



BRASS MUNKIE

Issue 25 ■ Autumn 2013



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Talk Time**

Simon Respite

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UISCE

*Unit for Improved Speaking
Communication and Education*

Danylee2013



Editorial



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Welcome to the autumn issue of Brass Munkie.

This time we have news about changes to the drug laws aimed at benzodiazepines affecting consumers and suppliers, legitimate and less legitimate. We also have news from north of the border where drug service users are organising themselves to advocate for better services. We also have reports from an event we organised with the SAOL project for International Women's Day, an insider's view of homelessness, and a review of the move of the Cherry Orchard Respite to Dublin Simon, and of course your poetry and letters.

We have another Munkie due at Christmas when we traditionally include our readers' remembrances of friends passed and seasonal wishes. Please contact us if you'd like a message printed, we will be happy to oblige.

This autumn issue is dedicated to Bobby Reynolds of Hardwicke Street who left us unexpectedly in July.

BRASS MUNKIE

Cover illustration
Danielle Tallerico



Dear Brass Munkie,

I have enjoyed reading, and sometimes writing pieces for Brass Munkie over the years. One of my favourite 'features' was the 'Phy Spy', where people attending different clinics wrote about the good, the bad and the ugly treatment they had experienced. The clinics were scored out of a maximum of 500mls, showing how people rated their clinic.

I was thinking it may be a good idea to do a 'Doc Spy', as I haven't been on a clinic for ten years or more. I don't think it is fair on doctors though.

I was thinking the same for the Chemists, but again they are a small group and it may not be fair. But a more general article on the pros and cons of attending a doctor could be good, as long as they weren't singled out.

For me, attending a doctor is better than my experience of the clinics. The first advantage is that your doctor is

not going to be changed every six months, which is a big disadvantage for those going to clinics. Seeing the same doc develops a trust between the doctor and the patient over time, and this is of benefit to both doctor and patient. Most patients I know say they can be honest with a doctor they've been seeing regularly for a number of years. When I was with a clinic, I only got to see the doctor if I was 'in trouble'. Having a regular doc that you can talk to every week or fortnight, if you want, helps people to remain stable.

Each case is different, but I think clinics should move people on to doctors once they see people are stable. My only gripe with this system is that sometimes your phy doc is not the same as your personal GP. This means increased costs with patients having one doc for Phy, and another doc for the general ailments. This is unfortunate, although some phy docs are very expert at what they do and can get you referred to related specialists quickly. Maybe Minister Reilly will come up with an innovative solution to this. We all know how much he cares about drug prevention and other social issues. Because of the duplication, I'm deducting 50mls and scoring my Doc 450mls out of a possible 500mls.

Already Gone



Dear Brass Munkie,



You hear strange things while living in a hostel for the homeless. As a teenager growing up in a deprived area where unemployment and crime were commonplace, brushes with the authorities even formal warnings of charges and convictions were carried like a badge of honour. You became part of the crew. Seems nothing has changed. These days grown {physically} adults trade stories of incarceration and addiction,

each trying to prove they spent longer in jail, need stronger medication or are just downright more disturbed than each other. The talk of type of pills even goes as far as 'I need 50mils' answered by 'Is that all? I take 100'. An educated pharmacist would struggle to remember all the different types, effects and side effects. This coupled with those fighting to remain in recovery from other varied addictions leads to some very strange topics of conversations.

Yes people have problems but

it becomes evident that some have become experts at manipulating well meaning staff.

What theory explains this? I'm sure I could look to Freud, Bowlby, Erickson or a host of many others to find solutions but outright defensive mode seems the most likely. The view of a cobra puffing out its chest or a lion showing its teeth brings to mind basic animal instinct.

What does hostel life bring out in us?

By T

Dear Brass Munkie Readers,



In the last couple of weeks there have been at least 8 deaths that have been associated with contaminated ecstasy pills. To be truthful as a drug worker it does not look like MDMA but more like a combination of legal highs, some of which are yet to be identified. The PSNI (Police Service Northern Ireland) have

issued a warning to the public to be aware of green coloured tablets with a logo of a crown or castle.

It is still unclear what has killed eight people but it is believed that the tablets were sold as ecstasy. Also users may believe that they have taken a weak E and double up to gain more effect without realising that they may damage their health or even cause death. These deadly E

may be doing the rounds at festivals, North and South, so please let your friends know about them and stay safe.

Uisce and myself will work together to give you the most accurate of information, if you have any concerns contact Emily or Ruadhri, and if you have any of these yokes, please flush them or give to a drug-worker.

Michele Jordan, Belfast

Bobby Reynolds

We were very saddened by the passing of Bobby Reynolds of Hardwicke Street. Bobby had been a long time supporter of UISCE. His links with our organisation go back to the days before we were founded. From the very start, Bobby knew instinctively what we were about, and how people can be discriminated against and given second rate services because they were labelled as drug users. He knew that these wider issues, separate from the people's personal troubles, needed to be addressed. It was great to know, especially in the early days, that people like Bobby valued our work.

His contribution was vital to us. If ever we had focus groups, or needed people for research, Bobby would always be willing to give us a hand. We kept in regular contact, for the sake of contact, not because Bobby was looking for help with anything. In fact, we probably got more advice from Bob than he ever got from us.

From the send off organised for Bobby and a heartfelt speech by his brother at the funeral mass in Gardiner Street church, it is clear that his family and friends in Hardwicke Street didn't just accept him, they respected and loved him, just as we did. It was a



privilege to know you Bobby.

Our deepest condolences to Bobby's family, particularly his mother with whom he lived with.

"Good friends we had, good friends we lost along the way. In this great future you can't forget your past, so dry your tears I say."



DUBLIN SIMON

RESPITE

On October 4th, Minister of State with Responsibility for the National Drugs Strategy, Alex White TD officially opened the new HIV Respite Unit at the Simon Community's premises at Island Street, behind Usher's Island. Simon has taken over the running of the respite since the end of last year when the Rowan Ward at Cherry Orchard closed down. At first the respite was located alongside the alcohol detox unit, but now has its own building. Brass Munkie's Emily went to check it out.

This respite was previously in Cherry Orchard, Hospital 3. Now it is situated on Ushers Quay beside the River Liffey. It has quite a different regime to the hospital setting. The unit has eight beds comprising of four single rooms and two double rooms. The criteria for entry is 18 years and over, as well as being HIV positive. They will work with those who have mental health issues, drug or alcohol addictions and Hep C.

Everybody seems to put their day clothes on instead of staying in pyjamas. The TV room has couches with throw over rugs giving it a cosy feel. There are plans to have computers installed at the other end of the sitting room so that residents can learn more skills and use their time more effectively. There is

always a nurse on duty and they have the responsibility of giving meds, doing dressings, taking temperatures and looking out for resident's health issues. A doctor is on call in an emergency but attends the respite on a regular basis to oversee medication and do referrals to hospitals if the need arises. There are also paid staff and volunteers who work with

homeless to access tenancy sustainment services. The Simon Community have been working with homeless people for decades in Ireland and have skilled workers with knowledge of all homeless services that can steer you in the right direction.

