

# BRASS MUNKIE

# WTF

# IS THIS?



ISSUE 32 - SUMMER 2017

# IN THIS ISSUE

## WELCOME READERS!

I am you.

I am the guy with the needle hanging out of his arm. His leg. His foot.

I am the guy the guards look at twice. The guy who can't spend too long looking in the mirror.

I am the person shivering in the cold on December mornings when everyone else is rushing to work, school, college.

The guy waiting for the clinic to open. The guy who can't sleep at night and can't face waking up in the morning.

I am the person whose eyes light up as soon as I see a certain type of walk. The bloke who doubletakes when he overhears somebody mutter "Are ya lookin'?"

I have swallowed so much pride it makes me gag and used my intelligent mind to invent fantastic lies and stories to explain why I do have money, why I don't have money why they should give me tick why I can't lend money.

**I'm the person who the people going to work are so glad they are not.**

I am the man who found out about UISCE and discovered there is a voice for those who use.



I am the person who rewrote the governments National Drug Strategy. The same person who drinks coffee now rather than shiver in doorways. I'm the guy who tells his doctor the truth and asks for help. Im the guy who accepts the help.

I am you.

JC

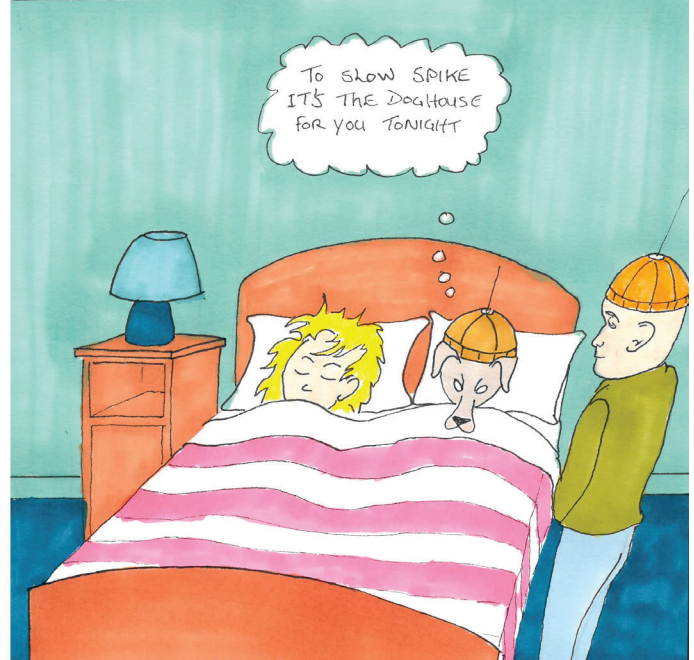


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# THIS ISSUE'S ISSUE:

## SUPERVISED URINE TESTING



DID YOU KNOW THAT CLINICAL GUIDELINES FOR OPIATE SUBSTITUTION THERAPY (METHADONE) RELEASED IN DECEMBER 2016 STATES:

***Direct observation of urine specimen collection is not required in routine clinical practice.***

The Munkies are well aware that supervised urine testing is still happening and wants to hear from you so we can work to make sure this stops.

We want to support you to address ongoing supervision in a productive way. You should know the details of the new clinical guidelines and we are here to chat with you about where, when, who and how to raise this in a non threatening or violent manner.

One person, attending a clinic followed these instructions and told a staff member that after speaking with UISCE he was aware that the practice of supervised urine testing should no longer occur.

In response he was told that it wasn't his place to talk about clinical guidelines. We say it is our place and we will discuss our rights as we see fit.

***We are deeply concerned that people who are raising this issue in an appropriate and empowered manner are being responded to in a demeaning and disempowering way and want to hear from you to make sure we end this practice.***



# UISCE WELCOMES “REDUCING HARM, SUPPORTING RECOVERY”

**B**ig news (again!) June 17th was a much anticipated date for everybody at UISCE! Finally, after many meetings and rewritings, the New National Drug Strategy “Reducing Harm, Supporting Recovery” A health-led response to drugs and alcohol use in Ireland 2017-2025 was born (we know... it’s a mouthful, right?).

Anyway, as per usual we wanted to share our excitement with the community, so we sent out this press release to let people know what we thought.

And here’s a picture of us with our friends from Pavee Point and National Family Support Network at the Launch!

“UISCE is excited that for the first time the voice of people who use drugs in Ireland has been captured and included in the development of the National Drug Strategy. We are looking forward to continuing to share what’s important to us as members of the National Drug Strategy Committee for the next 8 years – membership here is also a first.

There are many new innovative actions that we are looking forward to being part of developing, including a Safe Injecting Facility, a recommendation on decriminalisation and recognition that addiction is a condition that requires compassion, understanding and seeing people as human beings.

Hannah Rodrigues, UISCE’s Coordinator says

**“For the first time, people who use drugs have been part of the development of the strategy and for the next 8 years we will be working to make sure that the actions are implemented”**

UISCE’s peer led outreach team was supported by the community of people who use drugs to complete nearly 50 surveys as part of the public consultation. Our priorities and recommendations stemmed from this report (attached).

For the next 8 years, the health based approach needs to be embraced by every agency and service that supports the community of people who use drugs. We need to remember that we are all people who have goals and dreams and values of the strategy reflect this.”

We thank Minister Catherine Byrne’s foresight for including this community and for her understanding of the issues and belief in a health-led and person-centred approach to supporting people who use drugs in Ireland.”



# BILLY REVIEWS IRISH LIGHT V.S TONY

Hey folks and welcome to this edition of the Brass Munkie where we show you what's hot and what's not! In this edition, have we got a treat for you! Yes, that's right we're gonna be reviewing the newest edition to the R.A.D.E film collection Irish Light V.S Tony.

Irish Light V.S Tony was a back to back laugh a minute movie about a guy that gets a bill for his natural light, refusing to pay it he goes to there head office. This story of Tony getting an exemption form leads Tony on a crazy journey around the office meeting some eccentric people from protesters that nick staplers to people with cardboard computers. Speaking of computers, we loved John Devoy's cameo (if you've seen the movie you know what I'm talking about!)

It was great seeing people we knew from the street and seeing them take that positivity from a service like R.A.D.E and adding it to such a positive achievement and finally I'd just like to say it was absolutely brilliant and hopefully the next R.A.D.E instalment will keep us laughing as well and even though the film went on for only 20mins it had the impact and the laughs of a film that went on much longer.

After, all the actors from the film came to the front and we had a little Q&A and the actors told everyone what hard work it was but also said how much it was worth it (María was more concerned about her umbrella ...!)and also how much R.A.D.E had helped with their recovery and Minister Catherine Byrne was



also there and wasn't shy about what a great job they done and what an inspiration the actors were to any other people trying to find something to drive them in a positive direction.

You can see on the pictures we had a great time at the Irish Film Institute, they had an Oscar and all!!

Well that's all... hope you like my review! See ya on the flip side!

**BY BILLY WEEDON**



# UISCE GOES TO DUBLIN LGTBQ+ PRIDE PARADE

**A**hoy Brass Munkie readers! On Saturday, June 24th we boarded HIV Ireland's boat and sailed through the Dublin streets to celebrate EQUALITY and LOVE!

Personally, it was my first time marching in a Pride Parade and I couldn't have loved it more! Everybody in Dublin came together in this sunny Summer day, to make a stand for the importance of visibility of the LGBTQ+ community. It felt amazing!

The streets were filled with colours, rainbows, glitter, crazy outfits and excitement and my smile couldn't

be bigger- seriously, check the picture if you don't believe me!

We walked from St Stephen's Green all the way to Smithfield and I totally counted it as my daily workout – 10.000 steps? Nailed it! Behind us there was this kid's dance crew doing all kinds of crazy splits and jumps and twirls... so maybe my workout wasn't as impressive as theirs, but it still counts!

