



BRASS MUNKIE

Issue 27 ■ Winter 2014



**RUSSIA BANS
METHADONE
IN CRIMEA**

REMEMBRANCES

HEPATITIS C

**SUPPORT
DON'T
PUNISH**

**RETURN
OF THE
PHY-SPY**

TOMMY KD

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EDITORIAL

2014 has been an eventful year for UISCE. Like all community and drugs projects we have endured cuts to our funding every year since 2008. Thankfully, the funding we receive through the North Inner City Drugs Task Force will be unchanged for the next year. Despite this, we have had to rely on the good will of our landlords Dublin AIDS Alliance who have reduced our rent significantly over the last few years.

A very important aspect of what we do is the connections we have built up with drug user organisations internationally. This year, thanks to funding from INPUD (International Network of People who Use Drugs) and the Correlation Network we were able to attend events in Berlin and Amsterdam. You can read about these events in this issue. It was great to be able to meet people involved in advocating for drug users from across Europe, and strengthen our links with INPUD. The cover of this issue is from INPUD promoting solidarity among drug users internationally. The international dimension is particularly important now as the United Nations will be overhauling its drug policies in 2016. There is a strong lobby for ending the criminalisation of people who use drugs that is gathering strength but needs support. We have a feature on the situation in Crimea where methadone treatment was stopped because Russian policy does not support substitution treatment. In almost every part of the world people are discriminated against for the simple fact that they have used drugs.

Thanks to Danielle Arkins for her Christmas artwork, to Gerry and Terence for writing in and to our many poets: Mika Donnelly, Conor, Mitch Monaghan, and Philip 'Pip' Powell.

We must also acknowledge the generosity of Merchant's Quay Ireland and Dublin Simon who have contributed to the production costs of this issue of Brass Munkie. Considering these services are both under severe pressure from the current homelessness crisis, their support is most welcome.

That crisis in homelessness was highlighted by the tragic death of Jonathan Corrie on 1st December. Philip Powell has a beautiful poem inside dedicated to Jonathan. It is appropriate that we dedicate this issue to Jonathan's memory and to his family and many friends. RIP.

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For my dear friend Jonathon Corrie aka TEARDROP who passed away December 1st 2014

A teardrop fell on Buckingham Street as it softly hit the floor
He raised his eyes up to the skies and he won't weep no more
People passed and scurried fast whilst choosing to ignore
As the stars that shone above him led him through another door
An angel who was passing on that cold December night
Took him gently by the hand and brought him to the light
She took him to the heavens he knew was in his sight
He might have fought the battle but he'll never lose the fight
His friends all gathered round him to guide him on his way
And all of those who knew him hadn't one bad word to say
He will never sleep out in the cold now he has somewhere warm
to stay
And those friends who gathered round you, will see you soon
some day

By Philip Powell aka PIP





HEPATITIS C

Hep C is fast becoming on the tips of tongues for those working with intravenous (IV) drug users and for IV drug users themselves. Till now treatment for Hep C has been quite successful. There were really no big awareness campaigns and IV drug users didn't think and still don't realise that Hep C can be a silent killer. A person with Hep C can lead a normal life with no signs or symptoms but at a rapid pace this virus can escalate. At this point treatment is a must. Alcohol can have a very negative effect on a Hep C infected liver. This virus can lead to a life threatening condition and needs to be treated as soon as possible.

Across Europe Hep C is highly prevalent among people who inject drugs with infection rates ranging from 30%-95% across countries. Increasing age, increasing duration of injecting drugs and imprisonment are associated with grater rates of infection.

The liver is the largest organ in the body and is located behind the ribcage on the right side of the abdomen. It is one of the most important organs in the body. It helps the body in many ways such as: the regulation of blood chemicals, the rapid production of energy by breaking down foods for the body to use, assisting blood clotting process, fighting infections by organising and supporting the immune system,

elimination of waste products are but some of what our liver does for us every minute of the day.

When the liver becomes very damaged from Hep C, it can not work properly and over time liver damage can lead to life threatening complications, such as cirrhosis, liver cancer and liver failure.