Doctors, hospitals and Methadone clinics are the main bodies of referral as a medical assessment of the person must be done before acceptance to respite.

If you're on methadone your prescribing doctor or clinic will arrange for it to be collected weekly.

There are strict rules forbidding illegal drugs and drinking alcohol. If there are any suspicions residents are asked for a urine sample or breathalyzer test. You could be asked to leave. All in all the staff seem strict but fair.

Having spoken to a number of residents, some tell me that they don't like the food and that you must clean your own room, change and wash your bed linen and clothes. To an extent this is only fair, although if someone is unwell and low in energy this can be seen as a mammoth task.



Dublin Simon
Community

residents by engaging with them informally or escorting residents to any place that they may need to go.

A chef comes in every day to prepare meals and food is available throughout the day. As far as I could see there is a big emphasis on eating well and regularly.

Skilled key workers are there to support you and for chats. They will help anyone who is



Big changes have taken place in the change over from Cherry Orchard to the Simon and some residents may find these changes hard to come to terms with. It is a facility that is very much need in Ireland as there now 6,629 HIV positive people in Ireland. 341 tested positive in 2012 up 7% since 2011. Mind you, less and less drug users are testing positive.

What a past resident had to say about the service

I was in the one in Cherry Orchard loads of times and the Simon one is very different. I think the staff is bringing with them what they learned in the alcohol/drug treatment part of Simon's stabilisation/detox programmes. They have too much focus on groups and how you are feeling. You have to attend a group every morning at 10.30am and you're asked what you're doing? What's your plans? How you are feeling? I didn't like that. That's like getting into your head. I was going in to get my body together not my head.

I had to go to the clinic every week to get my methadone and I'd get escorted back to the Simon with a HSE worker. I felt this fella wanted to know too much about me and I didn't like it. Most people go in to the respite because they are sick due to their HIV or other medical problems, not for psychological treatment.

I preferred Cherry Orchard because I got a rest and you were left alone. I'd have to say it is better that you can't take as much illegal

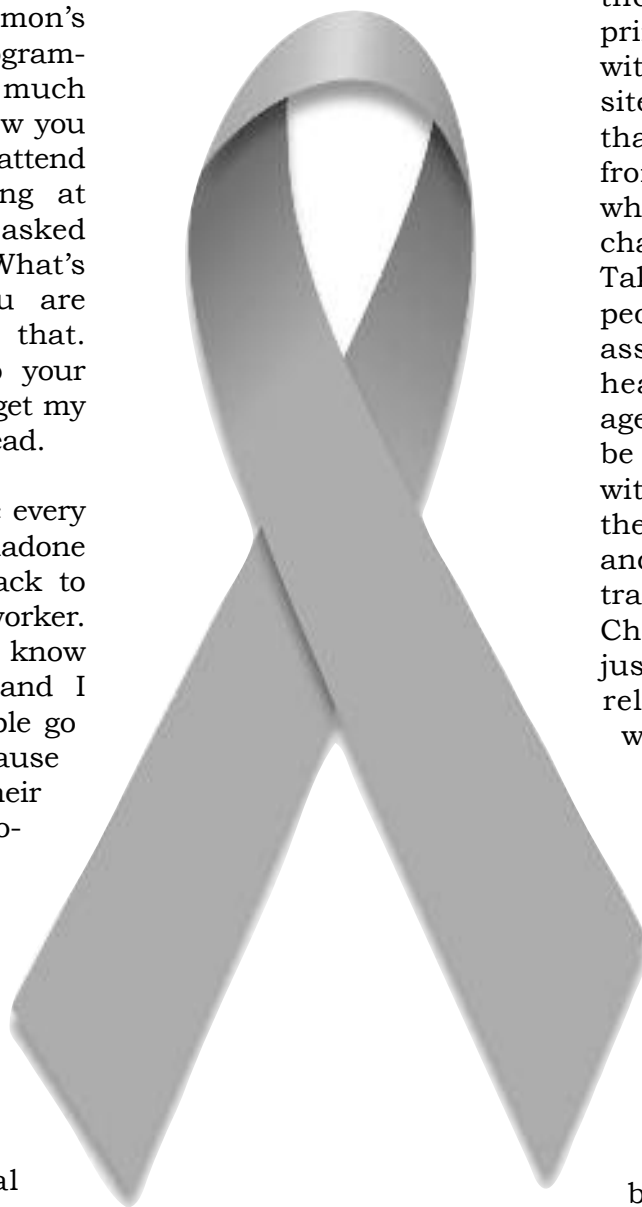
drugs as you did in Cherry Orchard. You won't come out of Simon with a habit. The food is cushty and you put on weight. The chef comes in every day and cooks for eight of us. She is bang on, and so is the cleaner. I think they are out of the flats and they understand us. You can talk with them. The food is real homey, like me Ma's.

I felt some staff were putting pressure on us too talk about personal stuff, to be open and honest in groups. I wasn't looking for that kind of thing. I don't think it's a place to go to if you were

very sick. You can't get a full rest. You can have visitors and family and that but you have to give them (Simon) 24 hours notice. My visitors were searched and asked to take off their shoes to be searched. I found that over the top and embarrassing. I know it's there for us but I wouldn't like to have to go in to it too often.

The service is described as respite/stabilisation, so there is a new focus on drug and alcohol use. This may account for the groupwork and the emphasis on keyworking and careplans. The physical well being of the residents is given primary importance though, with skilled nursing staff on site all the time. It may be that people need a break from life out on the streets where there may be a lot of chaos, not just drug taking. Taking the break can give people the opportunity to get assistance with putting their health to the top of the agenda again. The time can be used well in getting help with sorting people out with their hospital appointments and getting things back on track. But as we have seen, Cherry Orchard was great at just giving people a break to relax. Sometimes that's what people need more than anything else.

Referral to the unit is through doctors, hospitals and methadone clinics. Referral forms and further information are available from Dublin Simon. Phone 01 6498620 or Email respitestabilisation@dublinsimon.ie



Our Friends In The North – 'Nowt About Us Without Us'

July 21st is an international day of Remembrance for drug users who have died. We marked the occasion by hooking up with our colleagues in Belfast, BEBE (Belfast Experts By Experience). It was a great day, beginning with a brief ceremony to mark the occasion. We had some short speeches emphasising the human rights of people who use drugs and how many deaths are avoidable and can result from a lack of compassion, understanding and respect for the human rights of people who use drugs. After the release of four white doves into the blue Belfast sky, we repaired to Muriel's Bar for refreshments.

BEBE also took the opportunity to launch their magazine: The DEA (Drug Education Advocate). In the magazine BEBE describe themselves as a service user group set up by individuals who have experience of addictions. They aim to challenge negative representations of drug users, promote harm reduction principles



and to ensure people have a say in their own treatment. The magazine is aimed at drug users, health-care workers and addiction specialists and provides up-to-date information on drugs and drugs policies and trends locally and internationally.

