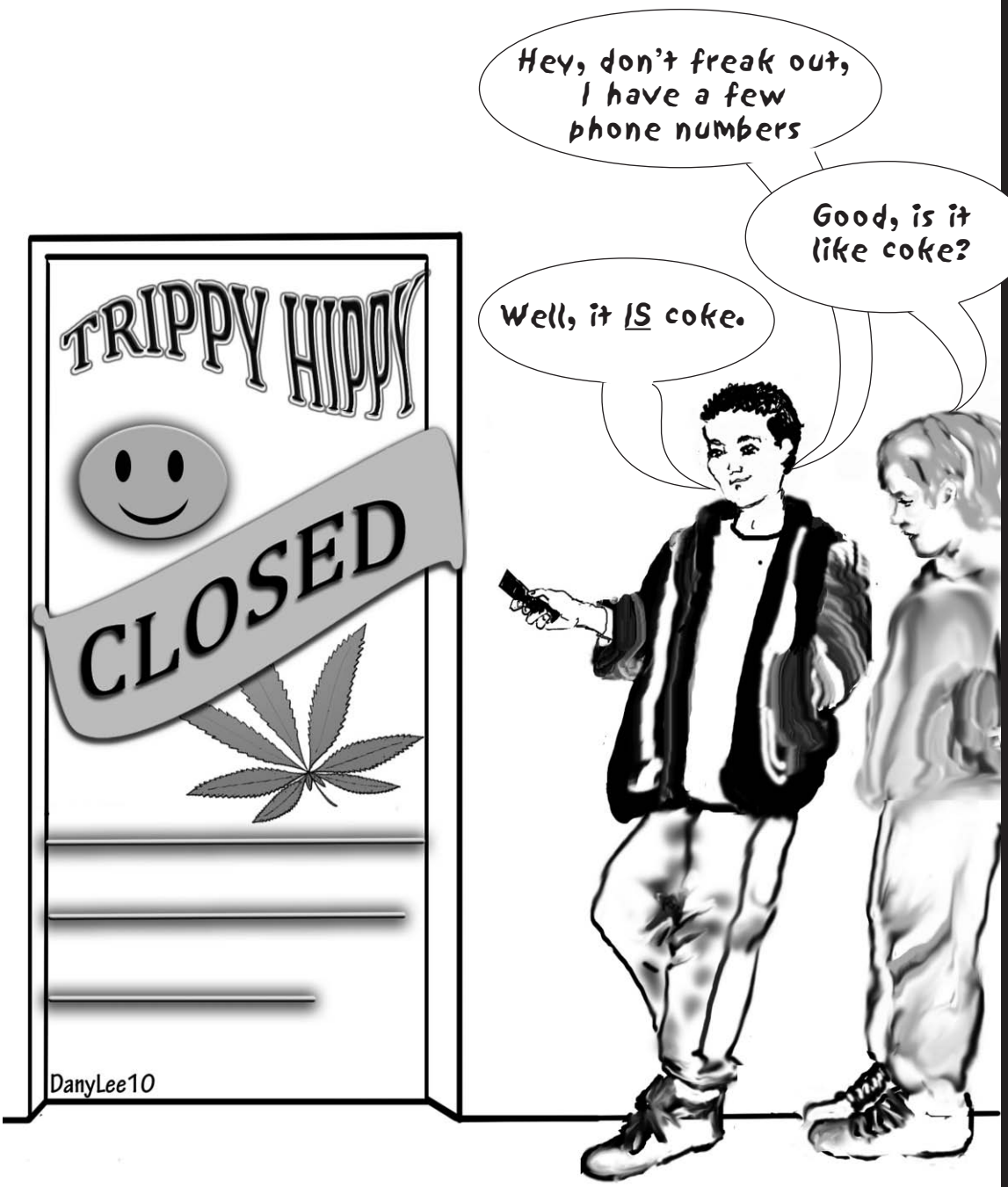
BRASS MUNKIE

Issue 20 ▪ July/August 2010

Head Shops



UISCE
Union for Improved Services, Communication and Education

Editorial

Dear Brass Munkie Readers,

Welcome to the latest edition of Brass Munkie. We attended the International harm reduction Association conference back in April. It was a good adventure, and we have some pieces about our trip there. In Liverpool we heard that the head of UNAIDS Michel Sedibi had called for an end to the policy of making drug users criminals, because this was having a negative impact in the fight against HIV. This thinking has also resulted in the "Vienna Declaration", details of which are inside also.

As well as international news, the Methadone Protocol in Ireland is being reviewed, and we have some details about our submission. There is a report about some interesting research by Maynooth academics, into the drugs issue in the Canal Communities area. And news that trials are about to begin in the United States to see if Ibogaine can be used to help people with addiction problems.

We also have some letters sent in by readers, and the start of a series of contributions from Kenneth Dempsey. We would very much welcome any poetry, letters or comments. Please forward any material to the address below.

Till the next time, stay safe!

Brass Munkie

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Letters

Dear Brass Munkie,

This is the first time I've ever seen your magazine. I'm 35, and in counselling in Chrysalis. The staff are brilliant to me, especially Mary. They work long and hard, and it's often not recognised.

At 13 I started drinking, two litres of cider. By sixteen, I was holding down a job but drinking, smoking hash, and drinking brown Phy. My Da was a chronic alcoholic, and my mother had poor health.. Both are now dead.

I have three lovely kids, but was in an abusive relationship. I ended up having a nervous breakdown. My ex had been cheating on me for two years with my best friend. I hit rock-bottom, drinking cider for breakfast, dinner and tea; meeting people, bringing them home with me, getting coke for nothing-for letting people party in my flat. I felt power, in control, hyper, never on my own.

One night I met a bloke called Ed, he was just out of prison. I told him I didn't want a relationship. I didn't have sex with him. Next morning he was gone, but as I gave the kids their breakfast he came back. I didn't know he was on methadone, and had just got back from his clinic. He got in bed beside me, and put his arm around me. I got a strange feeling that I wasn't used to – safe. He moved with me, and I stopped drinking.

I started counselling in Chrysalis. I went through horrible withdrawals, and Ed turned the old crowd away, when they came to the door. I went through horrible withdrawals: shaking, headaches, vomiting. But looking at my kids kept me going. Ed would collect the kids from school, and I'd cook a dinner. After a few weeks, I had a slip. Ed walked out at 12:30 that night. I kept partying til I got a call telling me that Ed had hung himself. He didn't die, thank God, but his head was swollen and bruised. I took him back, because I was afraid he'd do it again, but mostly because of my three kids. I cut down on the drinking and moved back to the flats where I grew up. The memories of the place haunted me, and I felt the kids were turning against me. I piled on the weight and got so depressed that I went back on the coke. I threw Ed out, and he ended up in a hostel on Talbot Street. We'd meet during the day, and at night I'd drink. I ended up in hospital, and when I got out, two of my kids wouldn't live with me anymore. But they were living in the same flats, so I always saw them.

I was still drinking. Ed was doing the same: drinking, tablets, moving from hostel to hostel, sleeping in cars and on the streets. After an illness the corporation got me a house. Ed was in transitional housing. I couldn't believe it. A brand new house, in a new area. I had about three parties before I was offered. I decided enough was enough, and went to get help. It was hard. I'm two years clean now, but Ed and me are like a roller-coaster. I've put on so much weight and feel ugly, with Ed either falling asleep or making smart remarks.

I see my two kids every weekend. They've grown up lovely lads, but the guilt never leaves me. I haven't met any new friends, and a lot of my older friends are addicts of some kind. I do get lonely. I get a lot of mixed emotions: depression, sadness, anger, but happiness too sometimes. I can't change my past, but I can look to the future. To my kids, family and friends: I'm sorry, and I love yous all.