Hep C virus is one of a number of hepatitis viruses including hepatitis A and B, D and E that causes inflammation of the liver. Hep C is highly infectious and usually spread through blood to blood contact, when the blood from one person infected with Hep C enters into the blood of someone who isn't infected. On entering the body it targets the liver cells where it reproduces and causes inflammation.

A small amount of people that get infected with the virus can clear the virus shortly after infection. Others will develop a chronic infection. Over years, and sometimes decades, it may remain mild while for others it may progress in severity and become life threatening.

TESTING

The first stage of testing for HEP C is a blood test for anti-bodies. If anti-bodies are present a patient will be asked to return for another blood test for viral load. This test can give an indication as to how advanced the virus is. Various other tests are done on the blood and again

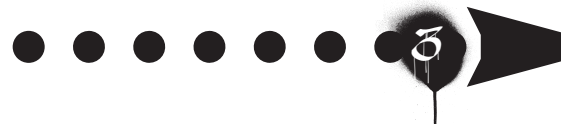
the patient may be asked to have a Fibro Scan to see if there is scaring on the liver. The severity of liver disease would be assessed prior to treatment. Identifying patients with cirrhosis is important as this would determine their likelihood of response and duration of treatment.

CHRONIC STAGE

Most people who are chronically infected with Hep C live out a normal lifespan; others only develop symptoms of chronic liver disease many years after they have been infected.

Disease progression varies significantly from person to person. For others when symptoms do occur they can have a profound impact on their health and quality of life including fatigue, depression, digestive problems, joint pains, blood clotting problems, memory loss and confusion. Having chronic Hep C does not always mean that serious liver damage will occur. The symptoms people suffer are not necessarily an indication of whether they have liver damage or not.

Certain factors are associated with more rapid progression to severe liver disease including being over 40 years old at the time of infection; alcohol consumption; being male; co-infected with HIV or Hep B and immunosuppressive therapy.



Cirrhosis is a description of the extent of scarring of the liver. With cirrhosis the scarring or fibrosis has advanced to the point where the structure of the liver has become altered. Typically, liver damage happens slowly usually over decades.

GENOTYPE 1

Genotype 1 has traditionally been the most difficult to treat in the hepatitis C group. It is also the most prevalent in the developed world. As a result it has received a lot of attention in the last few years and new drugs for treatment are coming out at an extremely fast pace with the vast majority being highly effective achieving results in excess of 90% of patients. The other point to note is that this effectiveness is not just seen in the easy target groups. These drugs are as effective in people with rapid progression, cirrhosis and people who have previously failed older treatments.

GENOTYPE 3

Unlike Genotype 1, there has not been a lot of development in relation to treatments and potential options until now. With the new treatments that have been developed and tested, Genotype 3 is starting to be noticed and unfortunately not in a good way. In the past Genotype 3 was associated with Genotype 2 as an easier to treat group. This may not have been the case. Of a number of people who started treatment a number would either fail on older treatments and there would be many for whom treatment with Peg Interferon is not an option due to contraindications. With the growing number of people

with Genotype 3 being monitored and treated it is becoming clear that not only is it not as easy to treat as previously thought but some people with Genotype 3 may be at an increased risk of mortality, liver cancer and fibrosis progression. With the treatments that are now currently being licensed, treatment options are much better and the future looks much brighter as well.

NEW TREATMENTS

The new treatments coming on board are tablet based and Interferon free. The side effects are minimal and far easier to manage. The duration of treatment will be 12 to 24 weeks.

The treatment will be like "a walk in the park" as I heard a doctor say yesterday. The language is even changing. It is being stated that Hep C is 'curable'. The fear associated with Hep C treatment will vanish. BUT the costs of these new tablet based treatments are shockingly expensive. Treatment could cost €80,000 upwards. The criteria for eligibility for treatment will change no doubt. People testing positive will be encouraged to manage the virus with healthy eating, exercise and cutting out alcohol. Then if and when cirrhosis or liver problems manifest, treatment may be offered.