The first issue of the DEA magazine includes information about homeless services, drug using amongst the LGBT (Lesbian, Gay, Bi-sexual, Trans-gender) community,

Mephedrone (Snow Blow), overdose first aid and Naloxone. BEBE and our friends in the North have been very proactive in promoting the use of Naloxone, the drug that can reverse the effect of opiate overdose. Many BEBE activists have been trained to administer Naloxone in case of overdose. They have been leading the way in this regard, and as Chris Rintoul mentions in his article about Naloxone in DEA there are plans to collaborate with some Belfast experts to train people down here to deliver Naloxone training. Towards this end, UISCE has been involved in developing a proposal targeting the prisons and residential rehabs where people are particularly vulnerable to overdose.

Many thanks to all at BEBE for their hospitality. We look forward to many future collaborations.

BEBE and the DEA magazine can be contacted at:
Drug Outreach Team, Ground Floor,
Glendinning House, 6 Murray Street,
Belfast BT1 6DP
Telephone: 07788234054
Email: jonathanlacey7777@gmail.com



CE Places available

We have places available for individual's in drug recovery on our Community Employment (CE) Scheme. Applicants must be eligible for CE but do not need to wait 12 months

before coming on the scheme. RADE (recovery through art, drama, education) is a training and development programme where participants engage in various arts activities each day such as art, drama, creative writing, tai chi, film and music. All the work carried out in workshops goes towards live performances and public exhibi-

tions. Contact 01 4548733 or info@rade.ie to arrange an assessment with Averyl or Trish. Visit our website www.rade.ie to learn more about our exciting and unique approach to drug recovery.

Sine Lynch

Programme Co-ordinator
RADE

01 4548733 / www.rade.ie



IT'S TALK TIME

By Emily Reaper. UISCE Development worker

The SAOL Project and UISCE invited women in addiction and recovery in Ireland, to an important meeting to celebrate International Women's Day. This meeting was to gather together women to talk about what it is like being a woman in treatment and recovery from addiction: the good bits, the bad bits and all the other bits!

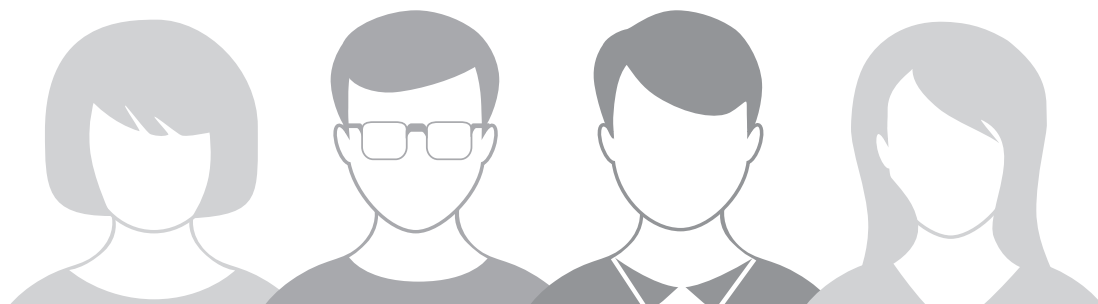
International Women's Day was on the 8th of March. Our event was arranged for Liberty Hall on the 5th March. It was an opportunity for women to share their experiences and have a good old chat. Sure isn't that one of the many talents us women have after all! There

was a brilliant turn out on the day, with lots of women catching up with others that they had not seen for years and others making new friends. There were many women I'd not seen for God knows how long and I couldn't believe how well they looked and sounded.

Two women took the microphone and spoke about aspects of their lives. It was a privilege for those of us in the audience as this was not an easy thing to do. Then we had a woman who recited a poem that she wrote called 'Wobbly Bits'. That was quite hilarious and put us at ease. We were divided into groups and asked for feedback on positive and negative

sides of treatment and recovery. The issue of child care was brought up in every group, whether you attended a clinic, a C.E. scheme, a residential: child care held women back from accessing such vital services. The fear of disclosing that you needed help because of drug use and being looked upon automatically as a bad mother was another issue. Men don't carry the same fear as they are generally not the main carers of their children.

There was real concern about heavy alcohol use amongst women and the difference this can have on your health compared to heroin use. Giving urines whilst being observed was



seen by some as degrading. If you are a regular reader of Brass Munkie you will know this is an issue we are passionate about putting a stop to.

The majority of women enjoyed hearing about what others did in recovery and the

opportunities that are out there. There were also a lot of requests for this kind of meeting to happen again. It was unusual to have so many people in one place and for there to be no one falling asleep from too much powder or pills. It was a real invigorating and motivating event.

After the feedback it was back to having a bit of fun with spot prizes for quick fire questions and answers. Each table had hand massages taking place and of course lunch of tea, sambos and biscuits. It was a really great day and let's hope we can do it again. Well done SAOL SISTERS.



TIME TO TALK

To mark International Women's Day on 8th March UISCE and our friends in the SAOL project came together to host an event to discuss the issues that affect women who use drugs or have previously used drugs.

This is what the women of SAOL had to say about the event:

We were chatting today about the day we all got together in March in Liberty Hall and thought it would be good to tell you all a bit about it and how it affected us.

SAOL and UISCE got together to invite women from all over the city (and the country) to come and talk about what it's like to be a woman with ad-

diction issues in Ireland, and particularly in treatment.

We broke into groups to talk about things in general and then on specific subjects like clinics and pregnancy and recovery. We then did a little holistic work, with hand massages and doing our nails. And after that, we gave our feedback and had a laugh with a quiz.

But it was talking to all the different women that had the greatest effect. As Michelle said, *"Hearing about how other women cope with treatment and having a baby and all of the other things that go on for you in daily life while also being addicted was really an eye opener. And it encouraged me in realising*

that maybe I'm not doing too badly and that the things I am facing, I am facing with many other women around Ireland. I found it very inspiring to hear from the girls because I could relate to what they were saying and it helped me to feel better about myself, knowing that there are a lot of women out there that I can relate to.

"So much so that I know that I'd have the courage to stand up and speak out for women in addiction so we can gain confidence to access all the help available".

Sharon said it well when she said, *"I felt, as a result of being in Liberty Hall, that if you are serious about your recovery, it can be done,*



under all circumstances, with proper support. That is what I took away from the day”.

Some of us did note that not all the support that you need is there. As Sabrina says, *“It’s a lot harder for mothers going for treatment, particularly around childcare. If you have no family members willing to, or capable of, taking care of the children – in that situation, what can a woman do?”*

And Orla said that after the discussion, *“...I was far more knowledgeable and aware of what pregnant women in addiction experience when using maternity services.*

“Sadly to say, the feedback was predominantly negative. The most common issue amongst the women was that they were made feel ashamed to be pregnant whilst also having an addiction, frequently feeling segregated in the wards and especially feeling degraded when receiving their meds including their methadone”.

The glimmers of hope came in the positive feedback about the Dove Clinic in the Rotunda – a clinic where staff seemed to understand women who had an addiction and are also pregnant.

Talk moved to detox and the long waiting time there is to get on to such programmes – but how it is worth it in the long run.