A Poem

My life is goin' down the drain
I constantly think of the pain
With tears in my eyes
As I look at my baby's eyes
But then joy hits
I don't need any kind of fix
I've got my life back
I'm slowly back on track
Roof over my head,
Kids warm house and bed
And a mammy who's sorry for the things she did and said
My 3 kids apples of my eyes
Yous will always be my baby boys.

Rachel P

Head Shops

Dear Brass Munkie,

In your Christmas issue you had an article about the Head Shops, and the amount of them springing up. Since your article there have been loads more in magazines and in the newspapers. By now everyone knows how dangerous these legal drugs are. I have seen evidence of this, with people injecting their version of cocaine. It can totally ruin your veins, even after one hit. I know a couple whose kids were taken from them because of their use of party pills. This couple couldn't function without using party pills. It was as bad, if not worse than dying sick because of gear. I'm glad to say this couple got their kids back and are doing OK now.

Everyone was wondering how these shops could operate within the law, and if the law wasn't changed, would people take matters into their own hands. This has now happened, with the Head Shop on Capel Street being burned to the ground. People have started marching on some of the shops around the country. I wonder will the government do something, or will things spiral out of control with more shops being burned, with possible damage to the apartments and shops adjoining the Head Shops?

I've been on gear for nearly 16 years, and even I think these shops should be closed down. What do other readers think?

From L.L.

SHAY O'HARA

25th March 1956 – 16th March 2010.

Brass Munkie was saddened to hear of the sudden passing of Shay O'Hara. Shaymo would be familiar to many of our older readers and a few younger ones too. He participated in a few programmes in the city, most recently at TURAS in Bluebell with previous work with RADE drama group and the in-house CE programme at Merchant's Quay. Following a suggestion from Brass Munkie reader/contributor Frank James, we will dedicate some space in the next issue of Brass Munkie to dedications, remembrances and eulogies to Shay's memory. If any readers would like to contribute any stories, poems or dedications to Shay, please send them to us by post: 53 Parnell Square West, Dublin 1, or by e-mail to uiscepost@hotmail.com.

For the moment, we extend our condolences to Shay's three grown up children: Keith, Louise, and Seamus; his mother Mary, and all his extended family and many friends. May he rest in peace.

Shay wrote poetry during his time at RADE. 'Lost' is printed on page 7

Hello People !...

Hello people! My name is Kenneth Dempsey. am 32 years old and from a place caled Cushlawn Park, which is in Killinarden and that's right, it's part of Tallaght. I grew up there. Before that, I lived in Ballymun until I was 5. I have three older brothers named Fran, Tony and Stephen; and two younger sisters named Rebecca and Pamela. My mother died in the month of March 2000, and we all miss her so much, especially my Dad, who is such a great man.

The following memoirs you are about to read come from a book or diary that I have carried with me since my Mum passed. Some are joyful, some are painful.

I hope that between me writing this and you reading it, whoever you are, that we can both learn something, laugh a bit, cry a bit or just have something human to cling onto.

I went to Sacred Heart primary school in Killinarden. I doubt I have fond memories of primary school. I got bullied a lot and always felt like the outsider. I really had no good friends until I went to secondary school, things really changed in my life then. I met a friend when I was 13. His name was Dylan. We were so different than each other but we became the best of friends.

It was about halfway through secondary school when my love for drugs first started. Other children, that's all we were- kids, well, they were sniffing Tippex. So I went to Eason's in the Square, and stole a few bottles. Staight away, I knocked into Dylan and told him that other kids were sniffing it and "will we try it?" At first Dylan was not sure. He said he didn't mind me doing it, but he thought it woudn't work. I put the bag around my mouth and started breathing I and out until all of a sudden something started happening. I felt all warm and my head became all tingley, and the rest words cannot explain. Dylan had a puzzled look. I got myself together and said for Dylan to "try it man!". He thought I was taking the piss. He finally did try

it and got the same buzz I did. Little did we know, but we had just 'sold our souls to the devil', if you like, because when we got pissed off with Tippex, next came petrol, glue and gas... any solvents. How we didn't kill ourselves, I'll never know.

Editors note:

Kenneth came to our office with a manuscript that he hopes will one day be the basis of a autobiography, a memoir. The manuscript contains a series of vignettes about drugs, about being homeless, and importantly, a lot of reflections about being Kenneth Dempsey. We have reproduced just a small section of Kenneth's memoir here, as well as some of his poetry. We shall publish further reflections from Kenneth's memoir in future editions of Brass Munkie. We would be very happy to pass on your feedback to Kenneth.

In time, I made more friends until there was a gang of us. There was me, Dylan, Demo, Gavinzer, Ronnie, Mark and Gaz. By now we had started smoking hash. I fell in love with hash. Hash for breakfast, hash for lunch, hash for dinner and hash for tea. Hash, hash and more hash.

My early life with drugs was like a love story. I couldn't get enough. Eventually, heroin got a hold of me. All my money went on it. I was in a bad way, but my family didn't know how bad. One reason for their not knowing was that one of my brothers was an addict, but much worse than me to my Ma and Da, looking at him. Hiding behind him worked for a while, until it got so bad, I couldn't hide it anymore. They just knew. I was really skinny. My arms were like pin cushions. I looked like a junkie. Balls to bones junkie.

One thing I will always hate about myself is hurting my mother through my addiction. She was so loving and I miss her so much. I get depressed quite a lot. I guess it comes with the territory of using drugs and my past haunting me. I'm on 225mls of Effexor for depression. I'm also on valium, sleepers, olanzapine (or Lilly's), and my 85mls of Phy. All that comes before what I can get on the street. Basically, if I have money it goes on drugs and a pouch of tobacco. I owe a few friends of mine money. I have paid a few back, and I will pay the rest when I have enough money. I have paid off two bills, and have two others left. They're flexible so it's O.K.

Peeling a scab

Hidden beneath costumes and make-up,
There lies deep within, nothing.
Nothing, but an empty void

Night after night
I dream a waking dream
Night and day are one word
Time is both.

My dreams are so vivid, they hurt.
Of this I am sure
As my tears dissipate when I awake

No sleep, just hours, long, long hours
As my senses are turned inside out,
Twisting tightly, until numbed.

You see calm, calculated confidence.
You know the face, the costumes, the make-up

Yet, night after night, in my dreams,
I peel the scab off a wound. Slowly.
Revealing a glistening, fresh sore.

Come tomorrow
Consciously feeling safe
I, unconsciously by force of habit
help "it" to re-form.

Eugene Arkins

Passions

My dreams are my passions
  Passions which I cannot understand
But I know they are there
  That enough confides me to the truth
The truth that I can dream
  Oh what a dream

Kenneth Dempsey

Fáilte

They call it fáilte
  I call it my home from home
The staff are great
  Angels possess their souls

They converse with us
  Like no one else can
They deal with the homeless
  Alcos and addicts to beat the band

God bless these people and the hands they use

Kenneth Dempsey

A Dizzying Array Of Substances: An Ethnographic Study of Drug Use In The Canal Communities Area

By A. Jamie Saris and Fiona O'Reilly,
Department of Anthropology NUI Maynooth.

The Local Drugs Task Force in the Canal Communities area commissioned the Anthropology Department of NUI Maynooth to research the drugs issue in their area. The Canal Communities include parts of Kilmainham, Inchicore, Bluebell, and Rialto. It also includes Dolphin House and St Michael's Estate.