You know by now that equality and visibility for the community of people who use drugs are kind of our thing now, so it was amazing to show our support to another

often discriminated group, the LGBTQ+ peeps!

Well, that's my short and sweet story about going to Pride. As I told you it was my first time but I'm sure it won't be my last.

Thanks to HIV Ireland for letting us sail with them! We could not have done this without you! And... how amazing does the Belong to gang look? They nailed the pride look!

**BY MARÍA OTERO**





# Free Condoms



Available at  
HIV Ireland,  
70 Eccles St,  
Dublin 7.



# PAVEE POINT



## PAVEE POINT TRAVELLER AND ROMA CENTRE

**T**raveller ethnicity has long been a campaign for Pavee Point. Stretching back to 1985 is where it all began and for the last 32 years there has been constant campaigning to have this ethnicity passed.

**O**n May 1st that request was passed and Travellers were officially recognised as an ethnic minority group. This article reflects what it means as a young Traveller to have our community recognised as what we rightfully are. A lot of Travellers gathered inside and outside the Dáil whilst Enda Kenny

and the rest of the parliament inside the Oireachtas passed the ethnicity of Travellers as an ethnic minority group.

I suppose to start we should make clear what an ethnic minority is.

**An ethnic group is an involuntary group that sees itself and is seen by others as different.**

Everybody belong to an ethnic group. The term ethnic group means a different race, nationality or even place of birth. Some people beg to question are travellers an ethnic minority or are they just failed people who failed to settle into normal Irish society. We Travellers like to believe we are the former and as has been recognised by the Irish government on 1st of May, we are in fact an ethnic minority group. But what does it mean for a young Traveller like me to be part of the Travelling community? I believe we are different and special I suppose but equally as important as the







rest of society. I think we haven't been giving a fair crack of the whip within our government or even our country. I think when names like itinerant and knackers are used by our country's leaders then how is the rest of the country going to embrace our culture? Our country as a whole has come a long way since the 1960's and have learnt to embrace our culture although not unanimously, I think the people's opinion's has changed because of their own experiences with travellers and not judging us on what they read and see in the media.

What does Traveller ethnicity mean for Travellers? I think first and foremost it makes us feel wanted and apart of this country that we have inhabited for hundreds of years. This ethnicity should have been passed decades ago but I suppose now it's better late than never. Does it change anything?



Personally I don't think so, I mean just because

**we are now truly recognised as an ethnic minority**

it doesn't change people or the media's portrayal of us. I think the only way our reputation changes is if the media show more of the good things and positive side to

travellers, instead of waiting for the negative stories and splashing it all over the front pages of newspaper.

**BY PAVEE POINT**

# BLAST FROM THE PAST

*In this section, we'll share old poems and poems that people who use drugs have shared with UISCE over the years. We hope you like this month's selection!*

## PATH

We walk down a chose path  
Along the canal bank  
Where many swans and ducks there swim  
And many fish sank  
The water flows at steady rate  
For us there is no race  
We'd watch where we would walk  
No need for a heavy pace  
We would end up on the railway tracks  
It keeps us on the straight  
Throwing stones while on the line  
We would feel just great.  
We'd go over to the old graveyard  
To visit the ones we love.  
I would think back to a distant past  
To thoughts of those above.  
Oh how this journey goes on by,  
It's gone within a flick.  
This path I've walked so many times  
Gets me there too quick



## WHERE

Your body is cloaked in silence  
As our secrets of the past  
Are whispers in my inner ear  
When time collides with life  
It stops the beating hear.  
The dawn wakes up the morning light  
I'm wondering where you are.  
Did toy feed upon the night?  
Is it cold around your scent of space?  
I think of past agos,  
When time was old and love was new,  
Here endless days will always be  
Within this box, within my soul,  
You are with me now  
You, the ticking of my clock,  
You, my pendulum swing  
For you, for you  
I bare my mortal soul.

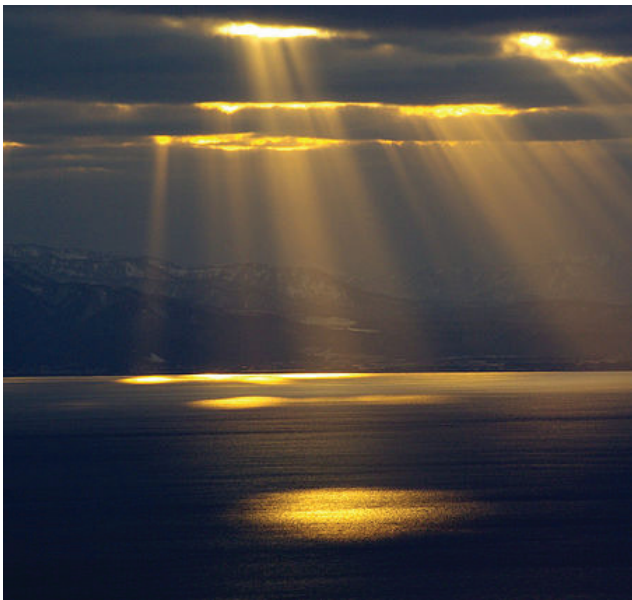
**BY S.N.O**



# SPARE A RHYME

I dislike reality, 'cause I can't find  
normality  
Still I struggle to find a strategy to help  
my sanity  
What's wrong with me?  
Stupid question what's right with me?!  
I'm the cause of and solution to me, I'm  
my worst enemy  
Constantly up late questioning my fate  
Overestimating the hate within me I  
create  
And underestimating the odd few thinks  
In this world that are great

**BY SARAH DOHERTY**



Times does by yet I stand still  
I wish I could fly but they took my wings  
I'd try to run but I bet I would fall  
The darkness is the worst thing of all  
It grabs your soul and pulls you down  
So low that you think you will drown  
But when you hit rock bottom you try to  
break free  
You search for the hope and light to see  
As the day goes by the pain will ease  
As the dawn comes in the light beams  
You see a life you never knew  
A life without darkness  
A life without pain  
It gives you the strength to try again.  
I feel fear as I stand alone  
The path I have taken is the wrong way  
to go  
I must forget my mistakes and move on  
from my past  
I must live in the moment to make my  
future last  
Walk out of the darkness and into the  
light  
See all the beauty that is in your life  
You don't need to fly; you don't need to  
run.  
You don't need anything to have simple  
fun  
One day at a time, as slow as can be  
And soon I will be happy and finally free.

**BY MARLENE O'BRIEN**

# SPARE A RHYME

## GRANDDAD

As I sit here today,  
And think of you,  
Fond memories I recall,  
Of just us two.

For as long as I can remember,  
Since I was a little girl,  
I've always been certain,  
That you were my world.

You've been the one,  
Who has stayed by my side,  
Through all of the hard times,  
And the tears that I've cried.

So many memories,  
I treasure deep inside,  
To help me get through,  
The silent tears that I cry.

You stood proud,  
And you stood tall,  
You stood by me,  
Throughout it all.

Words don't come close,  
Or not even near,  
To tell how it feels,  
Not having you here.

You were simply the best,  
Without a doubt in the world,  
You will always be my hero,  
And I will always be your girl.

**BY AMANDA O'HANLON**



**Merchants Quay Ireland**  
Homeless & Drugs Services

## MAM - IF ROSES GROW IN HEAVEN

If Roses grow in heaven,  
Lord please pick a bunch for  
me,  
Place them in my mam's arms,  
And tell her they're from me.

Tell her I love her and miss  
her,  
And when she turns to smile,  
Place a kiss upon her cheek,  
And hold her for a while.

Because remembering is easy,  
I do it every day,  
But there's an ache within my  
heart,  
That will never go away.