“It’s about the process; how much you’re committed. It’s about the sense of the right direction from your doctor. It is much harder for women in recovery because of childcare and housing and all your responsibilities. But it can be

done with the right guidance” (Sabrina, Sharon and Rachel).

Some of the women who came to the day were just out of rehab and had done a lot of work on themselves. Rachel talked a lot about them, *“They had a long road behind them and it was inspiring to hear them talk about their achievements, how they benefitted from the resources available. Again, I thought that this relates to being serious, seeking the right support and guidance and aftercare and with this, it can most certainly be done. It was great to know that you are not alone in your recovery journey”.*

The feeling of positivity filled the room but it was on reflection that people began to see that so much of women’s successes depend on having the drive and strength yourself to get things started and for many, this is a tough call. As Norma said, *“I was surprised at the lack of treatment centres and opportunities for recovery and education experienced by so many Irish women. It must be frustrating for those who cannot access such places.*

“I would love to be able to help them to realise that there is more to life and to them, as women, than addiction.

There is light at the end of the tunnel”.

Sandra summed up the day for many of us when she said, *“Overall, I felt I wasn’t alone, being on methadone, in a FAS course, working on my recovery with two kids and being a single mother. Because there were a lot of women out there, in the same situation as me. So I could identify with a lot of them – especially on how hard it is to fit back into society”.*

I think that more days like that day would be very beneficial to all women in addiction and recovery. We need to talk and realise, as Sandra said, that we’re not alone in our recovery. But because it often feels like we are alone, we need to come together to feel the warmth of sisterhood and the joy of a room filled with women having a good natter and a great laugh – it helps in keeping our recovery going.

The SAOL Sisters



THE GLASTONBURY EXPERIENCE



Michele Jordan is a colleague of ours based in Belfast. Michele's day-job is as an Outreach Drugs Worker to drug users across the north coast. In June, Michele was working at the world famous Glastonbury Festival

This year I was lucky enough to be invited back to Glastonbury as a volunteer healthcare worker. I've did it for the last couple of years and I'm looking forward to getting invited back. It is a great set-up, called the 'Wagon-shed Welfare', it's nothing posh or fancy but a few old stables, bare brick walls and old sofas that wouldn't look out of place in a squat. But no-one ever cares! There's a wee kitchen where a few volunteers will make some grub for those who could do with a bit of food, nothing fancy. There's about 15 wee camp-beds in a chill-out part of the shed where someone can get a few ZZZZs before they're ready to

go back to the festival. But when it's bust, folk are all safely curled up on the sofas. But this wee place has been the saviour of many welly-booted raver who needs to chill, taken too much alcohol and/or drugs, lost their mobile phones or their mates and need a friendly face. If it's a mental health issue or a 'substance' issue, the same care applies. I also offer needle exchange for those who want to use the service as that's what I do back home, up in the North.

Both young and old come to the welfare shed for loads of different reasons. This year the security guards, (who are sound compared to the bouncers back home!) bring up young folk who are confused, tripping or freaking out and leave them with us and we can offer them tea, fruit-juice, dry clothes (if they've been soaked) and somewhere safe until they come around and feel ready to leave. The security even

bring up folk who haven't got wrist-bands/tickets and ask us to take care of them until they are ready, mentally and physically to leave. I never seen any violence in the 5 days I was there! And that's the way it should be! This year there were a lot of folk who were unsure what they had taken because of the new legal highs that are about. Most were not having a good time so if you can avoid the dodgy substances, you'll have a better time but I've another article in Brass Munkie about that.

When folk come to us they are often distressed, overwhelmed, wired, exhausted, tired and emotional, come on! Partying for 4 days can be a head-wrecker before you mix it up with a cocktail of drugs and alcohol. Festivals can be mental anyway for those who haven't been to one. A couple of cups of sugary tea, a bit of toast and the chance to chill and chat to some-one about how messed up they were



feeling usually helps that person and most of the time they return feeling 100% better. And if they're still feeling like crap we will try and organise the best way for them to get home. Everybody gets treated with respect, even if you haven't bought a ticket we still treat you with respect.

OK, it's not the Hilton Hotel but a really caring service that I would to see here, both sides of the border. Bouncers or security or whoever do not

have the right to bully or treat anyone badly FOR ANY REASON at any festival because we all deserve to be treated with respect. So maybe party people, ravers, hippies, drug-users, and drug workers can all learn to dance under the stars and look out for each other. Maybe we could show our bouncers how to bust a few moves!! And personally I think that bouncers/security should be treating people kindly whether folk are "off their heads" or

"strung out". So enjoy your festivals and please read the article about the dodgy 'E's, we have up North at the minute, and please forward your festival experiences to Brass Munkie and together we will try and make our experience better together: Simple really treat others the way you want to be treated, it's simple but it works! Don't forget the baby-wipes!

Michele Jordan

RADE 100 years

The arts group RADE – Recovery through Arts, Drama & Education put on a great performance in the Smock Alley theatre recently. The theme for the show was '100 Years', commemorating the events surrounding the 1913 Lockout. The show was full of black humour as struggling striking families debated whether to change their religion to avail of charity from a variety of competing churches who took the opportunity to try to convert souls. The catholic church, who supported William Murphy and the business owners, were horrified when a plan was hatched to send children of strikers to be looked after by union supporters in England.

It can seem like a long time ago, but in researching material for the show, some of the performers discovered family links to the time. Some

had family who had worked on the docks, or in Jacob's biscuit factory. Many more could trace roots to the tenement buildings in the city centre. At the time of the Lockout, Dublin had the highest rate of infant mortality – babies dying before they reached one year old – in all of Europe.

As well as some powerful performances by the RADE cast, the '100 Years' show also included a duo of musicians, Liam Kennedy and Tommy Walsh who played familiar tunes to new lyrics by the RADE cast, including the 'Ballad of Helen Magee', a Monto character. Despite the humour there are serious themes too. The Lockout 100 years ago took place in a very divided society. For many in 1913 Dublin, life was a struggle against hunger and

disease.

Even in such dire straits, Larkin was able to inspire the workers to struggle against the stranglehold of the employers like William Murphy and his allies who felt a natural entitlement to controlling the city and its people. Their power was seen as the natural order of things, until Larkin.



Poetry

7 Visits Home

The first time I went home stoned
My mother ran me a bath
I just got sick on the toilet mat
She didn't know what was wrong with me
But I was 15 and on drugs you see.

The second time I went home
She asked why I was doing this to her and cried
So I cried too, "I'm doing great now, ma" I lied
But sure what's the point, they're all dead wide
Just see what I can get and then run a mile
So I ask for a lend and phoned my dealer with a cheeky grin
Hah, no matter what I do they'll always give in!
No knowing when I leave my mother's in tears
Cos now I've brought back all her fears
Every day and night she cries
Waiting for that call to say I've died.

The third time I went home my sister wouldn't let me in
But cried looking at me I'd gone so thin.
My brother called the Guards. I know for him that was hard
But I couldn't blame them, they'd had enough
Me coming and going, robbing their stuff.
So now that's it, they've given up.