The key finding of the research is that drug services, particularly drug treatment (specifically Methadone treatment); do not match the situation on the ground. The report claims that the state's response to drugs:

"...developed in response to a fearful imaginary (sic) that had heroin at its core as a novel terror in the process of ripping apart communities. However accurate or understandable was this fear at one point, the situation is now different." (p.19)

So how is the situation different? Well, according to the research, there is a large amount of poly-drug use going on, not just among those in treatment, but also among people who wouldn't describe themselves as drug users. Young people who were consulted, reported regularly using cocaine powder, ecstasy, ketamine, hash, and alcohol. Some of these younger people had concerns about their intake of drugs, but saw services as being targeted towards people "on gear".

"For the most part, they do not even see themselves as logical targets of drugs advice... An opiate-centric service infrastructure, combined with a local fixation on 'gear' as the primary problem drug, largely insulates them from both local and government understandings of 'treatment'" (p.59)

There is a stigma in the area surrounding heroin use, particularly injecting, and heroin users. "Junkies" are seen as objects of both pity and contempt. Many of those interviewed had older siblings, aunties, and uncles who have died or been seriously damaged by their addiction to opiates. Some of these communities are particularly tightly knitted, and the "older junkies", now stabilised on methadone, are a well identified section of the local community.

Visibility is an important part of this stigma. The short term effects of using heroin, such as goofing off, are much more noticeable than the discreet effects of snorting a line of cocaine. In the long term, the image of the "emaciated junkie", identified this stigmatised group from the general population.

Another example of how services and treatment are

not matching patterns of drug use on the ground is the widespread use of sedative tablets. The report researched the drug use patterns of 92 people, all but one were on methadone at the time of research. 46 of them were being prescribed tranquilizers such as Valium and Dalmane. 20 of these 46 people were topping up their scripts with tablets bought on the street. Of the 83 people who were prescribed methadone every day for the previous three months, three-quarters of the men, and two-thirds of the women had bought tablets on the street at some stage, with almost half the sample (47%) doing so in the previous three months.

People would use tablets for a number of reasons and the use of sedatives was not confined to those on methadone. Initially, they are taken for the buzz, the effect of the drugs themselves. Secondly, they are used with other drugs to enhance the effect. People on methadone use tablets with methadone, to get a buzz from the interaction of the drugs. They can also be used to treat the adverse effects of other drug taking, such as coming down off ecstasy, or cocaine, or even alcohol, or managing opiate withdrawal. Thirdly, they are used because people have become dependent on them.

Since many of the people interviewed began their drug using with minor tranquilisers and sedatives, some of the longest lasting habits are those on tablets.

Some interesting changes were also documented in the research. The emergence of crack cocaine is noted, particularly as a destabilising influence for those on methadone, but also as a harm reduction adaptation from injecting cocaine. 30% of the 92 opiate users they spoke to, had used crack in the last three months.

Drug use has become less visible in many ways. Changes in the built environment have meant that drug using is less visible. From a situation where groups of drug users would inject or smoke heroin in the stairwells of flat complexes, drug taking now happens increasingly behind closed doors.

According to the drug users consulted, the profile of the dealer has also changed. These days, the typical dealer does not have a taste for his own products, and often looks down on his customers, holding them in contempt. They have become more professional, and are motivated by profit alone. According to this research, the "social distance" between dealer and user is becoming wider.

Methadone, as a response to drugs has its uses, and its successes. The regime of treatment allows the gathering of statistics which can evidence the belief that the problem is being addressed. However, the researchers point to the vital role that can be played by services with a softer focus, such as: youth groups, theatre, arts projects, job counselling and life skills training. They conclude that:

"No one drug is 'the problem': instead, several interlocking issues need to be addressed, issues that dense concentrations of drug abuse highlight." (pp70-71)

Copies of the report are available from the Canal Communities Local Drugs Task Force, c/o Addiction Services, Bridge House, Cherry Orchard Hospital, Ballyfermot, Dublin 10.

Lost

by Shay O'Hara

He came up from behind,
a hand on my shoulder.
"What the fuck!" I said.
"I've been watching you
for over an hour. You're
losing your touch", he said.
"I am on my way home", I said.
"You're coming with me",
he said.
"Ah leave it out. I'm in a hurry".
"If you're in a hurry, why walk
up and down Grafton Street
so many times?"
"I'm lost."
"No, you're not, you're nicked."

(With thanks to RADE)

Ibogaine:
the end of cold turkey?

Giving a heroin addict one of the most powerful psychedelic drugs may seem like a bad idea. But that's exactly what a group of scientists will do this month. ***Ibogaine***, they say, might be the best way to break drug addicts of their habit.

Ibogaine, a brown powder derived from the African ***Tabernathe iboga*** plant, has intrigued researchers since 1962, when the recently deceased Howard Lotsof, who was at the time a student at New York University and an opiate addict, found that a single dose erased his drug cravings without causing any withdrawal symptoms.

We first heard about Ibogaine from Dimitri Mugianis at the International Harm Reduction Association conference in Barcelona back in 2008. Dimitri, a New Yorker, would facilitate underground Ibogaine treatments in his native city. The treatments have to be underground or clandestine because Ibogaine is not a legally sanctioned drug. Unfortunately, Ibogaine can increase the risk of cardiac arrest, and the U.S. Drug Enforcement Agency lists it as a Schedule 1 substance, a classification for drugs like ecstasy and LSD with "no known medical value" and "high potential for abuse," making it difficult to get government funding to run clinical trials.

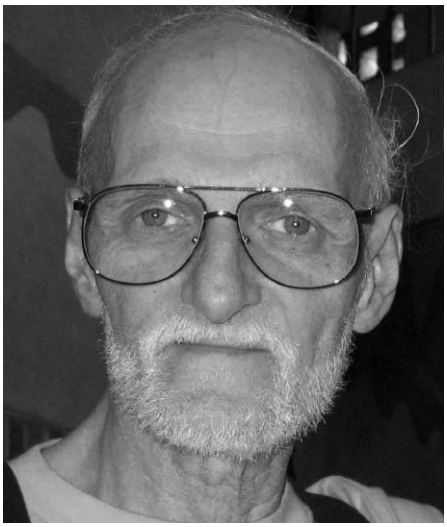
Dimitri Mugianis in Gabon

The legal status of Ibogaine has meant that addicts from the U.S.A. have paid up to $5000 for Ibogaine treatment across the border in Mexico, where there are specialized Ibogaine clinics. Money is no barrier to Dimitri and his comrades, who have assisted people, regardless of money with Ibogaine detoxes in New York hotel rooms. I remember Dimitri recalling how they had treated a homeless man, "Joey Bananas", who sounded like he was a well known character on the streets of New York. However, I don't know how successful Joey Bananas's treatment was in the long term.

Dimitri Mugianis in ceremonial dress in New York.

Ibogaine has been used in traditional African medicine by tribes such as the Bwiti and Pygmy for many years. It has hallucinogenic properties, and the trip from taking Ibogaine is a central part of the treatment. Through tripping on Ibogaine, people can get an insight into their addiction. What is more, the Ibogaine does something to the opiate receptors in the brain, and people do not experience the usual withdrawal symptoms. The person undergoing treatment needs to be supervised at all times, for reassurance and support. And have their heart rate monitored at all times, because of the risk of cardiac arrest.

Tests on animals have shown the drug to be effective. *"Rats addicted to morphine will quit for weeks after receiving Ibogaine,"* says Stanley Glick, the director of the Centre for Neuro-pharma-



The recently deceased, Howard Lotsof who discovered the therapeutic potential of the Iboga plant.

cology and Neuro-science at Albany Medical College in the United States.