**ORIGINAL POEM BY: KIRSTEN PREUS**

**SUBMITTED BY: JOE MOYLAN**



# SPARE A RHYME (CONT'D)

## LIFE IS SWEET

Each morning you greet,  
Life is sweet  
You never know what each day  
will hold,  
Will it be wet or will it be cold?  
You never know who you will  
meet,  
But if you are well enough to  
greet,  
Life is sweet,  
Enjoy each breath of this life,  
It's the only one we have,  
Say good morning to the wife.  
Everyone has lows,  
We all receive blows,  
Look after yourself and mind  
your health,  
And remember life is sweet.

**BY BRIAN FITZPATRICK**

## IT DOESN'T MATTER ANYMORE

I used to have such fears  
As dressing differently to my  
peers  
And thinking humbly of my own  
actions  
While witnessing others  
completing their own  
satisfactions,  
All the while using compassion  
can be sore  
But thankfully all that doesn't  
matter to me anymore.  
Fashion and style used to be a big  
effort for blending  
Along with the pile  
Barely trending along the street  
With stake heels for my feet  
In the name of vanity, what am I  
doing?  
So today, that doesn't matter to  
me anymore.  
Hanging my head with  
tremendous pain  
While being highly sensitive to  
continuous condemnation  
By people who quickly through  
ignorance turn to slain

Those who absolutely deserve  
some form of resurrection.

Those people now to me doesn't  
matter anymore.

Cause when I take time out  
to reflect and communicate in  
truthfulness;

open and total vulnerability to  
the most powerful forces in the  
universe.

I am continually reassured  
and equipped through factual  
evidence that according as I heed  
wisdom

I will make choices that uniquely  
secure my step to the point that  
when my conscience is clear

I already have nothing nor no-one  
to fear.

So today with this security, I can  
walk in peace which is priceless

Amongst all emotions and  
environments,

To give in armour all the love to  
those around me

AND NOW – THIS IS WHAT  
MATTERS THE MOST TO ME!

**BY AMANDA O'HANLON**



**Merchants Quay Ireland**  
Homeless & Drugs Services

# HIV IRELAND CONFERENCE



**HIV**  
Ireland

HIV Ireland  
1987—2017



Announcing the:

National HIV Conference 2017  
'HIV, Social Inclusion, Stigma, and Social Policy'

Date: Thursday, 28th September  
Time: 09:00 am — 04:30 pm  
Venue: Smock Alley Theatre, Dublin 8

The conference is free to register, please visit:  
<https://national-hiv-conference.eventbrite.ie>

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As part of our 30th Anniversary year, this conference will explore the history of HIV in Ireland, and related issues around stigma, social inclusion and social policy within the areas of addiction, homelessness, sex work, the LGBT community, the migrant community, and specifically people living with HIV. HIV Ireland will also launch the findings of the 2017 National HIV Stigma Survey. The conference programme will be confirmed at a later date and circulated to everyone who has registered.

SAOL  
project

+

SOLAS

An tSeirbhís Oideachais Léarnúnaigh agus Scileanna  
Further Education and Training Authority

PRESENT

The use of  
**FASHION**  
to  
**SHOW**

Women's history through the last  
century

Thursday 12th October 2017  
at 3pm

The Complex Theatre,  
15 Little Green Street,  
Smithfield, Dublin 7

Tickets are free but booking  
[www.eventbrite.ie](http://www.eventbrite.ie)  
is essential





**Merchants Quay Ireland**  
Homeless & Drugs Services

# DAILY SERVICES AND PROGRAMS

|                                   | MONDAY                                 | TUESDAY                                       | WEDNESDAY                                     |
|-----------------------------------|--|---|---|
| Drop-in Food Service              | 8am-9.30am<br>1.45pm-4.30pm            | 8am-9.30am<br>1.45pm-4.30pm                   | 8am-9.30am<br>1.45pm-4.30pm                   |
| Extended Day Service (EDS)        | 5.30pm-8.30pm                          | 5.30pm-8.30pm                                 | 5.30pm-8.30pm                                 |
| Night Café (Freephone)            | 11pm-7.30am                            | 11pm-7.30am                                   | 11pm-7.30am                                   |
| Showers                           | 8am-9.30am<br>1.45pm-4.30pm            | 8am-9.30am<br>1.45pm-4.30pm                   | 8am-9.30am<br>1.45pm-4.30pm                   |
| Needle Exchange                   | 8am-1pm<br>1.45pm-5pm<br>5.30pm-8.30pm | 8am-1pm<br>1.45pm-5pm<br>5.30pm-8.30pm        | 8am-1pm<br>1.45pm-5pm<br>5.30pm-8.30pm        |
| Doctor                            | 9am-12.30pm<br>2pm-4pm                 | 9am-12.30pm<br>2pm-4pm                        | 2pm-4pm                                       |
| Nurse                             | 9am-12.30pm<br>2pm-4.30pm              | 9am-12.30pm<br>2pm-4.30pm                     | 9am-12.30pm<br>2pm-4.30pm                     |
| Dentist                           |  | 9am-1pm (appointment)<br>1.45pm-4pm (drop in) | 9am-1pm (appointment)<br>1.45pm-4pm (drop in) |
| Contact Work (1-1 work)           | 10am-12.30pm<br>1.45pm-4pm             | 10am-12.30pm<br>1.45pm-4pm                    | 10am-12.30pm<br>1.45pm-4pm                    |
| Counsellor (appointment)          | 9am-3pm                                | 9am-3pm                                       | 9am-3pm                                       |
| Mental Health Team (referral)     | 9am-8pm                                | 9am-8pm                                       | 9am-8pm                                       |
| Young Person Worker (18-25 years) | 10am-12.30pm<br>1.45pm-4pm             | 10am-12.30pm<br>1.45pm-4pm                    | 10am-12.30pm<br>1.45pm-4pm                    |
| Stabilisation Group               | 1pm-4pm                                | 1pm-4pm                                       | 1pm-4pm                                       |
| Outreach Team (referral)          | 8am-5pm                                | 8am-5pm                                       | 8am-5pm                                       |



## ONCE-WEEKLY SERVICES

Acupuncture – Wednesday, 11am-12.30pm  
 Women's Group – Friday, 11am-12.30pm  
 Mens Haircuts – Friday, 2pm-4pm  
 AA meeting – Friday, 11am-12.30pm  
 Art Therapy – Monday, 11am-12pm  
 English Class – Wednesday, 2pm-3pm  
 Chiropodist – Monday, 9am-1pm, 2pm-4pm

## ON-CALL SERVICES

Family Support Group – Call Will: 0868132346  
 or Lynda: 0861832343  
 Pre-entry Group (High Park) – Call Paul:  
 0861740644  
 Client Forum – Call Mags: 0861832351

| THURSDAY                                | FRIDAY  | SATURDAY    | SUNDAY                    |
|---|---|-------------|---------------------------|
| 8am-9.30am<br>1.45pm-4.30pm             | 8am-9.30am<br>1.45pm-4.30pm                         |             | 8am-9.30am<br>11am-1.30pm |
| 5.30pm-8.30pm                           | 5.30pm-8.30pm                                       |             |                           |
| 11pm-7.30am                             | 11pm-7.30am   | 11pm-7.30am | 11pm-7.30am               |
| 8am-9.30am<br>1.45pm-4.30pm             | 8am-9.30am<br>1.45pm-4.30pm                         |             |                           |
| 8am-10am<br>1.45pm-5pm<br>5.30pm-8.30pm | 8am-1pm<br>1.45pm-5pm<br>5.30pm-8.30pm              |             | 8am-10am<br>11am-1.30pm   |
| 2pm-4pm                                 | 9am-12.30pm<br>2pm-4pm<br>(Scripts/Naloxone Clinic) |             |                           |
| 2pm-4.30pm                              | 9am-12.30pm<br>2pm-4.30pm                           |             |                           |
|   |   |             |                           |
| 1.45pm-4pm                              | 10am-12.30pm<br>1.45pm-4pm                          |             |                           |
| 1.45pm-3pm                              | 9am-3pm   |             |                           |
| 1.45pm-8pm                              | 9am-8pm   |             |                           |
| 1.45pm-4pm                              | 10am-12.30pm<br>1.45pm-4pm                          |             |                           |
| 1pm-4pm                                 | 1pm-4pm   |             |                           |
| 8am-5pm                                 | 8am-5pm   |             |                           |

# FREQUENTLY ASKED QUESTIONS: SUPERVISED INJECTING FACILITIES

## 1. WHAT IS A SUPERVISED INJECTING FACILITY (SIF)?

A SIF is a clean, safe, healthcare environment where people can inject drugs, obtained elsewhere, under the supervision of trained health professionals. They offer a compassionate, person-centred service which reduces the harms associated with injecting drug use and can help people access appropriate services. A SIF can help health service staff to reach and support vulnerable and marginalised people who often do not, cannot or no longer engage with existing health services.