Demons All

Conor Black

These medications are causing complications
On 90 mills of meth
And H is still a temptation

Methadone

Got the sweat, dripping from my dome
The junky sweaty smell has turned into my cologne
And the smell of heroin wont leave me alone

Can't stand being broke,
In this broken home
So then they dose me with anti-psychotics
Cos of ADHD and me flying off 'their topic'

Demons in my head
Take olanzapine cos it's designed to stop them
Wanna put the trigger to my head
Get more blues, never mind the meds

I'm dependent for life full of anger and
frustration
But without the meds I dread the agitation
I'm saying these words spitting from my heart
Me and my demons we'll never be apart

POETRY



World hepatitis day

→ The Annual World Hepatitis day was held in July. To mark the event, UISCE teamed up with Dublin AIDS Alliance and the Community Response project in a street campaign to raise awareness of Hep C. This involved an information leaflet and the launch of a new website www.Hepinfo.ie.

As part of the campaign we had a giant green letter C at different locations in the city centre throughout the week of 26th July.

Here we see (centre) Emily and Gerry at the big green C in North Earl Street and far right the SAOL group taking a well deserved coffee break on World Hep C Day.



Emily from
UISCE with
Belinda
Nugent and
Jennifer
Mooney
from SAOL
in Berlin.



UISCE will be facilitating Hep C workshops in 2015. The European health promotion group Correlation organised and funded a training programme for facilitators across the continent to deliver Hepatitis C workshops to promote awareness and health. The programme brought together peer workers from across Europe to develop a training manual to be delivered in 2015. The first part of the training took place in Porto, Portugal in late 2013 and was finalised in Berlin in October.

There is no date as yet for the roll out of the Hep C workshops in Dublin, as the training manual is still being finalised. Contact Emily for details: emilyreaper66@gmail.com, Phone: 01-8733 799

➔ Alcohol & Drug Deaths

by Terence Tighe



n a Nation that sees through the end of a bottle we are bound to have drug issues.... And it seems that the politicians are deep in the bottle too.... With Fianna Fáil's last 12 hour bender they drank the Keane's Pub and the Mount Falcon Hotel and Country Lodge, Ballina, Co Mayo dry while inviting Diageo to teach us all how to drink responsibly....

It would seem that we may have used some bad judgment there.... So have we done it again.... Well judging from appearances we have stepped up our game and now have a Taoiseach that likes to hill walk regularly... participates in both Gaelic football and hurling matches and took part in a 100km cycle for breast cancer. But from an addict's point of view I am not sure of what to make of Mr Kenny and our government. I congratulate them on the work they have done on creating new jobs and bringing us out of the EU-IMF deal. We have returned to the market with very low interest rates on our bonds and our exports are now greater than ever... But we have a housing crisis and now more families are living on the streets, in hostels and some even having to pay for hotels.... Also we were promised that social welfare would be radicalised and made much more convenient... now it is harder and longer for people to get the minimum weekly payments they are entitled to. So I think to myself does our government really care about us or are they fine tuned to the sound of business.

Does our government really care that an average of one person dies from a drug overdose every day according to figures on drugs-related deaths in 2011, and that alcohol was involved in more than one third of overdoses. The statistics from the Health Research Board also found that Methadone was implicated in the deaths of 113 people, almost double the figure from the previous year, which the HRB said needed to be investigated. 242 non-poisoning deaths which were indirectly attributed to drug use, 122 were caused by trauma and 125 were due to medical reasons. Of the trauma deaths, hanging was the most common cause of death, accounting for more than half of the fatalities, followed by road traffic collisions.

It is very common that if you are a user you may know someone who has overdosed. I think these are alarming figures and yet it is hardly ever spoken about ... I also had a friend who was a great, funny and loving human being I won't forget those times we had playing guitar, jamming and just having a laugh. I am sad to say that in a moment of weakness he hung himself.... It's crazy to think that a strong vibrant happy person can be gone in just a moment of weakness... Maybe that's why they say we need God to save us, to save us from those moments of weakness... I get a lot of older people say to me that when they were younger they never had to face the challenges younger people today have to.... Today life is more technical and demanding... I used to think that God didn't exist and now I think it doesn't really matter, but if only believing can save you from a moment weakness then I am for it.



➤ **R**eports from Europe indicate that the use of heroin has declined significantly in the last few years. The 2012 Annual Report of the EMCDDA (European Monitoring Centre for Drugs and Drug Addiction) says 'We may now be moving into a new era in which heroin will play a less central role in Europe's drugs problem'.