Addicts too have reported positive effects in Mexico and some European countries, where Ibogaine therapy is legal. *"Going cold turkey is horrible. There's vomiting and diarrhoea and pain and a constant drug craving,"* says Randy Hencken, a drug user who was treated in Mexico. *"After Ibogaine, I didn't feel any symptoms or cravings. I've been clean for nine years. Heroin and cocaine no longer have any power over me."*

So starting in July 2010, MAPS (Multidisciplinary Association for Psychedelic Research), a privately funded Massachusetts-based non-profit organisation will run the first long-term study to gauge the drug's lasting effects at a clinic in Mexico (where patients already pay $5,000 for the treatment). She will treat 20 to 30 heroin addicts and, for the next year, MAPS will subject them to psychological and drug tests to quantify Ibogaine's effectiveness.

Can it be the magic bullet we've been waiting for? We shall keep you posted!!

ARE PRISONS THE ANSWER?

The best thing about prisons is that while people are there they can not commit crime. Hip hip horray! But while they are there, very little is done to stop them from re-offending.

It costs on average 92,717euro per prisoner per year. If they were given half that money maybe they would not offend in the first place! I know that's a barmy idea but just a thought. Rational thinking people are of the opinion that prison should be the last resort, considering the cost to the taxpayer. Prison should be first and foremost for violent offenders.

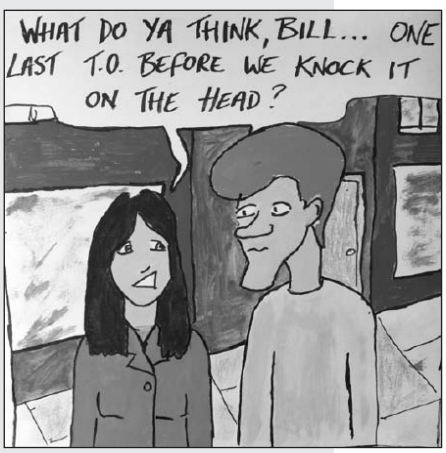
The Irish Penal Reform Trust's figures suggest that the vast majority of the prison population are there for non-violent offences, and hundreds of people are committed each year for debt problems! Why aren't some of the bankers, builders, politicians who robbed vast amounts of money from the workers in Ireland not in prison?

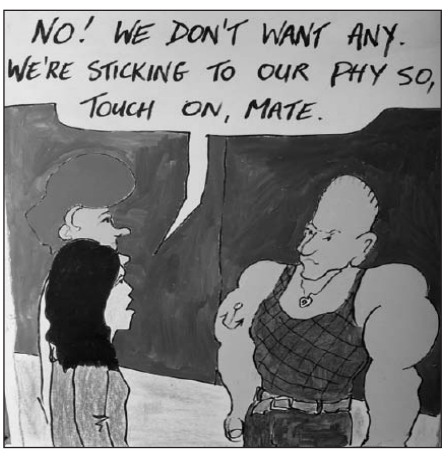
Best for me not to go there. It only brings to mind the ugly system where the poor and the drug addicted are looked upon as the problem.

People with drug problems in Ireland are not the real criminals! How dare society agree to let the biggest thieves in our country go free to do all again? Instead they lock up the uneducated who rob 200 euro of goods from the likes of Penny's. Some people who are petty shop lifters do it to fund an addiction, to give their children a better standard of living, or because they themselves are living in poverty.

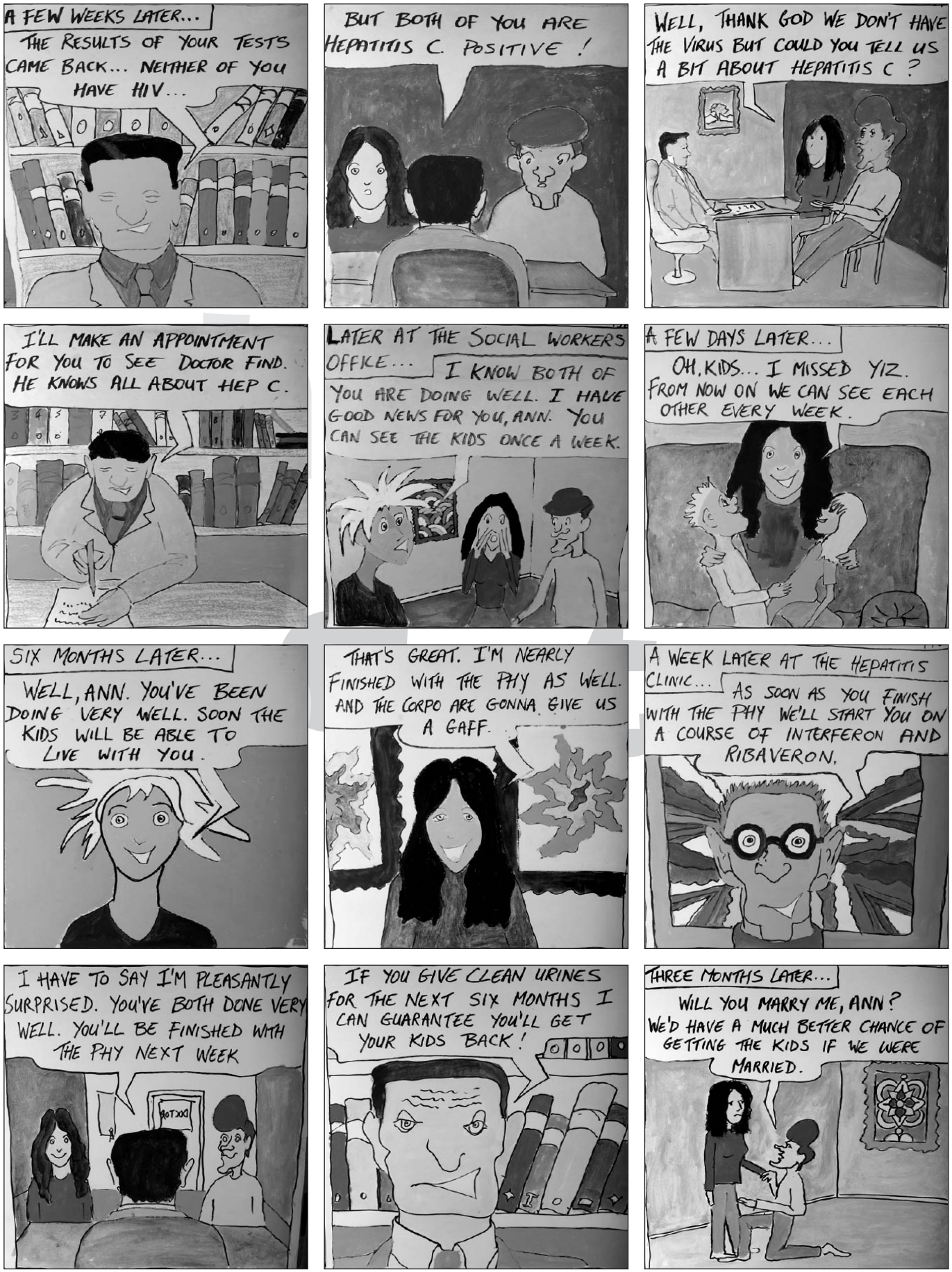
Emily

Annie's Story





by Tommy Larkin & Fasnet



WHAT IS HARM REDUCTION?

HARM REDUCTION CONFERENCE 2010 — LIVERPOOL

UISCE attended the International Harm Reduction Association (IHRA)'s 21st annual conference in April. It gave us the opportunity to meet drug users from around the world, to swap stories of our experiences on harm reduction in our own countries. The conference is more directed at professionals world wide but IHRA are a support to INPUD

(International Network of People Who Use Drugs).IHRA consult with user groups on making the conference as user friendly as possible. Last year a lot of drug users were unhappy because the conference was held in Thailand which is extremely anti drug user. The death penalty can be given to anyone caught selling drugs!