Typically, supervised injecting facilities provide people who use drugs with sterile injecting

equipment; counselling services before and after drug consumption; emergency response in the event of overdose; and primary medical care. The supervised injecting facility aims to:

- reduce drug-related overdose deaths
- reduce the risks of disease transmission through shared needles
- reduce public health risks such as needle-stick injuries and
- connect the most vulnerable and marginalised people who use drugs with treatment services and other health and social services.

The facilities typically consist of a reception area, a drug consumption area and a recovery

area. In addition, they usually provide an area where people can receive support from relevant health services and support groups to help improve their health and social circumstances. The exterior of a SIF looks like any other health or social care premises. There are now approximately 90 of these facilities worldwide, in Europe, Canada, and Australia. There is significant evidence gathered from these facilities of their benefits to people who use drugs and the wider society.

## 2. WHAT IS BEING PROPOSED IN DUBLIN INNER CITY CENTRE?

In December 2015 the Government gave its approval for work to begin



Medically Supervised Injecting Facility in Sydney



*SIF in Barcelona (Barluard)*

on drafting legislation to allow for SIFs and for a pilot facility to be established to determine the safety and effectiveness of a SIF for people who use drugs and the wider community in Ireland. On 16 May 2017, the Misuse of Drugs (Supervised Injecting Facilities) Act 2017 was signed by the President, which will allow for the licensing of a supervised injecting facility in Ireland.

The HSE has been tasked with setting up a pilot site and is currently working with the Department of Health, Dublin City Council, An Garda Síochána and UISCE (representative organisation of people who use drugs ) to identify the best way to deliver the pilot project. The pilot project will be independently evaluated during its pilot phase.

### **3. WHY ARE THESE SERVICES BEING PROPOSED FOR DUBLIN INNER CITY CENTRE?**

Public injecting is visually apparent in Dublin city centre through people using drugs and from drug-related litter. This pilot service will play a significant role in reducing both street injecting and the risk of drug related deaths in Dublin. It also has the potential to reduce blood borne viruses such as HIV and Hepatitis C. Research published by the Health Research Board showed that 354 people died in 2014 due to drug poisoning. One in four of these deaths were caused by heroin and half of these heroin-related deaths were people who inject drugs.

Setting up a supervised injecting facility will allow for earlier medical intervention of overdoses that occur in the facility, distribution of naloxone (which reverses the effect of opioid overdose) and can also be a gateway to treatment for people who use drugs. Between 2012 and 2014 there were 25

drug related deaths among people who inject drugs in public places in Dublin and 18 drug-related deaths among people who inject drugs who were in touch with homeless services in Dublin.

### **4. WHO IS PROVIDING THE SERVICE AND WHERE WILL IT BE LOCATED?**

Currently the HSE is looking at the best way to set up the SIF (see Q2) and will recommend a model of best practice. This best practice model will include monitoring and evaluation in addition to the delivery of the service. A procurement process will be undertaken to determine the most appropriate organisation to manage the facility and the specifications and criteria for the SIF are being developed. The organisation that is selected to provide the service will be expected to provide a location and have a robust community engagement plan in their operational set up. Locating the facility in an area

where public-injecting is already taking place will maximise uptake by the target population. A community liaison worker will be appointed by the organisation selected to deliver the SIF and will work closely with the local community, its representatives and local businesses.

## 5. WHEN WILL THE SERVICE BE OPENED?

It is anticipated that the pilot service will be open before the end of 2017.

## 6. WHAT ARE THE EXPECTED BENEFITS OF THESE SERVICES?

There is lots of high-quality research from around the world which demonstrates the benefits of SIFs. Evidence shows that SIFs can improve the health and wellbeing of individuals who use the facility and reduces the negative impact that public injecting has on local communities and businesses. For instance, they have been shown to:

- reduce public injecting
- reduce discarded needles and drug related litter
- reduce the sharing of needles

and other injecting equipment which has a positive effect on reducing blood borne diseases such as HIV and Hepatitis

- improve the uptake of addiction care and treatment
- save money for society, due to reductions in ill-health and health care usage (including emergency services) among people who would otherwise inject drugs in public places.

Supervised Injecting Facilities have been associated with a decrease in public injecting and a reduction in the number of syringes discarded in the vicinity of such facilities. For example, a fourfold reduction was reported in the number of unsafely disposed syringes being collected in Barcelona and a 75-80% reduction in drug-related litter in the vicinity of the facilities in Copenhagen. SIFs are not a solution to the drugs problems but have been shown to be of significant benefit and have helped reduce the impact of drug use in affected areas.

## 7. WILL THESE SERVICES INCREASE DRUG USE, DRUG DEALING AND CRIME IN THE LOCAL AREA?

The evidence from other countries

shows that SIFs do not increase drug use, drug dealing or crime in the areas in which they are located. This is largely because they are located in areas where injecting is already occurring in public spaces. Based on international experience we do not anticipate that the facility will cause these problems; nonetheless, this will be monitored as part of the evaluation of the proposed facility.

## 8. WHAT IS THE LEGAL STATUS OF THESE SERVICES?

The Misuse of Drugs (Supervised Injecting Facilities) Act 2017 - Provides an exemption for licensed providers whereby it is currently an offence to permit the preparation or possession of a controlled substance in premises; Exempts authorised users from the offence of possession of controlled drugs under certain conditions, when in the facility and with the permission of the licence holder; Enables the Minister to consult with the HSE, An Garda Síochána, or others on matters relating to a supervised injecting facility, including its establishment, ongoing monitoring and review.

It is important to note that possession of controlled drugs will continue to be an offence outside a supervised injecting facility. Possession for sale or supply (dealing) will remain an offence both inside and outside a supervised injecting facility. An Garda Síochána has committed to support the successful implementation of this health-led initiative. This legislation will not in any way dilute the Misuse of Drugs legislation or the work of the an Garda Síochána in tackling drug trafficking and drug-related criminal activity.



SIF in Barcelona (Vall D'Hebrón)

## 9. CAN WE AFFORD THESE SERVICES?

Evidence from other countries where there are supervised injecting facilities shows that these services are cost-effective in the long term, and it is reasonable to believe that this will also be the case in Ireland (see links to research evidence). Similarly, public injecting is also associated with significant costs to social work services, criminal justice and law enforcement, street cleaning, and local businesses.

By reducing the harms of injecting drug use and improving the local environment, these services are therefore likely to have a range of economic benefits. Several studies from other countries have found that SIFs are cost-saving overall: they save more money for society than they cost to set up and run. This is because they reduce ill-health among people who inject drugs, and therefore reduce their need for health and social care services. They are also likely to reduce costs to the public in other ways – for instance, by reducing the costs of clearing up drug-related litter. Public injecting results in discarded used needles in the city centre and visible public drug use which can affect business and tourism.

## 10. HOW CAN THESE SERVICES HELP PEOPLE TO REDUCE DRUG USE OR PREVENT OVERDOSE?

This service is one element of the wrap around health based approach adopted in the new National Drug Strategy and supported by the HSE's National Standard. A SIF aims to provide a location for people who are currently injecting drugs in public

places, many of whom identify as homeless.