Heroin has been central to the illegal drugs culture in Europe since the 1970s, and still accounts for the largest share of deaths and illnesses of all illegal drugs.

In the last few years the EMCDDA have noticed some significant trends that suggest a decline in heroin's popularity.

- ▼ Over half of Europe's 1.4 million opiate users are accessing substitution treatment such as methadone and buprenorphine.
- ▼ Across Europe the numbers of people entering specialised

treatment centres with opiates (mainly heroin) as their problem drug has fallen from 61,000 in 2007 to 46,000 in 2010.

- ▼ Heroin has become less available at street level. Seizures of the drug have decreased, and there were serious shortages noted in both Ireland and Britain in 2010 and 2011.

- ▼ The proportion of users injecting heroin has also decreased

Although heroin use is declining, the drug situation is much more complex now. The variety of drugs available has grown significantly as new chemicals are created with non-medicinal users in mind. While being strung out on opiates is no joke, treatment is straightforward.

New patterns of drug use present difficult challenges for drugs services if they are to stay relevant. At a national level, alcohol has been

grafted on to our existing drug policies. This sends out a strong message that alcohol IS a drug – accounting for more deaths and damage than all the illegal drugs combined.

But there is an acceptance that people can enjoy alcohol in moderation, and that its use does not have to damage health. This attitude has not yet been extended to other drugs. By including alcohol into the drug strategy, policy makers and services can use the same framework they use for other drugs: Reduce demand through education; make supply more difficult by introducing minimum pricing and taxes, controls on the number of outlets and their opening hours. The tolerance given to alcohol users is unlikely to be extended to users of other drugs. Drugs can be more dangerous because they are illegal, they are not illegal because they are more dangerous.

the use of heroin?

➤ **Congratulations to Eamonn Geoghegan on his recent graduation from DCU where he qualified as a 'Recovery Coach'. A recovery coach is a peer worker who gives one-to-one support to people who aim to stop using drugs and live a drug-free lifestyle. In November the Irish Times ran an article on the Drugs Court, and interviewed Eamonn as one of the court's successes. Eamonn works at the Chrysalis Community Drug Project. If you are interested in the Recovery Coach programme, Eamonn can be contacted at Chrysalis, Phone: 01 882 3362.**



Those of us who are on methadone treatment must have noticed the changes that are occurring in relation to urine testing. UISCE have been lobbying the HSE to change the way drug testing is carried out when drug users enter into treatment. The first time you go to give urine is quite shocking. You are followed into the loo by someone of the same sex, handed a plastic cup. You go to sit down or squat and all around you are mirrors!! So you have a person looking at you from all angles!! It is completely mortifying. Initially it is difficult to relax and the urine just won't come out. You drink lots of water and try again. The person watching is familiar with this and they try to help by running water. 99% of drug users get the hang of it after awhile and this becomes the norm. It is more often the large clinics that have these mirrors not the doctors in the community.

When the recession began we thought it was an ideal time to start pushing for the HSE to cut back on wasteful urine testing. This would save a fortune at a time of big cuts to their budget. Well lo and behold, a guy by the name of Dr. Michael Farrell was employed by the HSE to review the methadone treatment services in Ireland. He along with Dr. Joe Barry met with all the services both statutory bodies and community projects, to ask them their views on the addiction services. He also took written submissions. He produced a report with a list of recommendations one of which was frequent urine testing be stopped as it did not give a comprehensive account of a persons drug use. He also recommended that the supervision of urine testing be eliminated except where there was a legal requirement. He suggests the use of saliva testing as the technology had improved.

We here at UISCE have been speaking and promoting these ideas since we formed in 1998. The way urine testing is carried out is degrading and

unacceptable. We as drug users some of whom are desperate to be on methadone treatment just put up with this bad practice.

Dr. Farrell recommended his guidelines be completed by September 2011. Has it happened? NO. Less urines are being taken but they are still supervised with mirrors. There is no other medical treatment where this degrading practice is carried out. Random urine testing should be the norm using bottles that determine the heat. Change is so slow in this country and politics play a big part.