Liverpool on the other hand has had a lot of successes with their harm reduction programmes and do not have the death penalty!

The conference was very enjoyable. From 9am till 5.30pm Monday till Thursday was filled with lots to do, see and hear. Various people did presentations on topics like: Introducing Harm Reduction In The Middle East and North Africa, Legal Aid for People who Use Drugs, Harm Reduction for People who Use Prescription Drugs, Parents who Use Drugs, Ageing Substance Users in the Developed World, The Use of Anabolic Steroids and Related Drugs, Public Health Surveillance of Infections and Behaviours among Injecting Drug Users and Hep C. Issues on HIV treatment were also covered and Harm Reduction issues for gay, lesbian and transsexual drug users. So there was just a huge range of topics with doctors, nurses, pharmacists, lawyers, drug companies, drug projects and drug users giving their presentations. Questions

A position statement from the International Harm Reduction Association

Harm reduction refers to policies, programmes and practices that aim to reduce the harms associated with the use of psychoactive drugs in people unable or unwilling to stop. The defining features are the focus on the prevention of harm, rather than on the prevention of drug use itself, and the focus on people who continue to use drugs.

Human rights apply to everyone. People who use drugs do not forfeit their human rights, including the right to the highest attainable standard of health, to social services, to work, to benefit from scientific progress, to freedom from arbitrary detention and freedom from cruel inhuman and degrading treatment. Harm reduction opposes the deliberate hurts and harms inflicted on people who use drugs in the name of drug control and drug prevention, and promotes responses to drug use that respect and protect fundamental human rights.

Many factors contribute to drug-related risks and harms including the behaviour and choices of individuals, the environment in which they use drugs, and the laws and policies designed to control drug use. Many policies and practices intentionally or unintentionally create and exacerbate risks and harms for drug users. These include: the criminalisation of drug use, discrimination, abusive and corrupt policing practices, restrictive and punitive laws and policies, the denial of life saving medical care and harm reduction services, and social inequities. Harm reduction policies and practice must support individuals in changing their behaviour. But it is also essential to challenge the international and national laws and policies that create risky drug using environments and contribute to drug related harms.

Practitioners and decision makers are accountable for their interventions and decisions, and for their successes and failures. Harm reduction principles encourage open dialogue, consultation and debate. A wide range of stakeholders must be meaningfully involved in policy development and programme implementation, delivery and evaluation. In particular, people who use drugs and other affected communities should be involved in decisions that affect them.

puterised Methadone dispensing machines, Needle Exchange companies with all sorts of weird and wonderful things. Pipes and foil for those that smoke! Last year I remember seeing this rehab in Thailand that was unbelievable. Cost an arm and a leg but come to think of it there are many of us who have lost legs!!!!!!! A fabulous rehab for those who want nobody to know of their drug addiction and can get rehab in luxury on an island in Thailand…Dream on…..

Also because this was an international conference you could gat ear phones that translated the big presentations into your language. Top class conference. There were not many Liverpool drug users there, so I and Kizzy went looking for them. We found them easily! I'm trying to get one or two of them to write an article about drug treatment in Liverpool still working on it.!

The conference is in Bruit, Lebanon next year. Let's hope we get there……Stay safe

and answers followed each session. Now if you didn't want to listen to those presentations you could go and see a film on drug use. Personally they held my attention the most. Some really interesting stuff. There was even a very short film by RADE, 'Jack, Jill and the Green Devil . They are a C.E. programme for drug users in South Inner City for Acting and the Arts. Nobody was at the conference from RADE but their film got accepted, so well done to them! Some of the films were very graphic and quite sad but others were uplifting. One of the films that stood out for me was of a father and son in Afghanistan both injecting heroin users. It showed their day to day life living with their family… blew me away. There were many films like that. At the conference there was an exhibition area. Companies showed off their wares i.e. com-

Emily at the Liverpool Conference on harm reduction.

HARM REDUCTION:

A World Wide Perspective

Harm reduction interventions like needle exchange and opiate substitution therapy (OST) have been well established in many developed countries. There is also plenty of evidence from the likes of the World AIDS Fund, that these services work, and make economic sense in the long run. However, the spending on such services amounts to just 3 cents a day per injecting drug user. Of course this is just a fraction of what is needed, and access to such services is very unevenly spread across the world. Even in Europe, the coverage of harm reduction services is unevenly spread. The European Union countries have been supportive of harm reduction. It is a central part of drug policy in many countries including Ireland.

The situation in Eastern Europe and Western Asia was highlighted by **Simona Merkinaite**, a representative of the Eurasian Harm Reduction Network. The Eurasia area includes 29 countries from eastern Europe and Central Asia. They have 3.7 million injecting users, 1.5 million cases of HIV, and at least 10 million cases of Hep C. A quarter of injectors have HIV. Just 5% of users have access to needle exchange, although needle exchange programmes are about to be rolled out in Kosovo and Uzbekistan. The International Harm Reduction Association are particularly critical of Russia, where there is no substitution treatment (e.g. Methadone), and 10,000 opiate overdoses a year.

In some countries, drug treatment means detention centres for drug users, where they are forced to do "cold turkey". Some of these so-called treatment centres are supported by well-meaning donors, who may not realise the brutality they are financing.

Michael Sedibi, the head of UNAIDS (The section of the United Nations dealing with AIDS and HIV), has identified the criminalisation of drug users as a barrier to an effective harm reduction response. Making drug users criminals increases rather than reduces the damage that can be caused by drugs. It may be that these harms are not an intended outcome, but if thay can be predicted, can they be described as unintended?

While in the "Western World", where harm reduction is well established, there are threats to services also. **Walter Olivieri** informed the conference about the changing situation in Canada. According to Walter, one of the main challenges to Canada's strong harm reduction approach has been the election in 2006 of a conservative government who dumped harm reduction for a "law and order" approach. Canada officially endorsed harm reduction back in 1987. To Canada's policy makers, harm reduction represented a viable public health strategy. However, this has been slowly eroded over the years. The roll-back has speeded up now with the election of **Stephen Hopper** as Prime Minister, described by some as "George W. Bush Lite". Harm reduction services are now finding it difficult to prove their worth to a government lacking in compassion, and driven by anti-drugs ideology, the new anti-drugs approach having previously been more associated with their neighbours across the border in the United States. Drug policy in Canada is now solely with the department of Justice, and is not seen as a health issue anymore. They have introduced mandatory prison sentences, with especially heavy sentences for drugs. 90% of government spending on drugs goes to law enforcement, with no clear benefits for the drug user.

The world recession has meant that governments across the world are looking at public spending. Even if countries like Ireland have harm reduction at the centre of drug policy, this doesn't mean they are obliged to spend money on it. But it has been shown that investment in harm reduction is money well spent. We can save a huge amount in future health care costs, law enforcement costs, imprisonment etc. Harm reduction makes sense!

Vienna Declaration

at THE 28th INTERNATIONAL AIDS CONFERENCE

The Vienna Declaration seeks to improve community health and safety by applying the principles of scientific research to the area of drugs policy. It is the official statement from the 28th International AIDS Conference, held in Vienna, Austria from the 18th to 23rd of July 2010.

The Vienna Declaration demands reform of drugs laws that criminalise drug users, and are a barrier to effective policies aimed at stopping the spread of HIV.