This service is for a group of people who have long history of drug use and do not engage easily with health services. They find it difficult to stop using drugs completely and existing drug services have not been suitable for their needs. The new pilot service aims to promote opportunities for treatment and recovery from drug use to improve people's health and social circumstances. Although not everyone who attends the SIF will be ready to start a recovery programme or treatment, it will help reduce harms associated with drug use and support people to access services appropriate to their stage of the recovery journey.

The SIF can also offer on-site access to:

- Referral to Addiction Services in the area for assessment and treatment
- Recovery-oriented services such as peer support and mutual aid
- Other health services, such as primary care and screening for blood-borne viruses like HIV and Hepatitis C
- Advice and support on housing, welfare rights and other issues

- An opportunity to engage with health and social care staff.

People who will use the service are also at a higher risk of a drug-related overdose or death, rates of which have increased in Dublin in recent years. Trained healthcare staff will be on hand to intervene and provide medical assistance to people who use the SIF. Similar services have been operating successfully around the world for over 30 years.

## 11. HOW TO FIND OUT MORE

There will be updated reports from the Working Group in relation to the development of the pilot SIF in Dublin inner city. Any updates from the working group, and links to research and evidence relating to Supervised Injecting Facilities, will be available on:

**[HSE.IE/SUPERVISEDINJECTING](https://www.hse.ie/supervisedinjecting)**



*SIF in Paris*

# RADE EXHIBITION

**H**ello Brass Munkie readers! I thought I would be interesting to share with you my latest experience teaching art at RADE because this time it was a little bit different than usual!

First things first, I would like to thank Mick Egan and the staff at RADE for giving me the opportunity to facilitate the art class for this coming exhibition. RADE has been doing an annual exhibition for - at least - the past ten years and this was my first time as a teacher for this project.

The art classes were done over a three-month period over the summer and I could not be any prouder of all the students for their hard work and dedication.

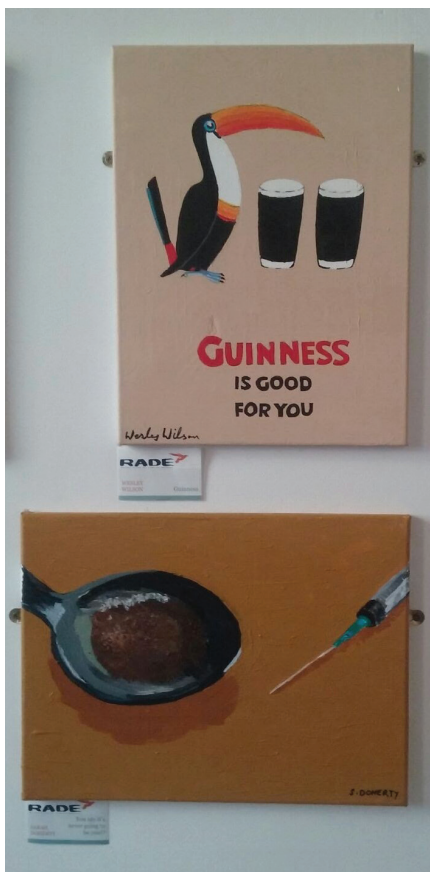
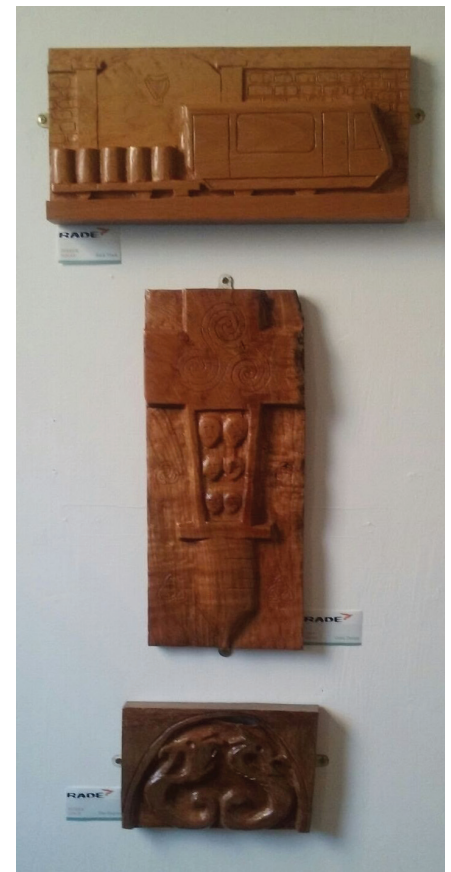


On the day I got to say a few words and thank all the participants for the great work and for having me as their tutor. The Lord Mayor Mícheál Mac Donncha also said a few words and opened the exhibition. Here's a couple of pictures of us during the day and a couple more of some of the artwork featured on the exhibition.

For me, it was challenging at first - remember it was my first time organizing an exhibition! - but once we got into doing the art and everyone knew what they were aiming for, all the guys stuck to their guns and got things done.

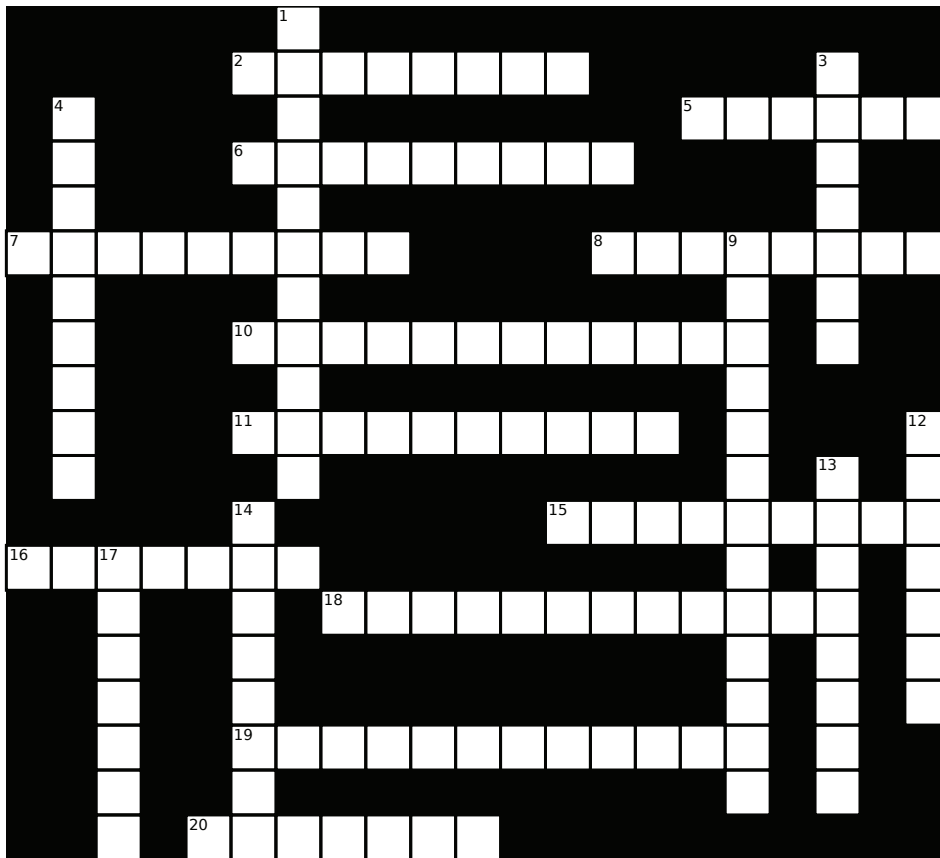
The best buzz I get from teaching art is seeing the guys overcoming their own criticism and negative talk. You guys wouldn't believe how many times I've heard things like "I can't draw", "I've never painted before" or "I won't be able to do this" ... but then, at the end of the classes, they were surprised (as was I) with the high quality of the work they all created! It was amazing. I have to say it was a great pleasure and honour to have worked with a great bunch of guys, they all treated me with the greatest respect.