Let UISCE know
 how you feel about
 this issue at
uiscepost@gmail.com

POETRY

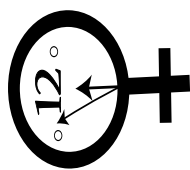
Not So Wise

Michael Donnelly

If I am grey does it mean am I wise?
 Do I educate my followers or leave them with the surprise?
 My teachings are not for everybody's liking.
 So soldiers let me see you go through different doors.
 By serving me how can you ever be free?
 My motives are hidden my soldiers are a pawn in my game.
 In the journey of life, what we learn today may keep others astray.
 So if I am wise I may not be grey.
 Every fool has their day.
 I knew all along this was wrong
 When serving others we lose our identity.
 I take, you feel, our friendship has a price.
 My values are mine, your standards are yours.
 We then battle with the measurement of each other's morals,
 The conflict subsides.
 Who is the real person or who has got something to hide?
 Maybe the perpetrator wasn't so wise.



Top 10 Tips



1

Don't be rushing us, because real recovery takes time. Smaller, women-only groups, will help.

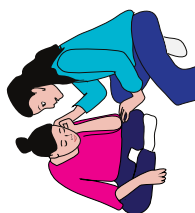
Women feel more comfortable sharing with no men there.
Women-only groups work better for early recovery. I can feel very vulnerable and easily distracted when in mixed groups.



2

Don't judge us; get rid of the negative attitude; no discrimination.

Women in recovery have enough shame already, we don't need more.



3

We want real empathy with practical support – not small talk with no action from you.

If we didn't need some practical help, we wouldn't be asking for your services.



4

We need more women's key-workers for women service users; then let us choose.

I personally would open up to a woman key-worker about women problems or personal areas in my life easier than I would to a man. I would not feel as embarrassed with a woman.
It is important to have a choice on what worker you would like.



5

Work with us in partnership. We don't need you to make decisions for us.

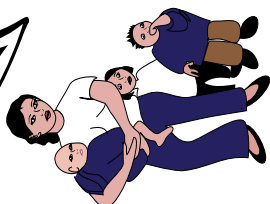
Some times if a person makes a decision for me I feel that you are being ignorant if I disagree. We need to be asked over and over in a caring way if we agree about big decisions in our lives especially if it's about our children.
Ask when a client starts on a clinic/rehab they want a detox or a maintenance. This was not discussed with me.



6

Make appointment times more flexibly as there are more barriers for women when accessing services.

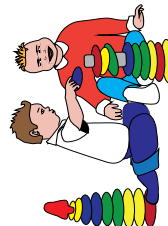
My family turned on me, I'd no support and I don't think anyone realised how alone I was when I started to get clean.
I feel sometimes that doctors, the courts and loads of others don't believe that I can't get me too bad minded, so my life does be made worse by them that's meant to be helping me. My health and personal life can suffer.



7

We need more residential options for mothers and babies.

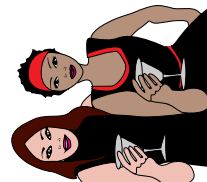
How can we be expected to forget about our kids and put the focus on ourselves. It's not right. It make triggers more intense and recovery harder.
There's often no point in sending us to places when we have to leave our kids behind.



8

Childcare services and resources are essential. We need more.

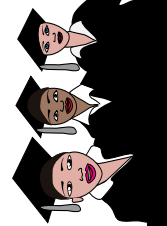
How come when you try to get off the drugs that are ruining me and my family that it's only me that they have time for?



9

We need more social events for women as it is often harder for us to socialise and make friends when recovery gets underway..

As women in recovery we need to have non drug and alcohol events where we are safe and in a social environment of women in recovery together.



10

We need practical help with housing, general health and back to education..

I do need help with day-to-day practical things, not talking about my feelings and why I took drugs.
Filling out forms, for medication, and housing is so hard. I think the people working with us need to advise that they will help us to do them.

TIME to TALK

Held in March to mark International Women's Day. 'Time To Talk' was hosted by UISCE and the SAOL project, bringing together women from many Drug and rehab projects from around Ireland with the aim of compiling a 'Top 10 Tips' for drugs services working with women. A special thanks to the women from North of Ireland who made the journey.