They state in the declaration that: **"The criminalization of illicit drug users is fuelling the HIV epidemic and has resulted in overwhelmingly negative health and social consequences. A full policy reorientation is needed."**

And that there is **"overwhelming evidence that drug law enforcement has failed to meet its stated objectives,"**

In the declaration, they list the consequences of the drug war:

HIV epidemics fuelled by the criminalisation of people who use illicit drugs and by not allowing the provision of sterile needles and substitution treatment, like methadone.

HIV outbreaks among drug users in prisons and other places of detention such as mental hospitals because of strict laws and policies, and a lack of HIV prevention services (e.g. condoms and clean needles) in these places.

Where there are public health systems, these can be undermined by heavy handed law enforcement approaches that drive drug users away from prevention and care services and into environments where the risk of infectious disease transmission (e.g., HIV, hepatitis C & B, and tuberculosis) and other harms is increased.

Photo by Zoe Dodd

Protestors march for drug-user rights, Vienna July 2010.

A crisis in criminal justice systems as a result of record rates of imprisonment in a number of nations. This has negatively affected the social functioning of entire communities. While racial disparities in incarceration rates for drug offenses are evident in countries all over the world, the impact has been particularly severe in the US, where **approximately one in nine African-American males in the age group 20 to 34 is incarcerated on any given day**, primarily as a result of drug law enforcement.

Stigma towards people who use illicit drugs, which reinforces the political popularity of criminalising drug users and undermines HIV prevention and other health promotion efforts.

Severe human rights violations, including torture, forced labour, inhuman and degrading treatment, and execution of drug offenders in a number of countries.

A massive illicit market worth an estimated annual value of US $320 billion. These profits remain entirely outside the control of government. They fuel crime, violence and corruption in countless communities and have destabilized entire countries, such as Colombia, Mexico and Afghanistan.

Billions of government money wasted on a "War on Drugs" approach to drug control that does not achieve its stated objectives and, instead, directly or indirectly contributes to the above harms.

Following the conference, the Vienna Declaration, endorsed not only by the AIDS conference, but hundreds of organizations, and thousands of individuals, will be hand delivered to Ban Ki-Moon, Secretary General of the United Nations. It will give the strong message that the international community demand that drugs policy be based on evidence of what is effective. It is clear that there is no evidence to support the notion that the billions spent on the "War On Drugs" is having a positive effect.

In fact, evidence shows that the reverse is true. The "War On Drugs" has a negative effect on individuals, families, and communities.

HEAD SHOPS –

THE BEGINNING OF THE END, OR THE END OF THE BEGINNING?

Head shops began by selling paraphernalia, bits and pieces to do with cannabis. They would stock the likes of bongs, waterpipes, rolling papers, grinders etc. They would also sell other related items such as incense, t-shirts, badges, ornaments and cosmetics. They get the name "Head" shop, because their customers were presumed to be "Potheads" or "Dopeheads". These are terms used in the United States to describe people who smoke cannabis. Much of these items have been freely available in Ireland for many years.

Since the turn of the millennium however, there have been huge developments in the manufacture of synthetic compounds designed to mimic the effects of illegal drugs, particularly in the area of "party pills". These pills began to be sold in Ireland about six years ago. BZP (Benzylpiperazine) was an ingredient in some pills, and was banned in Ireland in 2009. BZP was hugely popular in New Zealand, where an estimated five million BZP tablets were consumed in 2007 alone. BZP had been researched by scientists with a view to using it to control parasites, such as worms, in animals. After that, the anti-depressant qualities of the drug were investigated. It was found to be unsuitable as an anti-depressant because of its amphetamine, speedy side-effects.

In January 2010, there were twelve Head Shops operating in the North Inner City, half of which have been open for eighteen months or less. There were up to one hundred Head shops in Ireland at one stage. All their products were labelled "NOT FOR HUMAN CONSUMPTION" to by-pass regulations.

Generally their products came in three forms: Incense covered the various smoking mixtures that mostly imitated marijuana, and contained what are termed "synthetic cannibinoids", but some had an amphetamine effect. These products had brand names like "Smoke XXX", "Bonzai", and "Spice". Second were the "Plant Foods". These were tablets and capsules that were swallowed, or crushed and snorted. They mostly imitated ecstasy, giving a euphoric, speedy type effect. They contained Caffeine, Lignocaine and Benzocaine, as well as Cathinones, synthetic compounds related to the Khat plant, but purely man-made. Brand names included "Doves", "Space E", and "Smileys". Third were the infamous "Bath Salts", powders that were snorted, but sometimes injected. The "Bathsalts" contained similar ingredients to the "Plant Foods" mentioned previously. There was a vast array of such products with names like "Wild Cat", "Snow Blow", "Hurricane Charlie", and "Ivory Wave". It is clear that these "Bath Salts" are often given brand names with a definate cocaine association, but their ingredients do not differ much from the "Plant Food" products with their ecstacy related brand names.

In so far as we can establish, the most serious problems seem to be associated with the injecting of what are known as "Cathinones". Cathinones is the term used to describe a group of drugs related to the active ingredient in Khat. Khat is a plant common in East African countries like Kenya. People chew the leaves of the Khat plant, or make tea from it. There is a mild amphetamine type buzz from chewing or ingesting Khat, but it is as normal to some Africans as drinking coffee, which also has a mild amphetamine type effect. The synthetic (man-made) versions of Khat are much stronger than anything in the Khat plant. The most common of these cathinone drugs is Mephedrone, now the fourth most popular drug (not including alcohol) in the United Kingdom, after cannabis, ecstasy, and cocaine.
It was clear that injecting Mephedrone was causing a lot of damage to people's veins, and to their mental well-being. The people we spoke to who were injecting the drug, did so as a

cheaper alternative to cocaine. They figured it was far cheaper, and the buzz lasted longer.

At the end of January a conference was organised by drugs task forces, to look at the issue of Head Shops. UISCE attended the event, along with over 300 other concerned individuals from around the country. Head Shops had emerged in small rural towns, and were doing brisk business. Some people were clearly horrified. Aside from the products themselves, there was a clear concern that Head Shops are promoting drug use, and making it "normal". There was outrage that the government did not apear to have the power to immediately close down these outlets. As well as peaceful pickets there were attacks on head shops in Dundalk and Balbriggan. There were two serious incidents in the North Inner City. A Head Shop in North Frederick Street was attacked by someone who tried to set fire to the place with a petrol bomb, and of course, a more successful attempt at arson in Capel Street resulting in the Nirvana Head Shop being burned to the ground. The writing was on the wall.

In March, the government announced that it would introduce a law banning the sale of the head shop products. The legislation came into effect in May. This was done through the Department of Health adding substances to the Misuse of Drugs Act, 250 different compounds were banned in all. These included the Cathinones and related substances Then, adopting a 'belt and braces' approach, and just before the Dail finished up for the summer, the Minister for Justice, Dermot Ahern introduced the Criminal Law (Psychactive Substances) Act. This gives the Gardai the power to confiscate any substance they suspect has a mind-altering effect, regardless of whether it is listed under the Misuse of Drugs legislation.

A fireman fights the blaze at the Nirvana Headshop in Capel Street, Dublin in February 2010.

So with all these products now banned, Head Shops have been closing down across the country. At the time of writing, there is just one Head Shop still operating in the North Inner City. Critics say we may have missed out on an opportunity to regulate the drugs market to some degree, and that the government is missing out on funds through tax on the products, and the employment generated by the industry. It is claimed that money will be instead made by the more traditional dealers of illegal drugs.