We had our annual exhibition at the Civic Offices on Wood Quay. We opened on the 24th of July and it ran for three full weeks.



**RADE**   
RECOVERY THROUGH ART, DRAMA AND EDUCATION

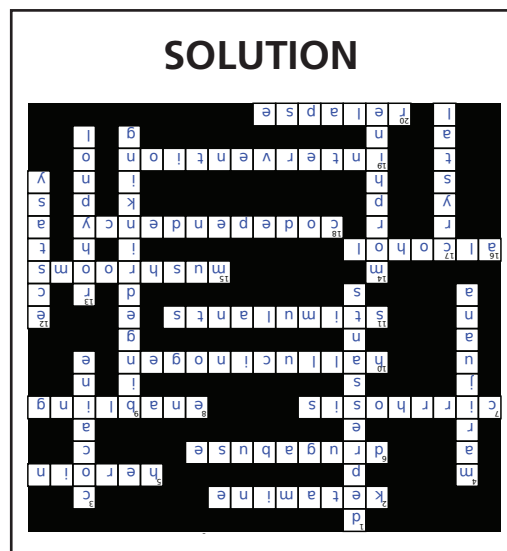
# CROSSWORD



Thanks to Armoredpenguin.com

- Across
- 2 also known as Special K, "K", or vitamin K
  - 5 Most common abused opiate usually injected to get high
  - 6 unsafe or misuse of drugs (2 Words)
  - 7 when the healthy cells of the liver replaced with scar tissue, usually caused by drinking
  - 8 contributing to someone's addiction
  - 10 Could cause a distortion in someone's perception
  - 11 drugs that causes alertness and increase energy
  - 15 Also known as shrooms, caps, or boomers
  - 16 depressant people drink usually when they go out to a club or party
  - 18 the feeling of needing someone or depending on someone
  - 19 when friends and family try to help an addiction come to realization about their problem
  - 20 "He was clean for 6 months, than he had a \_\_\_\_\_ and he is drinking again."
- Down
- 1 drugs that slow you down and cause relaxation
  - 3 a stimulant also known as coke
  - 4 also known as bud, pot, dope, or weed

- 9 having more the 5 drinks in one sitting (2 Words)
- 12 a club drug also known as "X", "E", love drug, or lovers' speed
- 13 Also known as a date rape drug, roofies, or forget-me pill
- 14 drug used medically for a patient in severe pain
- 17 Another name for meth or ice



# NDS IN EASY ENGLISH

# NATIONAL DRUG STRATEGY 2017

## CHAPTER 1: INTRODUCTION

In July, the third national drug strategy “Reducing Harm, Supporting Recovery” was launched. The purpose of this document is to achieve better outcomes for people whose lives have been impacted by drug and alcohol use.

For the first time, UISCE was part of the committee that developed the strategy. This means that people who use drugs have had a voice at the table.

One of the things we know from your help in completing the survey for the strategy is that not many people who use drugs know about the strategy or what it’s meant to do so for this issue of Brass Munkie, we are publishing a version of it in easy language so you know what you can expect to change.

Firstly, Catherine Byrne is the Minister responsible for the National Drug Strategy. She is from Dublin Inner City, so every day she sees the impact on the lives of people living with addiction, their families and the community.

The NDS will last for 8 years – up to 2025 and will be reviewed halfway.

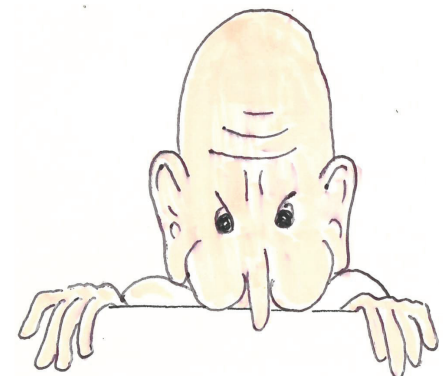
There have been two previous strategies and they both looked at the questions of supply reduction, prevention, treatment, rehabilitation and research, these were called ‘five pillars’ of drug policy.

*Statutory, community and voluntary people came together to write the NDS. UISCE was part of this group and made sure that people who use drugs had their voice heard on the committee.*

The big change we will talk about a lot in the strategy is “health-based”. This means that rather than treating people who use drugs as criminals, addiction will be treated as a health issue. This change opens the door to discussions about decriminalisation and other important issues. The change won’t happen overnight and won’t be easy for large groups of the community to come to terms with. This is because of the stigma associated with the use of drugs and another issue we need to work on changing.

It is important to realise addiction affects ALL people from ALL walks of life. Drugs do not differentiate.

**VISION:** ‘A healthier and safer Ireland’ is the objective of the NDS limiting any harm. In order to do this, it promotes: mental/physical health, limits the harm drugs cause, looks at the drugs market, promotes family and community involvement and develops evidence based policy.



**CONTEXT:** Today there is greater access to services like Methadone, Naloxone and needle exchanges. Drug use is national and has the potential to impact all people: rich and poor, metropolitan, urban and rural.

Drug deaths (OD) and drug related deaths (Hep-C, HIV, etc.) have increased 17.6% from 2005 to



2014. The drugs have changed and the usage has changed.

**METHODOLOGY:** A 'Steering Committee' was established to develop the NDS. This was made up of government departments (like education, health etc) community and voluntary sector reps, The Family Support Network and UISCE representing people who use drugs. The group met 19 times to look at all the information that was provided from focus groups and public consultation to create the strategy.

The old strategy was based on 5 pillars:

**SUPPLY REDUCTION**

**PREVENTION AND  
EDUCATION**

**TREATMENT**

**REHABILITATION**

**RESEARCH**

**EVIDENCE REVIEW:** The Health Research Board (HRB) commissioned various reports which brought to attention both national trends and specific sub-trends, travellers, gender, homeless etc. The essential questions were; what has worked to reduce drug use, what limits harmful behaviour around drugs, what works in treating those addicted and what is effective in reintegrating people into society? The review emphasised a number of evidence based options.

**RAPID EXPERT REVIEW:** This was an international review to look at the impact of the 2009-16 NDS. It concluded the previous NDS had fit well with other EU plans and had focussed on heroin as being the most prevalent of problem drugs. It showed how the drug scene had



changed, e.g. older opioid users, internet availability and a broader demographic contemporarily.

Many key stakeholders interviewed by the panel highlighted the fact that the current DATF boundaries were no longer reflecting the pattern of drug problems around the country resulting in gaps in services provision and unequal resource allocation.

The 'five pillars' were deemed adequate but an overarching vision was needed. Equality of access to quality evidence based services was the aspiration. Most importantly the views and practical input of those affected was essential in the development of the new NDS. Clarity was also important.

## CHAPTER 2: VISIONS VALUES AND GOALS

**VISION:** To create a healthier and safer Ireland.

**VALUES:** Compassion, Respect, Equity, Inclusion, Partnership and Evidence-informed support.

### GOALS:

**Promote and protect health and wellbeing**

**Minimise the harms caused by the use and misuse of substances and promote rehab and recovery**

**Address the harms of drugs markets and reduce access to drugs for harmful use**

**Support participation of individuals, families and communities**

**Develop sound and comprehensive evidence-informed policies and action**

## CHAPTER 3: PROMOTE AND PROTECT HEALTH AND WELLBEING

Statistically drug use in Ireland is increasing. Increases of up to 25% are recorded in use of cannabis and alcohol consumption is also on the rise. The NDS 2017 adopts a health based approach that includes all people. This needs change in national behaviour to accept addiction as a health issue and is a complex process which will not happen overnight.

### 3.1 Promote healthier lifestyles within society

Education and awareness programmes alongside other initiatives are the most effective. They are better than the traditional fear based methods, but, prevention requires all of society to work together.