The fourth time I went home, feeling all alone
Passing the houses all nice and cosy
Families all together having their dinner
I sit in the cold having a nosey
The streets are empty, no one out, not a sinner
They all start to leave with a hug and a kiss
I sit with tears, cos that's what I really miss
How's my family doing, I start to wonder
Do they think about me when it's lightning and thunder?
Sleeping in a doorway waiting for a fix
But then why should they when all I ever did was leave my mother in bits.
So many years worried where I was
And I didn't give a shit, I was me own boss.
14 long years living here, there, everywhere.
How did it take so long to see what I lost.



The fifth time I went home I was clean
But my fella rang
And the doubt in her eyes I didn't want to be seen
And I was doing well, two months clean
But here I go again, back on the streets without a bean
Thinking of my family who for me would always care
Even after all the hurt and pain I caused
And all I could do was live in shame
Any reason to stay on drugs 'play the blame game'.

The sixth time she visited me in hospital
My fella had left me black and blue
So she took me home – what else could she do?
I caused nothing but pain and misery
But was too stoned to see.
A whole family was falling apart
And all because I was breaking their hearts
What can they do? Ho can they help?
When right now all you care about is yourself.
You never stop for a second to think how they felt.

The seventh time I went home she hugged me tightly
Cos many times I'd sworn I was clean
But to me it was only a dream.
Now I know dreams do come true and when I've finished reading this, you will too!
Cos I'm doing great now – yes, I'm one of the few.
You see, starting SAOL changed my life in ways I never knew
I've learned how to forgive and be forgiven
And how the drug changed every part of the life I was living
Family, friends, housing and health
All these I'd forgotten about but now I know my health is my wealth

And living life to the fullest with my family all around me
This is the happiest in my life I've ever felt.

I would like to thank my family and SAOL for helping me to get where I am today
and for never giving up on me – they stayed by me until I was free.

By Michelle Kavanagh



Michelle reciting "7 Visits Home" at the Family Support Network's annual service of commemoration and hope in February





Actors by Anonymous

Yous come to work
Some on a four-day-week
Lots of you wear a mask
No one asks questions
How long will it last?

Actors and actresses
You play the role
Who would you be
If you ended up on the dole?
How many comes from the heart?
Oh I forgot
You're playing a part

The spotlight is now shining back
There's no escapes
We're bringing you back
The music is loud and clear
No more bullshit
The clients don't want to hear

The cesspools you make them swim
The clients turn it into a hymn
We've courage and strength
We offer them honour
For their bravery and their voice
Actors and Actresses
You only get one throw of the dice
If you're not genuine
You'll pay the price.

By M

Dear Brass Munkie,

I would like to submit this poem I wrote 13 years ago. At the time, I didn't think I'd be around much longer. I was 41 at the time and worn out from 24 years of drug use. I wanted my son to know how I felt, if he should find that I had passed away.

GN

Dedication to Matt

5th August, 2000

Death is a new beginning
Of never ending dreams
When we're all re-united
In our youthful schemes

My body is at rest
The mind's journey starts
My new home the universe
Pure love in our hearts

I have left the earth now
So son, hide not your tears
It's good to grieve a while
Your thoughts my mind still hears

But I am complete now
My living is done
So it's up to you now
To carry it on son

And I can now help you
In your times of need
I'll be here when you need me
For you were my seed.



Ruination of a Nation

H is the ruination of the nation.
It causes frustration, aggravation.
Your body is shaking and aching.
You're in pain on your knees praying,
Hoping the pain goes away.
You're playing mind games.

You're saying one more is your last.
You're fake and wear a mask.
You're getting hooked fast,
Like a prisoner tied to a mast.
Getting high and telling lies,
Slowly committing suicide.
It's do or die to get high,
Whatever it takes to survive.
Get the monkey off your back,
Get off the smack.

The circus is still in town
Full of clowns and brown,
All with sorrow to drown.
I've had enough feeling down,
I'm sick of all the gear,
So the circus can get the hell out of here.
I want my story heard loud and clear.
All the youth need to be steered in the right direction
Whether smoking or injecting,
Addiction is an inflection and infection

So you know what needs to be done,
You need to be strong and overcome
To see the sun shine on everyone.
Get it together, you'll feel better
And you can face any weather,
Rain, hail, sleet or snow.
Stay on the go and just say NO.

By Tom

The Man in the Mirror

Is the person who has time to share,
In our life he is always there,
He has a life of needs and
Above all he likes to share.

In his life of living and suffering
He has in true fashion walked
The walk of life.
And when we all look in that mirror
We see the person that we are
And in time will become.

So in our hearts and minds
When we look for the first time
At the man in the mirror
With love and understanding
And a great lot of care.

Paddy J Belfast



Cedar House

A ROW has erupted between Dublin City Council and a representative body for business owners over the reopening of Cedar House, the homeless hostel on Marlborough Place, just off Talbot Street.

The hostel is operated by the council's homeless agency and provides temporary accommodation for up to 50 people. After closing some time ago, it was re-opened last winter as part of a 'Cold Weather Strategy' targetting rough-sleepers. When the winter finished, it was decided to keep Cedar House open, as increased rough sleeping meant the demand for homeless accommodation was still very strong.

The original decision to close Cedar House was part of an attempt by the Homeless Agency to move away from emergency accommodation and to develop more long-term options for people who find themselves homeless. However, the downturn in the economy has put more pressure on such services. Richard Guiney, the CEO of the Dublin City BID, an organisation that aims to improve the environment for businesses in the capital, has told business owners and the City Council that the hostel is bad news, affecting trade and will lead to businesses closing and job losses.

"The anger that we have detected among the business community in relation to this matter has been intense," Richard Guiney told the Evening Herald on 17th June.

When Cedar House closed it was seen as a victory by Dublin BID and others who are campaigning to have services for homeless people relocated outside the city centre. A similar line is taken towards drugs centres, particularly methadone clinics. It is thought that locating services for homeless people and drug users in the city attracts 'undesireables' and anti-social behaviour.

Guiney claims that there has been a significant increase in anti-social behaviour in the vicinity since Cedar House re-opened, and has complained to the acting city manager Philip Maguire that there has also been an increase in drug dealing. This is despite the fact

that Cedar House doesn't have any drug services and does not open until 10 o'clock at night, its residents leaving early in the morning after breakfast..

Terms like 'anti-social behaviour' can be difficult to define. It is often used against people who aren't



breaking any laws, and directed at people who have relatively less power.

A shop owner in Temple Bar in an interview with The Irish Times (9th August, 2013) vented his frustration:

"We need to get the junkies out of the city centre. That means moving the drug clinics out. There are at least five near my shop," he said, citing clinics in nearby Pearse Street, Abbey Street, Castle Street, Merchant's Quay and Amiens Street.