Methadone Services: Protocol Regulation under Review

UISCE has been working with other groups representing drug service users in an on-going review of Methadone services. The Methadone Protocol, first introduced in 2000, is now being reviewed after 10 years. The protocol regulated the prescribing of the drug, and is associated with the introduction of "Green Phy", as well as putting a limit on the number of patients that GPs could treat. Getting the old "Brown Phy" back may be a lost cause at this stage, but here is a summary of our submission to the review that is currently taking place.

Choice of treatment

There are issues with Methadone such as constipation, flatulence, and sweating. The flatulence side-effect we understand to be a result of the syrup added to methadone. We are told that syrup is added to methadone to prevent injecting. We feel that this is over-cautious and prevents the wider use of more concentrated forms of methadone (e.g. 10mg per 1ml). Concentrated methadone is also useful for people travelling.

The brand of methadone is also an issue for some in treatment. We have raised this issue before and were informed of the EU legislation governing the tendering processes that has to be adhered to, which has resulted in just one brand of methadone being dispensed in HSE clinics. However, it is our understanding that the choice of brand is becoming increasingly restricted in community settings also, as Community Pharmacists seem reluctant to dispense more than one brand as it leads to more paperwork..

Opiate substitution treatment should include alternatives to methadone such as Suboxone and Subutex. The barriers to buprenorphine were acknowledged as being:

(i) Financial: Suboxone is expensive in comparison to Methadone, but this should not block the use of what is an effective, evidence based treatment.

(ii) Diversion / Injecting: This is a particular problem with Subutex, which can be injected. However, it is still widely used in other countries, and should be part of a menu of treatments in Ireland.

(iii) Supervised Dosing: Buprenorphine treatments take time to dissolve under the tongue and can be time consuming. Perhaps the regime or frequency of supervised dosing can be relaxed in certain cases.

(iv) Resistance to change: As with the issues concerning the different types of methadone, there seems to be a general resistance to change among service providers, particularly large institutions like the HSE.

While there has been a fair amount of progress, the issue of "sanctions" is still of concern. One area of unfairness surrounds "take aways". For a patient to get one "take away", they need to provide a month of "clean urines", and will get another "take away" after another month of "clean urines", and so on. However, the same patient will lose a "take away" for every week the urine test is positive for illicit opiates. i.e. It takes a month to get a "take away", but just a week to lose one.

The use of punitive sanctions which involve significant dose reductions, and even curtailment of treatment altogether, should be discontinued. There are serious cases of people having their treatment withdrawn as a sanction for very minor rule breaking.

Peoples' treatment should not be discontinued as a punishment.

Access to methadone treatment is a serious problem, particularly outside the Dublin region.

Again, the area of urine testing was discussed. We need alternatives to urine tests, such as mouth swabs. Also, the frequency of testing needs to be examined. Frequent testing should not be wasted on someone who is consistently "clean", or for someone who is equally consistently "dirty".

Ideally, there should be no testing, except if the patient requests it and at the very start of treatment where it needs to be proved that someone is using opiates.

It was also stated that detox is not offered to people who first present to treatment, as it seems the goal is stabilisation first, which takes three months, and it is only then that detox will be even considered. This policy should be reviewed

Narcotics Anonymous Meeting Times

DUBLIN CITY & COUNTY

Sun	**11am**	Teach Mhuire, (basement) 38/39 Lr. Gardiner St., D.1.
	Noon	Sancta Maria College, Ballyroan Crescent, Rathfarnham, D14. (**ss**, Bus 16A, 17, 47A)
	Noon	***Just for Today Group,*** Brookhaven, behind Glin Sports Centre, Glin Road, Coolock. (**th**)
	1pm	Cedar House, Marlborough Pl., D.1.
	4pm	St. Andrew's Community Centre (rear), Rialto, D.8. (Bus 17, 19, 122, 150)
	6pm	Family Centre, Killian House, Kimberley Rd., Greystones, Co. Wicklow (DART, Bus 84, 84A, 184)
	7pm	***Step By Step Group,*** Friary (rear), James's St. Church, D.8. (**ss**)
	7pm	The Lodge, Clonsilla Village, Blanchardstown, Dublin 15
	7.30pm	Resource Centre, Baker's Corner, Dun Laoghaire. (Bus 45, 46A, 75)
	8pm	***It Works – How & Why Group,*** Friends' Meeting House (basement), 4/5 Eustace St., D.2. (**ss**)
	8pm	East Wall Youth Club, Strangeford Rd., D.3. (Bus 53)
Mon	**1pm**	***Downtown Group***, Dublin Central Mission (top floor), Lr. Abbey St., D.1. (**cbh**)
	1pm	***Alano Club,*** Patrick Street, Dun Laoghaire.
	7.30pm	Church of the Annunciation (rear), Cappagh Rd., Finglas, D. 11 (**cbh, Open meeting**, Bus 40a)
	7.30pm	Christ the King Church, Imaal Rd., Cabra, D. 7 (Bus 120)
	7.30pm	***Fatima Mansions' Group,*** St. Andrew's Community Centre (rear), Rialto, D.8. (Bus 17, 19, 122, 150)
	7.45pm	Church Centre, Upper Gardiner St., D.1. (**cbh**)
	8pm	***Shelter from the Storm,*** York House, Longford Street (City Centre).
	8.30pm	***Knocklyon Group***, Rutland Centre, Templeogue, D. 16 (Bus 15)
Tue	**1pm**	***Downtown Group***, Dublin Central Mission (top floor), Lr. Abbey St., D.1.
	4pm	Teach Mhuire, (basement) 38/39 Lr. Gardiner St., D.1.
	7pm	Donore Community Centre, Donore Ave. (off Cork St.) Dublin 8 (Bus 150, 50, 77, 77A)
	8pm	Darndale/Belcamp Drug Awareness Group, Old Youth Services, Back of Gym, Darndale/Belcamp Village Centre, Dublin 17
	8pm	Project West, (beside Cappagh House pub), Finglas, D. 11 (Bus 40)
	8pm	Friend's Meeting House, (basement) 4/5 Eustace St., D.2. (**ss**)
	8pm	Lucan Parish Centre, (behind church), Lucan, Co. Dublin
	8.30pm	Old Post Office, Main St., Tallaght, D.24 (Bus 49, 65B)
	8.30pm	Resource Centre, Ballyfermot Rd., D.10. (Bus 18, 78A, 79)
Wed	**1pm**	***The New Beginnings Group*** The Carmelite Community Centre, Aungier St., Dublin 2. (Bus 15E, 15F, 16+A, 19A, 65+b, 83)
	6.15pm	***Downtown Group***, Dublin Central Mission (top floor), Lr. Abbey St., D.1. (**cbh, ss**)
	7.30pm	***Hale Centre,*** behind Concorde Pub, Edenmore.
	7.30pm	125 Shangan Road, Ballymun, Dublin 11 (Bus 13, 13A).
	7.30pm	***Primary Purpose, The Macro Centre,*** corner Nth. King St./ Green Street (**ss**).
	8pm	***Women's Group.*** Teach Mhuire, (basement) 38/39 Lr. Gardiner St., D.1.
	8pm	Kiltilawn House, N81, Jobstown, Tallaght, D.24. (Bus 50, 65B, 77)
	8pm	Alano Club, Patrick St., Dun Laoghaire. (DART).
	8pm	***Back to Life Group,*** Friary (rear), James's St. Church, D.8. (**ts**)
	8pm	***Dublin Aids Alliance,*** 53 Parnell Square West, Dublin 1 (Basement)
	8.30pm	10 Dromheath Avenue, Ladyswell, Blanchardstown, Dublin 15 (**ss**) (Bus 38, 39, 220, 238).
Thu	**1 pm**	***Alano Club,*** Patrick Street, Dun Laoghaire.
	12.30pm	City Clinic, 108 Amiens St., D.1. (**cbh**, DART)
	4pm	***Keep the Faith Group,*** Blessed Sacrament Hall, Bachelor's Walk, D.1.
	5.45pm	Drop-in Centre, 19 Haddington Rd., (beside Baggot St. Bridge), D.4. (Bus 10, 18)
	7pm	***Keep It Simple Group,*** Chrysalis Community Drug Project, 27 Benburb Street, Dublin 7
	8pm	Columbanus Old School (opposite Church), Main St., Howth, Co. Dublin (DART, Bus 31, 31B)
	8.15pm	Out House, Capel Street.
	8.30pm	Resource Centre, Ballyfermot Rd., D.10. (Bus 18, 78A, 79)
	8.30pm	Youth Action Project, 1A Balcurris Rd., Ballymun, D.11 (Bus 13, 13A)
	8.30pm	Old Post Office, Main St., Tallaght, D.24 (**ss**, Bus 49, 65B)
Fri	**12.00 pm**	***Baby Steps Group,*** JADD, Fortunestown Way, Jobstown, Tallaght, Dublin 24 (Bus 77, 77A will drop you outside), Child Friendly Crèche.
	1pm	Blessed Sacrament Hall, Bachelor's Walk, D.1.
	6.30pm	***Men's Group,*** Friend's Meeting House, (basement) 4/5 Eustace St., D.2.
	7.45pm	St. John of Gods' Hospital, Stillorgan, Co. Dublin. (Bus 46A, 63, 84, 75)
	8pm	***We Do Recover Group (Open Meeting),*** Old Friary (beside Church), Meath St., D.8 (,Bus 78A, 123)
	8pm	Cedar House, Marlborough Pl., D.1.
	8pm	Project West, Barry Rd., Finglas, D.11. (**ss**, Bus 40A)
	8pm	The Alano Club, Patrick Street, Dun Laoghaire.
	8.30pm	***Knocklyon Group***, Rutland Centre, Templeogue, D. 16 (Bus 15)
	8.30pm	10 Dromheath Ave., Ladyswell, Blanchardstown, D.15. (Bus 38, 39, 220, 238)
Sat	**11am**	Cedar House, Marlborough Pl., D.1.
	1pm	***Downtown Group***, Dublin Central Mission (top floor), Lr. Abbey St., D.1. (**cbh**)
	4pm	Killarney Court Community Centre, Sean McDermott Street, City Centre.
	6.30pm	Parish Centre, 52 Grosvenor Rd., Rathgar, D.6. (Bus 14A, 14B, 15A, 15B, 18, 83)
	7pm	Resource Centre, Ballyfermot Rd., D.10. (Bus 18, 78A, 79)
	7.30pm	***Freedom & Hope Group,*** Teach Mhuire, (basement) 38/39 Lr. Gardiner St., D.1. (**ss, tm**)
	8pm	Kiltilawn House, N81, Jobstown, Tallaght, D.24. (Bus 50, 65B, 77)
	8pm	Athrú, Sunshine Industrial Estate, Crumlin Road, D.12.