Tommy KD



It's been an eventful year for Tommy Dunne, also known by his rapper nom de guerre, Tommy KD. Following stellar performances with RADE, Tommy had a scene stealing performance in an episode of Love/Hate. Along with RADE colleagues Derek Dunleavy and John Devoy, they played a group of 'recovering drug addicts' in an evangelical Christian recovery house.

His memorable turn in Love/Hate was followed by an appearance on RTE's Saturday Night Live show where he performed his latest tune:

'Bag of Gear'.

Both the video and the Saturday Night Live performance of 'Bag of Gear' can be seen on Youtube.

Well done Tommy. We wish you continued and deserved success in 2015.

POETRY

The Secret Forest



The birds are singing in the trees,
The sun it warms the winter breeze,
Shyly now the animals appear,
The woods are theirs, no need for fear.
Then out of the ground pops a little nose,
Well look who's here it's Mr Mole,
Then suddenly without a sound,
A doe appeared and looked around,
And by her side her little fawn,
How beautiful the woods at dawn,

For you from Mitch



phy-spy @ merchant's quay

dental service

→ **T**he Merchant's Quay dental service is located on the first floor of their new drop-in centre on Merchant's Quay. As someone who has been on methadone maintenance and taking various other opiates for the last three decades, my teeth were in bits.

For a long time I avoided doing anything about my dental needs because I had a great fear about all the work that would need doing.

After finally securing my own City Council flat, I stabilised my life and my drug taking. So instead of just 'living in the moment', I had a new desire to do what I could about my overall health. Teeth are very important in this regard as bad teeth can mean abscesses, and abscesses mean poisoning your system. I believe you can even lose an eye if antibiotics are not used in time. My enquiries led me to the Quay.

The first time I went there I was introduced to Triona and Emma. They really put me at ease about the work I needed done. Everything was carefully explained to me from start to finish. They outlined what procedures would be done, gave me advice on medication and pain management in preparation for the next appointment. I found both Emma and Triona to be excellent professionals. They seemed to have been working together a long time, so you'll be in good hands.

My first appointment was to get eight teeth extracted. I followed the advice they had given me. I could tell that they had done a lot of work with people in my situation so I was not as anxious as expected. The eight extractions took about an hour and a half, but I was



totally fine with the experience. This was really unexpected as I am a nervous patient and have had bad experiences with dentists before. I didn't even grunt, never mind shout or scream or run out of the place half way through. I lay back and concentrated on my breathing. When I felt any slight pain I breathed deeper and tried to relax. Amazingly this worked!

Emma and Triona were able to work together so well that I found myself laughing instead of freaking out.

I really think that this is a great service provided by Merchant's Quay through the HSE. They also link up with C.A.S. Dental lab in Patrick Street for the dentures. Colum Sower at C.A.S. fits the dentures after extraction. He is highly qualified and has trained in Canada.

When it comes to dentures, the cost of the fitting and the dentures needs to be approved by the HSE, this will be covered (automatically) if you have a medical card. If not you will need to apply to the HSE to cover the cost of the dentures.

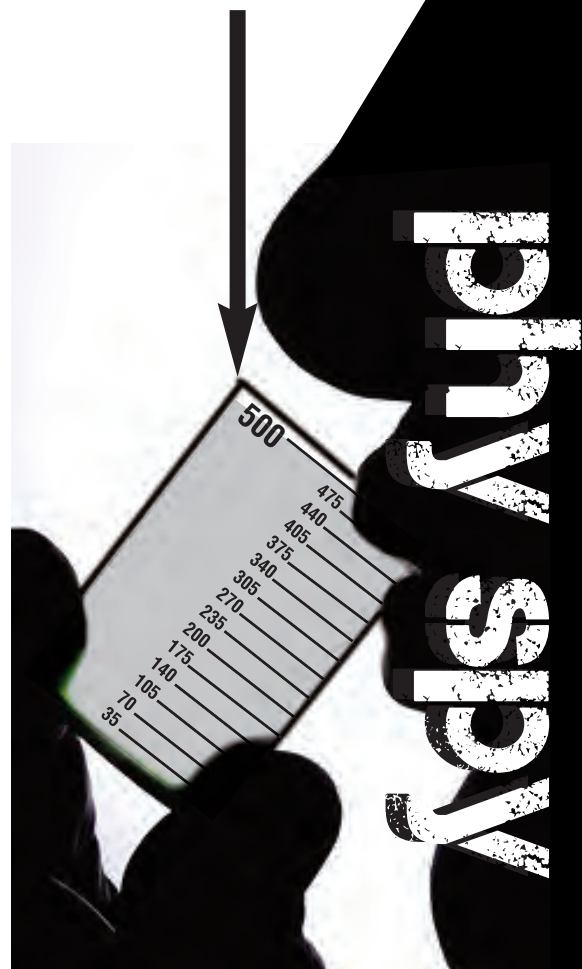
After getting the top teeth done with no problems, I was fitted with dentures the same day.