The '100 Years' show by RADE made people realise the connections between the lives of Dublin people then and now. Of course much has changed since the days of Larkin and William Martin Murphy. But there is still the sense of entitlement among some business owners to have people with less money moved away. It has happened in New York, where there is a New York version of Dublin BID. Over there the homeless were turfed out of Times Square. Scottish writer Irvine Welsh who wrote "Trains-

potting' puts it well in another of his novels 'Filth', where the central character,

// As long as they stey oot ay the city centre, they can kill each other as much as they like on cheap bevvvy, fags, drugs and high-cholesterol food. //

an Edinburgh police detective says:

Ignore the schemies: these cunts are a law unto themselves. As long as they stey oot ay the city centre, they can kill each other as much as they like on cheap bevvvy,

fags, drugs and high-cholesterol food. Zero tolerance of crime in the city centre; total laissez faire in the schemie hinterlands. That's the way forward for policing in the twenty-first century. Tony Blair's got the right idea : get those jakey beggars out of the city centres. Dispossessed, keep away.... We don't want you at our par-tay...

FILTH by Irvine Welsh p.273

These complaints about anti-social behaviour are often directed at the gardai, who are expected to deal with the issue. Much of what is complained about is not law breaking behaviour, so the gardai shouldn't have the responsibility of dealing with it.

Like with this shop owner in Temple Bar the 2013 versions William Martin Murphy want to be able to dictate who may have access to the city, and who may not. The selection appears to be based on spending power. The city is about more than the shops, it is a community and we all have a share in it.

War on Drugs

'From 'Illegal' Drug Users magazine from Denmark





We received some correspondence to the UISCE office from our colleague Erin O'Mara, who is based in London. Erin has been an advocate for the rights of drug users for many years and is the editor of the 'Black Poppy' magazine.

Dear Brass Munkie,



Just forwarding a story from a volunteer we had at BP for a while - a wonderful, funny, sweetheart of a guy, battling mental health issues, homelessness, being a dad, drugs etc etc.

This is his story - I know he would like others to read it - so if anyone wants to reprint it - I know he would have wanted that; our lovely Chris N, died a year after this email...(Just a note - tragically, Chris was not with us at Black Poppy when this took place -I hope that if he was, we could/would have helped him avoid the trajectory his situation took. His homelessness and irregular accommodation situation eventually took him too far from our office, but we kept in touch by an occasional email. Chris died of an overdose -compounded by totally falling through the gaps in the social care system. He is

survived by a daughter.

**Erin O'Mara,
Black Poppy, London.**

Dear Erin,

I'm ready to tell my story now as promised, so here goes!

It was in April 2007 that I went to see the Vascular Surgeon at The Mayday Hospital. I had been admitted with a pseudo-aneurysm in the wall of my right femoral artery which had to be removed as it was causing an obstruction and I was in a great deal of pain. After the surgeon described the procedure with me, she warned me that should this re-occur in the future, I could very easily have my leg removed. Of course I just saw this as a ploy to make me give up injecting.

A number of tests were done to see exactly where it was located, how large it was and how soon I should be operated on. The operation itself would involve taking out the section of artery where the aneurysm was and grafting a piece of my femoral vein in its place, "A simple procedure", said the surgeon. This was carried out in one and a half hours, after which I was led to the recovery room. The surgeon came to see me once I was back on the ward and reiterated what she had said, adding that should it occur again, they won't have anymore vein material to take from, and this would lead to "POSSIBLE" amputation. Of course, I saw this as a green light to carry on using & as soon as I was good & ready, I carried on injecting into my groin.

Forward six months and I got that same old feeling in my leg that I'd had on so many

occasions before but carried on regardless. Soon after, an abscess began to appear in my groin area so I just went around it or sometimes even straight through it, causing some considerable pain. The abscess grew larger, and friends were commenting on my lack of care toward my situation. One day, sometime later, I was at a very good friend's place. We had our hit and were sitting down, gouching out when my friend said to me that I had turned a strange yellowy colour, I went up to the bathroom shaking with fear and feeling not too good at all. My friend advised me there and then to go to A&E as I looked like I was dying on my feet.

I soon left and made my way to the hospital still feeling sick and frightened at what might be wrong. I was literally crawling through the door when I got there. They took one look at me and took me straight in, my vital signs were very low and the nurses were very concerned for my life. A doctor was rushed in to see me and he said that the abscess was leaking into my bloodstream and shutting down my liver and other organs were failing also. Time was not on my side, they got me into rhesus and fed tubes and wires everywhere. After three hours they had gotten me stabilised and asked me what had been going on, as a couple of nurses had recognised me from countless admittances to A&E. I was moved up to a ward to recover for a few days, well that was the plan, but fate had more in store for me yet.

A nurse came to my room and said I would need to have my abscess cleaned. As she did



this I was standing up in front of her while she wiped it with swabs and cream, then, in a flash my abscess tore apart and the graft on my artery burst open all at once, loads of thin, oxygenated blood streamed from the hole that had appeared, it just spurted out in a torrent, it was warm as it poured down my right leg. I panicked and my heart raced, making the situation worse. Torrents of blood flew from my wound as the nurse tried to stem the flow, I was grabbing hand-full's of swabs & pressing hard against the wound, still the blood spurted out from between our fingers as the nurse screamed for assistance, lots of nurses seemed to appear from nowhere to help as my life started to ebb away and I was losing my fight to survive. They flung me down onto the bed and all helped to stem the flow of blood. I lost consciousness for a couple of minutes. When I woke up, the room was full of doctors, nurses, and all manner of staff. Holding on to my life I was fast beginning to feel sick at all the sights and sounds all

around me. I spewed out puke and nurses tried to turn me on my side as so I wouldn't choke, but this only made it hard for them to stop the flow of blood, so I just turned my head to the side and was sick that way. It took a good fifteen minutes to get me stable as they attached a device around my thigh to plug the hole. There were no surgeons available to see me in the Mayday hospital so I was transferred to St. George's in Tooting, where they made an incision just under where my appendix scar was and tied off the artery there. It was then that the Doctor told me that the likelihood was that I was going to need my leg amputated, I took this rather well as I just felt good to be alive. I was transferred back to Mayday where I saw my vascular surgeon Miss Vig, with a look of "I told you so", written all over her face. A week later I was led down to theatre to have my leg removed, I was scared but still had the feeling that I was still alive after my close brush with death. Now two years later I'm

still in a wheelchair as they are finding it hard to attach a suitable prosthetic leg to my 6 inch stump.

Recounting that story certainly took me back! I hope that it does go to print as I hope it might deter 'some' people from going into in their groins, that's my hope, even if it just stops one person then my job is done for at least that one person.

Thank you for taking the time to read this email, it took a lot out of me emotionally but I'm ok. I'll be in touch very soon. So I'll speak to you soon & hope to hear what you think of my story.

**Lots of love 'n hugz,
Chris N.**

If you are using your groin to inject, we would strongly advise you contact a professional at your needle exchange. Merchant's Quay offer information and workshops that will help you find alternative, safer sites for injecting.

Dear Brass Munkie,



Drug services should be of great benefit to both the service users and the wider community. Although there is some good work being done, in my view this is not always the case.

Some projects can get fixated on one approach, such as CRA (Community Reinforcement Approach), forgetting that in the battle of addiction, only having one fire escape doesn't get everyone out of the fire safely. Simply put, the more tools you have, the better.