### 3.2 Prevention focused on young people

According to statistics younger people are showing the greatest increases in drug use so it is important to prevent or delay the use of drugs/alcohol and reduce impact of their use.

- **School Based Interventions:** A school setting is essential in the for education on drugs and will work to empower young people to take charge of their own physical and mental health. School-based programmes that include social

and personal development are to be introduced at Junior Cycle level from 2017 onwards. Schools will have flexibility to ensure the programmes are locally relevant.

- **Out of School Intervention:** Youth services seek to delay substance use by addressing seven topics namely: Communication, confidence, planning, relationships, creativity, resilience and management of feelings. Regarding Family Interventions, parents are the most important people to protect children. Parents also provide role models. Young people in households where drug use is a factor must be supported by specifically designed programmes.
- **Early school-leaving and substance abuse:** Early school-leavers are twice as likely to use drugs. Further measures are being developed by TUSLA to deal with this issue. Schools themselves play a big part in reducing early school leaving.

### 3.3 Children at Risk

Children of parents who use drugs are most at risk of physical and psychological harm. The goal is a common sense approach focussed on limiting harm and not criminal proceedings.

- **Children leaving Care:** Risk is even more increased for this group and agencies need to work together to support these young people.
- **Specific Minority Groups:** Groups such as LGBTQI+ and Travellers etc. have specific needs and require their own unique support



## CHAPTER 4: MINIMISE THE HARMS CAUSED BY THE USE AND MISUSE OF SUBSTANCES AND PROMOTE REHABILITATION AND RECOVERY

### 4.1. Better health and social outcomes for people

The goal here is to minimise the harms caused by use of drugs and promote rehabilitation and recovery. Recovery is a journey and rehabilitation a process. The four tier model uses a person centred approach to rehab based on the principle of continuous care will continue to be used:

#### Tier 1: Information

#### Tier 2: Harm Reduction

#### Tier 3: Specialist Services

#### Tier 4: Residential Care

No one service can cater for the diverse needs of each person. It is important to improve access to services and increase the number of detox beds.

Improving access for women children and young people.

Looking at the difficulties women face including domestic violence and lack of childcare.

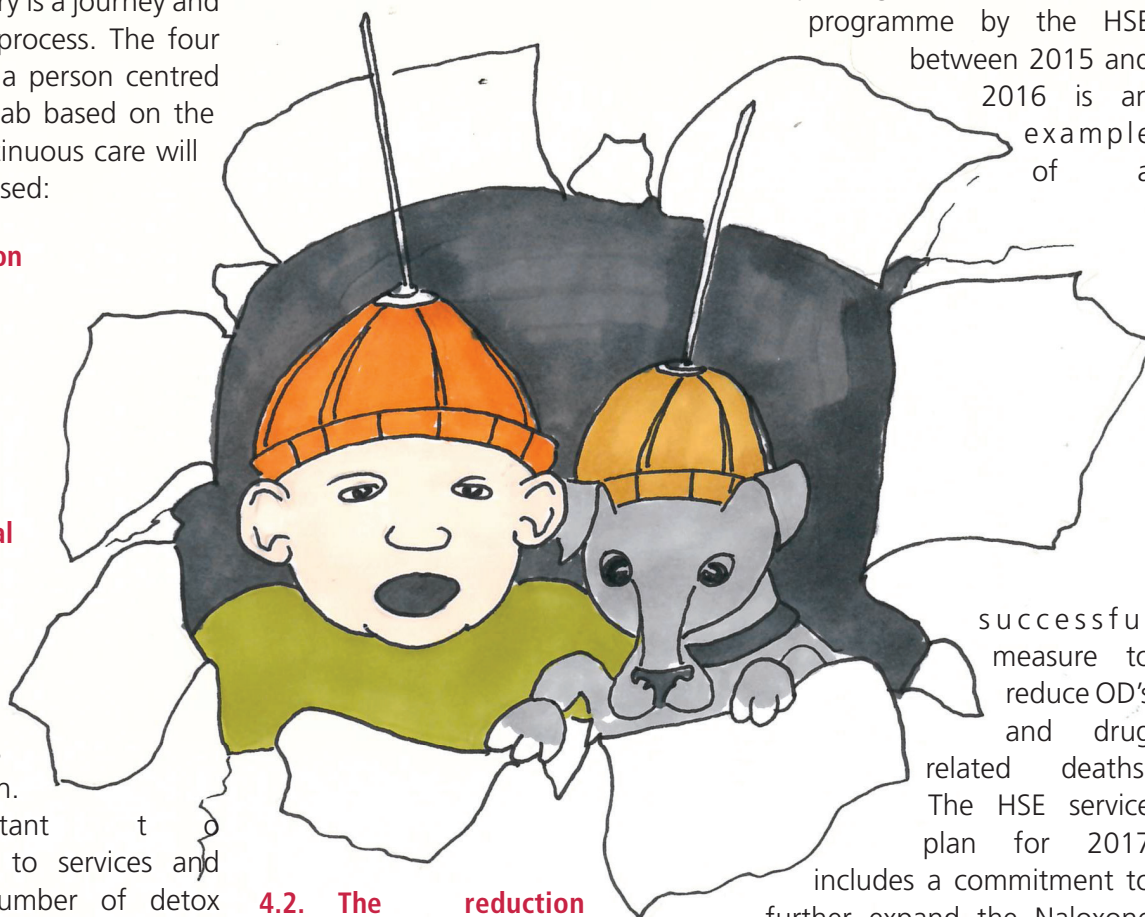
Additional drug liaison midwives have been promised.

Children and Young People: A lot of young people with substance use issues may also be suffering mental health problems. The youth drug and alcohol service

provides help to those under 18.

Improving access to services for people with more complex needs.

There are so many things to address to properly support people who use drugs e.g.: Mental health issues, homelessness, membership of a minority group, being an older person or being in prison. Roughly 10% of treatment cases between 2009 and 2015 involved prison.



### 4.2. The reduction of harm amongst high risk drug users.

People who inject drugs are at greater risk of infectious diseases. Access to needle exchange is essential. Benzos and Z drugs have increased in prevalence and are implicated in three of four OD's in 2014. It is essential to ensure that the health needs of people are addressed.

There is a recognised and rising problem with street injection. As a response supervised injecting

facilities are to be established.

*On the 16th of May 2017, the Misuse of Drugs (SIF) ACT 2017 (no. 7 of 2017) was signed by the president.*

The risk of overdose and drug related deaths is unacceptable.

Overdose rates in Ireland are 3rd highest in Europe.

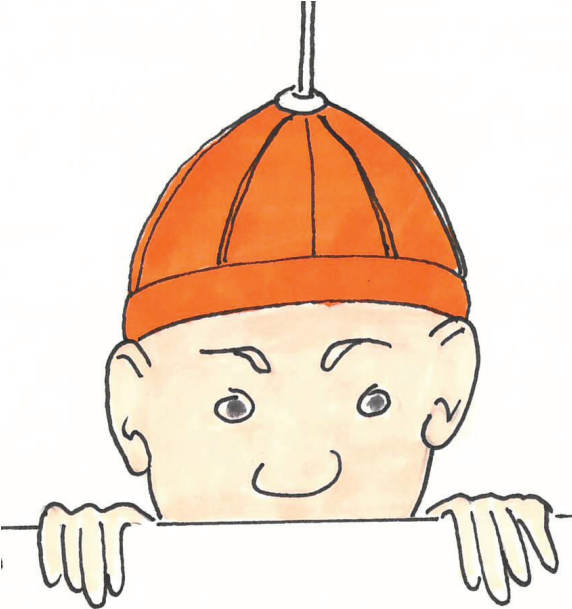
The piloting of the Naloxone programme by the HSE between 2015 and 2016 is an example of a

successful measure to reduce OD's and drug related deaths. The HSE service plan for 2017

includes a commitment to further expand the Naloxone Programme. Worryingly, there is a relation between Dual diagnosis overdose and death. Ireland has a national strategy to reduce suicide.