The service provided by Merchant's Quay is second to

none, and great to see it being targeted at current and former drug users. That it is supported by the HSE also needs to be said. And I applaud them for it, especially as they tend to get a lot of undeserved bad press.

I would recommend this essential service to anyone requiring dental treatment. I can already feel the benefits like not being self-conscious when I smile, not waking up in the morning with a stomach sick from rotten teeth and poison in my system. It also gives me more confidence when speaking to people- no more strange looks when I open my mouth.

PHY SPY gives 500 out of a possible 500ml



→ Russia bans meth

As you may have seen from the news, there is an on-going situation in eastern Ukraine. It is a complicated situation that we're not going to try and explain here, but the conflict has badly affected drug treatment in the Crimea. The Crimea had been part of Russia, and most people there consider themselves Russian. After the break-up of the Soviet Union twenty years ago, Crimea became part of Ukraine. The Russians have recently taken Crimea back and have banned methadone treatment, resulting in all Crimea's 700 methadone patients being rapidly detoxed. Methadone is frowned upon in Russia. The new Russian administration in Crimea claim that methadone is not proven to be effective and that it is racket for the pharmaceutical industry. It is also claimed that much of the methadone ends up on the black market.

The announcement was made by Viktor Ivanov, Russia's Drug Control chief in April.

"The methadone that is kept in legal institutions – some 50 to 80 kilograms – is to be removed," he said, adding that measures would also be taken to eliminate illicit distribution of methadone in Crimea.

He stressed that the methadone-based treatment had proved ineffective. "Methadone therapy is not allowed by Russian standards," the official added.

Methadone has become a criminal business in Ukraine. Ivanov said its efficacy was not clinically proved, but there was hard statistics showing that the number of deaths from its use in the United States and Great Britain had increased considerably as addiction to methadone is much stronger than that to heroin.

"Methadone is not a cure. Practically all methadone supplies in Ukraine were circulating on the secondary market and distributed as a narcotic drug in the absence of proper control. As a result, it spread to the shadow market and traded there at much higher prices. It became a source of criminal incomes," Ivanov said.

The Crimea region is on the Black Sea, along a trade route from Afghanistan, where most of the world's heroin is sourced. This location and the high rate of poverty and unemployment goes some way to explaining why there is twice the rate of opiate addiction in Crimea than in Russia. For the anti-methadone Russians, the high rate of addiction is proof that methadone is not working.



Patients leaving their clinic in Crimea after their last dose.

addiction in Crimea

Since the ban at least twenty patients have died and some have left their homes in Crimea to access treatment elsewhere, residential drug free treatment in Mother Russia or west to Ukraine, where substitution treatment is still available. The vast majority stayed put with their families and communities. Igor Kuzmenko, a drug user advocate in Crimea estimates that about 600 of the 800 people on substitution programmes returned to drug use, and about 30 have since died, this includes a number of suicides. He estimates that 50 gave up using, 20 went to Russia for residential rehabilitation, and 60 went to Ukraine to continue treatment.

Many patients and staff of drugs services enthusiastically voted for Crimea to become part of Russia in a vote on 16th of March, not realising that the importation of methadone and subutex would be stopped so suddenly, less than three weeks later.

The ban could undermine years of efforts to reduce the spread of AIDS in Crimea; some 12,000 of the region's two million people are HIV-positive, a 2012 UNICEF survey found.