The storms of addiction can blow at any time and it can be important for people to have support out of office hours. A variety of

networks should be available to respond to the various needs of service users.

In my opinion, there is a danger that services can become complacent, taking their foot off the pedal. This can produce a toxic atmosphere. Then they will try to convince the HSE, the community and themselves that this toxicity is actually perfume.

These agencies should not be allowed to bring in their friends and family for jobs. It means the leader of a project has employed "Yes People". In such cases it can be difficult for team members to disagree or criticise, because he or she will have upset their gig.

**Service User
Dublin 1**



HOMELESSNESS

An Insider's Report on Homelessness by Tom T

Having first-hand knowledge of this problem (which is too personal to detail) let me take you on a day by day trip of a homeless person in Dublin.

The main agencies dealing with this problem are Dublin City Council, Dublin Simon Community and Focus Ireland.

When a single person, male or female finds themselves in this position they must first present at the office of D.C.C register as homeless (the stigma begins) and plead their case. Most people have never found themselves in this position before and usually spend several nights on the street, cold and hungry before obtaining advice from 'experienced homeless people'.

On presenting at the offices of

D.C.C they are assessed as to their needs and expected to fill out forms and have photo ID, very hard after nights on the street and being tired and hungry with nothing but the clothes on your back.

90% of people are 'housed' (if one takes a broad definition of the word) in temporary accommodation. These are a range of dry and wet hostels, as well high and low threshold.

They're given a roof over their head for two to three nights, and the next morning is spent trying to obtain finance. There are only three ways for a homeless person to do this: beg, steal or go to the homeless emergency payments office in Dublin's Pearse Street, known on the streets as 'The Zoo'. The Zoo makes emergency payments but just crossing the doorway in-

creases the stigma and many would rather starve. Although the staff do a wonderful job, tempers can fray. The strain and sometimes the lack of empathy is all too evident, (they have heard it all before).

In homeless people the first thing to go is self esteem, quickly followed by self respect. If one never had a problem with alcohol or drug abuse, after a few days on the streets it soon develops. The peer groups a person joins are full of 'the no hope brigade' and this soon becomes the only outlook.

Thankfully the work of Focus Ireland and Dublin Simon Community and other concerned groups help to relieve the pressure but still recent reports showed that at least 700 people were sleeping rough at night, some through choice. I say through choice but this is an enforced decision for many. Robbery, violence and exposure to drugs in the temporary accommodation make the streets more appealing.

In conclusion I would ask people to educate themselves and learn to understand this problem. Although a lot of people fall into this problem through no fault of their own making in today's economic climate many more are at risk. Think of the hurt caused when a homeless person suffers the all too common response of a turned head or verbal or sometimes physical abuse



from those more affluent.

The problem is not confined to single people unfortunately the number of families is on the rise.

I would like to see the government address this growing problem with more funding and education programmes.

Homeless or at risk of homelessness in Dublin?

- 24-hour free homeless helpline 1800 707 707.
- Local Authority and Placement Service
160 Capel Street, Dublin 1

Women & Families

10am to 12noon (Mon to Fri)

Men

2pm to 4pm (Mon to Fri)

Supplementary Welfare Allowance

Free Phone 1800 724724

10am to 5pm (Mon to Fri)

Homeless Persons Unit.

Women & Families

41 Castle St.

10am to 12noon (Mon to Fri)

Men

212-13 Oisín House, Pearse St.

10am to 12noon (Mon to Fri)

New Benzo Laws

The Misuse of Drugs Act is about to be updated to include Benzodiazepines and 'Z' drugs like Zimovane and Zopiclone. As we reported before in Brass Munkie, Benzos and Zimovane had not been included under the Misuse of Drugs Acts so selling them was a breach of trading laws, not a breach of drugs laws. While tablets could be confiscated, and often were, the charge would be 'unlicensed trading', incurring a small fine.

The change of law will mean that illegal possession and selling of benzos will be treated the same as the more familiar drugs. The change in law will also see tighter controls on the supply of benzos and Z drugs from importation to prescribing.

It appears the intention is that these drugs will be harder to get either legally or illegally. People who currently have prescriptions for such tablets may find themselves being persuaded to switch to other tablets, as doctors will be under tighter scrutiny.

Benzos and Z drugs are get-



ting a bad rap, maybe some concern is justified. But maintenance and detox options should be available to people who want to switch from buying on the street to a prescription. That is basic 'harm reduction'. It reduces harm to the individual who can rely on a steady supply of regulated medicine instead of buying expensively and riskily on the street.

We have been involved in developing detox protocols with local doctors and the Ana Liffey Project. The idea is that you get a reducing dose of diazepam while getting the support of a keyworker. The length of the detox depends on each case, but you can't expect it to be too gradual, as the idea of maintenance

hasn't exactly caught on, yet. On the other hand, the likes of the MIMS directory of pharmaceutical drugs only recommends short-term treatment with benzos. Their use as a treatment for stress and anxiety is supposed to be only effective for a couple of months, after that they're being used out of 'habit', or addiction. What they are saying is that this drug is only useful in the treatment of a list of ailments, like trauma, stress and muscle spasms. And if it's not on the list, it's abuse and addiction.

If you are interested in trying the Community Detox programme mentioned in the article contact Dawn at Ana Liffey 1800 786828