KILDARE

Sun, 7pm & Wed 8pm Parochial House, Main St., Celbridge, Co. Kildare. (Bus 67 & 67A)

KILKENNY

Sun 8pm Community Hall (opposite basement), St. John's Church, Dublin Road,

CARLOW

Tue 8.30pm	New Oak Parish Centre, Dublin Road, Longford.
Fri 8.30pm	***The Carlow Youth Services***, Kennedy Street, Carlow.
Sun 12noon	The Carlow Youth Services, Kennedy Street, Carlow.

LONGFORD

Tue 8.30pm ***Mental Health Centre***, Dublin Road, Longford. (Step Study)

LOUTH

Tue 8pm	***Peace & Serenity Group***, Ait na Adoine, Grange Close, Muirheavnamor, Dundalk.
Thurs 8pm	82 Trinity Street, Drogheda (Upstairs). Muirheavnamor, Dundalk.

MEATH

Wed 8.30pm The Parochial House, Resource Centre, Beside St. Mary's Church, Navan, Co. Meath

PORTLAOISE

Wed 8.30pm ***Step To Freedom Group,*** St. Mary's Hall, Dublin Road, Portlaoise (exterior stairs on left side of building).

WESTMEATH

Sun 8.30pm	St. Martin's Centre (Rear), St. Vincent's Hospital, Athlone
Wed 8.30pm	Day Care Centre, Abbey Street, Athlone, Co. Westmeath
Thu 8.30pm	Mullingar Parish Community Centre (Room F)

WEXFORD

Mon 8.30pm & Sat 1pm	Mental Health Centre, Summerhill, Wexford Town
Wed 8.30pm	Social Services Centre, (top of) Main St., Gorey, Co. Wexford
Thu 8.30pm	Community Developmnt Project, Barrach Lane, New Ross,
Fri 8.30pm	Aiseiri, Rosslare Rd., Wexford Town, Co. Wexford

WICKLOW (including BRAY)

Sun 6pm	Family Centre, Killian House, Kimberley Rd., Greystones, Co. Wicklow (DART, Bus 84, 84A, 184)
Mon 8pm	Club Room, Dominican Convent Primary School, Wicklow Town, Co. Wicklow
Tue 8pm	Madely House (beside Methodist Church), Florence Rd., Bray (**ss 123**, DART, Bus 45A, 84, 145, 184, 185)
Thu 8pm	Madely House (beside Methodist Church), Florence Rd., Bray (DART, Bus 45A, 84, 145, 184, 185)
Thu 7.00pm	Addiction Centre, Upper Main St., Arklow, Co. Wicklow
Sat 6.30pm	Madely House (beside Methodist Church), Florence Rd., Bray (DART, Bus 45A, 84, 145, 184, 185)

Groups may photocopy this list if they so wish.

Any addict is welcome at any meeting regardless of how it is listed in this directory.

Key Guide for Meetings

c: Closed Meeting – for addicts or those who may think that they have a drug problem. This applies for every meeting that isn't listed as (**o**) open.
o: Open Meeting – anyone can attend — **cbh**: Closed Bank Holidays
d: Discussion — **w**: Womens' Meeting
ss: Step Study Meeting — **th**: Theme Meeting
tm: Tradition Meeting — **ts**: Text Study Meeting – ♿: Wheelchair Access

IMPORTANT NOTICE

If you know of a meeting in the Eastern Area of Ireland (generally the Leinster area) that is not listed here or you wish to make changes to this meeting list or you are a member of a group that wants to start a new meeting and want to have it included here, please contact the Public Information sub-committee of the EASC @ 086 3791784 Your participation in keeping this meeting list up-to-date is needed and greatly appreciated. This meeting list is available from the N.A. shop in 29 Bride Street, Dublin 8 or contact the above number.

Xchange

NEEDLE EXCHANGE TIMES in the NORTH INNER CITY

Merchant's QUAY PROJECT Monday to Friday	10 am to 12:45pm / 1:45pm to 4:30pm	
SUMMERHILL HEALTH Centre 90 SUMMERHILL, DUBLIN 1	Tuesdays	2.15 - 4.30 PM
NORTH STRAND HEALTH Centre NORTH STRAND, DUBLIN 1	Fridays	2.15 - 4.30 PM
CLANCY NIGHT SHELTER (Residents only)	Tuesdays Fridays	7.00 - 8.30 PM 7.00 - 9.30 PM

The views and opinions expressed in this newsletter are not necessarily those of UISCE or its supporters.

UISCE is based at Dublin Aids Alliance, 53 Parnell Square, Dublin 1

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