After years of rapid growth in the infection rate, the Ukrainian Health Ministry reported the first decline in 2012.

Many have attributed that decline to methadone therapy. According to the International HIV/AIDS Alliance of Ukraine, drug injectors accounted for 62 percent of new HIV infections in Ukraine in 2002. By 2013, that number was down to 33 percent.

"HIV is an illness that often sweeps up those people who aren't socially secure," said Denis Troshin, who runs the local NGO, Harbor-Plus, which helps coordinate methadone therapy for 130 of Crimean capital Sevastopol's recovering addicts.

While the official Russian line on methadone seems extreme, it should be remembered that there is still considerable resistance to methadone in this country. Mr. Ivanov's criticisms of methadone: that it is ineffective, more addictive than heroin, that it fuels a black market economy are echoed in Ireland, where many regions outside Dublin, including Northern Ireland have very poor access to substitution treatment.

Igor Kuzmenko



POETRY

THE FAIRY RING

by Mitch

How sweet the dreams of youth
That blossomed in our minds,
All lost to those who find
That youth they've left behind,
A tale of men of flesh and bone,
Who dance into the fairy ring,
Lost for years to all they know
While fairies laugh and sing,
Let's take our time and watch
our step
While merrily we go,
And steer well clear of fairy
rings
As all good children know,

For you from Mitch





WAR ON

➤ It's been in the pipeline for a long time. The government will soon enact a new law that will bring benzodiazepines under the Misuse of Drugs Acts. We reported in Brass Munkie before that selling benzos broke laws on casual trading that needed to be pursued by the Medicines Board. Now unprescribed benzos will be treated like other 'illegal' drugs.

The issue of benzodiazepine use has been discussed for a long time. The response is heavily weighted towards reducing supply. This may not be good news for people who use benzos and are not about to quit them soon.

Many people are regularly prescribed benzodiazepines, and many of these people have been prescribed benzos for years. There will be pressure on patients to switch to other drugs or to give up benzos altogether. Protocols have been developed to facilitate out-patient detoxes from benzos. This involves close monitoring by key workers, the filling in of 'drug diaries' and regular appointments. If you voluntarily want to give up benzos this may be the way to go.

The community detox programmes that have been developed take a different approach to benzo detoxes than methadone detoxes:

1. While initially developed with those already on methadone in mind, people can be taken on if they are using street bought

methadone and/or heroin. You don't have to be receiving prescribed methadone to be taken onto the community detox. With a benzo detox, you have to already be getting your benzos on script. People who only get their tablets on the street won't be taken onto the programme.

2. The methadone detox can be paused at any time during the process, which may involve a series of maintenance before eventual detox. The detox can even be abandoned, resulting in the patient being maintained on methadone. With the Benzo detox there is no option to pause the reductions. A benzo detox is to zero and within a set time frame.

Benzo use has been a barrier to people coming off methadone too. Doctors have insisted that people give up their benzos before a methadone detox. We have heard this from a number of people who would feel ready for a methadone reduction or detox as long as they can hold on to the benzos. But many medical professionals see benzo maintenance as unethical, while long term methadone is fine.

The argument for methadone is that it is less harmful to the patient, their family and the community at large to have methadone available to people who would otherwise have to buy expensive and adulterated drugs on the street. It seems this argument doesn't extend to Benzodiazepines yet.

BENZOS

SAOL
project

SAOL RecoverMe Programme

RecoverMe takes people on a 12 module journey exploring automatic thoughts, naming emotions, learning more about our thought patterns, coping with success, planning for the future, relapse prevention for emotions, and even 'RecoverMe Snakes and Ladders'! It takes nothing for granted; asking participants to take a look at the small, seemingly insignificant things that often lead to slightly bigger worries that then lead to lapsing behaviour.

The programme designed to help people who are recovering from addiction to gain a better understanding of emotions and how emotions can play a major part in recovery from addiction.

It bases itself on Motivational Interviewing, CBT and Mindfulness, drawing on the best of these interventions in creating a kind and respectful manual that works with, not on, the participants.

If you are interested in training or taking part in the programme please contact me on 01-8553391 or at barry@saolproject.ie

Wishing all UISCE readers a very happy Christmas and a happy 2015