Narcotics Anonymous Dublin Meetings

Time	Location	Thursday
Sunday		12.30pm City Clinic, 108 Armitage St., D.1. (cbb, DART).
11am Teach Mhuire, (basement) 38/39 Lr. Gardiner St. D.1.		4pm Keep the Faith Group, Blessed Sacrament Hall, Bachelor's Walk, D.1.
12pm Sancta Maria College, Ballyroan Crescent, Rathfarnham, D14.		8pm Columbanus Old School (Opposite Church), Main St., Howth, Co Dublin (Dart, Bus 31, 31D).
12pm Just For Today Group, Brookhaven, behind Glin Sports Centre, Glin Road, Coolock.		8pm Basic text meeting
1pm Teach Mhuire, (basement) 38/39 Lr. Gardiner St. Dublin 1		8pm There is Hope Group, Romansdown Youth Service, Neilstown Shopping Center, Clondalkin, Dublin 22. (Bus 78A, 76, 210)
1pm Sunday Sidewalk Group, Epworth Centre, 9 Northumberland Ave. Dun Laoghaire, Co. Dublin (Topic Meeting)		8pm St. Georges School, Hampton St. Rathbriggan, Co. Dublin
4pm Salvation Army, Granby Center, Parnell Square, Dublin 1.		8.15pm Out House, Capel Street, Dublin 1.
4pm Fatima Mansions Sunday Group (Rialto) St Andrews Hall Center, 381 South Circular Road, Rialto, Dublin 8 BUS 17,19,122,150 and Red Luas line		8.30pm Youth Action Project - Horizons Centre, Balcouris Rd, Ballymun, D. 11
7pm The More Will Be Revealed Group, AIDS Alliance, 53 Parnell Square West, Dublin 1		8.30pm Old Post Office, Main St. Tallaght, D.24 (ss, Bus 49, 65D).
7pm Step by Step Group, The Friary (rear), James's St. Church, D.8 (ss)		8.30pm Ballyfermot Resource Centre, Ballyfermot Road, Dublin 10 (Bus 18, 78A, 79)
7.30pm St. Joseph's Parish Centre (Opp. Sandycove and Glasdule Dart Station), Summerhill Road, Dun Laoghaire, Co. Dublin. (ss and tm - Meeting on for 1h 15 mins. Bus 71 and 59 and Dart) (Formerly Baker's Corner Meeting)		Friday
8pm It Works - How & Why Group, Friends Meeting House, (basement) 4/5 Eustace St., D.2. (ss)		12.30pm Baby Steps Group, JAID, Fortinstown Way, Jobstown, Tallaght, Dublin 24. (Bus 77, 77A will drop you outside). Child Friendly, Cereche.
Monday		1pm Blessed Sacrament Hall, Bachelor's Walk, D.1. On the quays near O'Connell Street beside red door.
1pm Downtown Group, Dublin Central Mission (top floor), 1r Abbey St., D.1. (cbb).		1.30pm A Seed of Advancement, Cockhill Rd, Stamullen, North Co. Dublin
7.30pm Church of the Annunciation (rear), Cappagh Rd., Finglas, D.11 (Open Meeting, Bus 40a).		6.30pm Men's Group, Room 22, Carmelite Community Centre, Aungier St. Dublin 2.
7.30pm Fatima Mansions Monday Group (Rialto) St Andrews Hall Center, 381 South Circular Road, Rialto, Dublin 8 BUS 17,19,122,150 and Red Luas line		7pm Kilbarrack Group, Swans Nest Road Community Centre (beside Kilbarrack Dart, Bus 29A)
7.45pm Brookhaven, behind Glin Sports Centre, Glin Road, Coolock.		7.45pm St John of God's Hospital, Stillorgan, Co Dublin. (Bus. 46A, 63,84,75).
8pm Shelter From the Storm Group, York House, Longford Street, Dublin 2.		8pm We Do Recover Group (Open Meeting), Old Friary (beside Church) Meath St. D.8. (Bus 78A, 123).
8pm D.R.O.P Centre, 45 upper Georges street Dun Laoghaire, Co Dublin		8pm Living Life Centre, 9 Northumberland Ave. DunLaoghaire, Co Dublin
8.30pm Knocklyon Group, Rutland Centre, Templeogue, D.16 (Bus 15).		8.30pm Knocklyon Group, Rutland Centre, Templeogue, D.16 (Bus 15)
		8.30pm 10 Droonheath Ave., Ladywell, Blanchardstown, D.15. (Bus 38, 39, 220, 238).
Tuesday		Saturday
1pm Dublin Central Mission (top floor), 1r Abbey St., Dublin 1		1pm Downtown Group, Central Mission (Top Floor), 1r Abbey St., D.1. (cbb)
4pm Teach Mhuire, (basement) 38/39 Lr. Gardiner St., D.1		6.30pm Parish Centre, 52 Grosvenor Rd., Rathgar, D.6. (Bus 14A, 14D, 15A, 15B, 18, 83).
7pm Donore Community Centre, Donore Ave. (Off Cock St.) D.8 (Bus 150, 50, 77, 77A).		7pm Rowagh Church, Clondalkin, Dublin 22 (Bus 51, 51b, 51x, 76, 76a)
8pm Dunsdale/Belcamp Drug Awareness Group, Old Youth Services, Back of Gym, Dunsdale/Belcamp Village Centre, Dublin 17.		7.30pm Freedom & Hope Group, Teach Mhuire, (basement) 38/39 Lr. Gardiner St., D.1. (ss,tm)
8pm Steps to Freedom Group, Friends Meeting House, (basement) 4/5 Eustace St., D.2 (ss)		8pm Kiltalawa House, N81, Jobstown, Tallaght, D.24. (Bus 50, 65B, 77).
8pm Lucan Parish Centre, (behind church), Lucan, Co. Dublin.		
8.30pm The Hanley Centre, Number 8, Burton Hall Avenue, Sandycove Industrial Estate, Sandycove, Dublin 18.		
8.30pm Old Post Office, Main St., Tallaght, D.24 (Bus 49, 65B)		
8.30pm VOX ARE VERY WELCOME GROUP, Resource Centre, Ballyfermot Rd., D.10 (Bus 18, 78A, 79).		
Wednesday		
1pm The New Beginnings Group, The Carmelite Community Centre, Aungier St, Dublin 2. (Bus 15E, 15F, 161A, 19A, 65-b, 83).		
6.15pm Downtown Group, Dublin Central Mission (top floor), 1r. Abbey St., D.1. (cbb, ss).		
7.30pm 125 Shangan road, Ballymun, Dublin 11 (Bus 13, 13A).		
7.30pm Shangan Neighbourhood Community Center, Shangan Rd., beside DCU building, Ballymun, Dublin 11 (Bus 13, 13A)		
7.30pm Hale Centre, behind Concorde Pub, Edinmore		
8pm Women's Group, Teach Mhuire, (basement), Gardiner St., D.1. (th)		
8pm Kiltalawa House, N81, Jobstown, Tallaght, D.24. (Bus 50, 65B, 77).		
8pm Dublin Aids Alliance, 53 Parnell Square West, Dublin 1 (down the stairs facing Rotunda Hospital).		
8.30pm C.I.T., Coolmine Industrial Estate, Dublin 15 (Bus 39, 220)		

Narcotics
Anonymous



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

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



The Brass Munkie Needs You

Do you have a story to tell?

Is there something you're really happy about?

Is something pissing you off?

IF SO...

**We need writers for the
Brass Munkie magazine.**



WE WANT YOU!

**If you submit something, and we publish it, you will receive 5c per word
published in the magazine!!**

For further information, please speak to staff, or get in touch.

Call UISCE on 01 873 3799 Email: uiscepost@gmail.com www.facebook.com/brassmunkie



"Brass Munkie" can be contacted at
Dublin Aids Alliance,
53 Parnell Square, Dublin 1.
Phone: 873 3799 Email: uiscepost@gmail.com
Facebook: www.facebook.com/brassmunkie



I/We mandate UISCE to support and encourage meaningful involvement of drug users in key policy decisions affecting them.

- **oppose discrimination of drug users**
- **promote drug users rights and well-being through constructive engagement with all relevant stakeholders**
- **ensure that those in need of services have their voice heard by policy-makers and service providers**
- **Increase its capacity to reflect and represent the voice of drug users on local and national fora**

Name: _____

Contact Address: _____

Telephone: _____

E-mail: _____

I would like to receive a copy of UISCE's Magazine 'Brass Munkie'

Format – electronic ☐ printed ☐ (tick)

(Note paper copies are prioritised for hand out through outreach,
postage may incur a charge)

I would like to contribute views articles opinions or experiences to 'Brass Munkie' ☐ (tick)

For organisations: I would like ☐ **copies of the Brass Munkie**

**I would like to make a contribution to UISCE to cover costs of
Print and Postage** ☐ (tick)