## CHAPTER 5: ADDRESSING THE HARMFUL EFFECTS OF ILLEGAL DRUGS THEIR MARKET AND THEIR USE

Protecting the public from dangerous substances and facilitating the safe is an important objective. In this An Garda Síochána play a vital role.



A review of penal policy contains recommendations in relation to the extension of restorative justice programmes.

The Criminal Justice Act 2016 states once seven years have passed from conviction, certain convictions become spent.

### CHAPTER 6: SUPPORT OF INDIVIDUALS, FAMILIES AND COMMUNITIES

The NDS also recognises the need to strengthen the community. A community's ability to resist and effectively deal with the consequences of a substance use is important.

### CHAPTER 7: DEVELOP SOUND AND COMPREHENSIVE EVIDENCE-INFORMED POLICIES AND ACTIONS

Ireland has good information, from routine monitoring, at a national level, in accordance with European practice. This allows decision makers to be informed about what we need for harm reduction, prevention and rehabilitation.

As mentioned the national information is good but local knowledge re: service needs and implementation of interventions is not as good.

Services ability to adapt to changing needs will be essential for relevant and workable policies.

### CHAPTER 8: STRENGTHENING THE PERFORMANCE OF THE STRATEGY.

Resources are to be focussed upon on interventions focused on improving in public health. The level of progress will be monitored using performance indicators measurement of which has been developed by independent consultation. This system of implementation and evaluation will enable the government to strengthen the overall strategy.

The NDS has a number of population-based objectives. Active participation and collective-buy-in by all key stakeholders greatly increases the success of this new approach. The Performance Measurement Framework will review this success by 2020 again in consultation with the major stakeholders.

The main role of the 'Office of the Minister for Drugs' is to ensure national coordination of the Strategy itself.

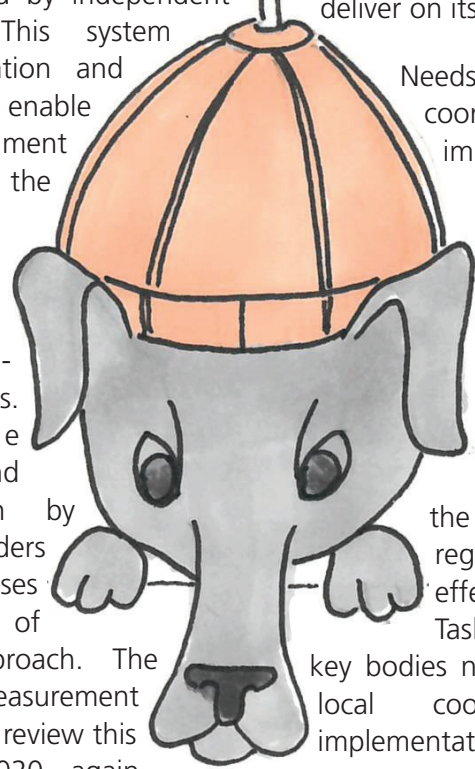
National Oversight Committee for the NDS

This committee will support implementation of the NDS. Membership will be made up from the statutory, community and the voluntary sector. The important fact is that people who use drugs will be represented by UISCE. Their brief and the parameters

it will operate under range from giving leadership to the convening sub-committees as required. The standing Sub-committee will meet monthly and agree on an annual programme of work to support implementation of the NDS at both national and local levels. This National Drugs Strategy Committee will also establish further sub-committees as it sees fit in order to address specific issues and to harness relevant expertise in order to deliver on its key functions.

Needs assessment, local coordination and implementation.

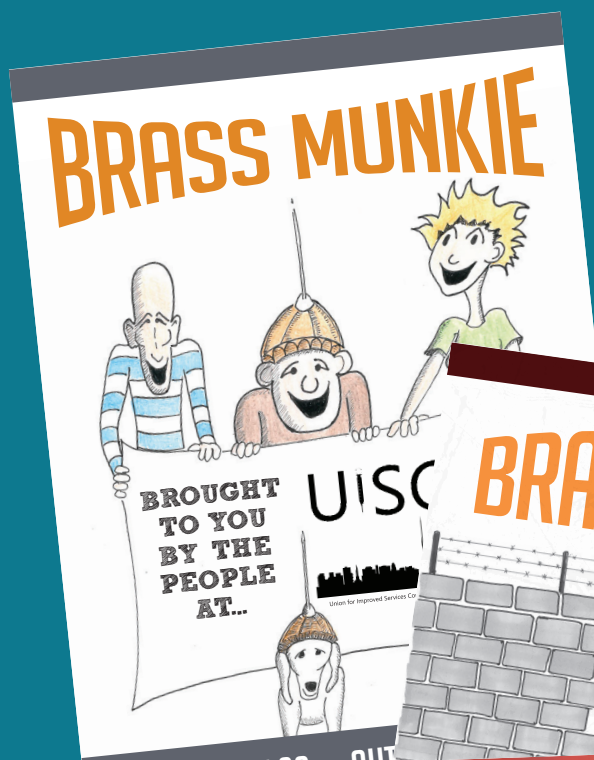
This new NDS approach requires the Drug and Alcohol Task Forces to implement the NDS in the context of regional and local effectiveness. These Task Forces are the key bodies needs assessment, local coordination and implementation.



### CHAPTER 9: CONCLUSION

This strategy was established in December 2015. Its core objective is to provide an integrated public health response to substance abuse especially contextualised given the increased demographic, socially and geographically.

*It aims to achieve a whole-of-government response to the very real drug problem but in doing so wishes to move away from a criminal emphasis to an overall health perspective.*



Lately we have been getting tons of feedback about the name of the magazine. As you know, this name was chosen by people who use drugs back in the 90's, when the magazine first started.

That's a loooong time ago! So, because we always put your opinion first, we would like to know YOUR THOUGHTS!

Do you think we should keep the name

**BRASS MUNKIE**



**or change to something else?**

To let us know you can: Call us on **01 873 3799**

Email us [info@myuisce.org](mailto:info@myuisce.org)

or drop in for a cuppa anytime to

**70 Eccles Street D7**

To give you some ideas here are the names of similar magazines in other countries; **Black Poppy Magazine** - UK

**Track Marks, JunkMail** and **Whack** are all names of Australian Publications

**DrogenKurier** is the name of Germany's main magazine for people who use drugs

# SUPPORT DON'T PUNISH



[www.supportdontpunish.org](http://www.supportdontpunish.org)

26th June 2017 UISCE decided to take part on the 5th International Global Day of Action in support of the "Support. Don't Punish" campaign by organising a non-permanent street art event in Dublin with the help of the talented people from RADE. But before sharing what we did, we wanted to let you know a little bit more about this great cause.

Support. Don't Punish is a global advocacy campaign calling for better drug policies that prioritise public health and human rights. The campaign aims to promote drug policy reform, and to change laws and policies which

impede access to harm reduction interventions. Some of their messages are:

- The drug control system is broken and in need of reform
- People who use drugs should no longer be criminalised
- Drug policy should focus on health and harm reduction.

Everybody at UISCE completely supports this campaign and we were sure we wanted to contribute in some way to show that we care!

So, we called our pals from RADE and we decided to grab a couple of blank canvases, some permanent markers, T-shirts, stickers and badges and we were ready to spread the love!

We camped near St. Stephens Green and we started telling people about the campaign. Everybody was really interested in the cause and wrote down on the canvases



what community they thought needed our support. We got some amazing answers people who use drugs, people with mental health issues, people in recovery, the LGBTQ+ community, people who are experiencing homelessness... the list never ends!

It was great to see how everybody came together to show their SUPPORT to the cause. We wanted to specially thank all the lads and ladies at RADE and Dublin City Council for allowing to do this!





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# UISCE

## 2017 Strategic Plan

### PEOPLE



We are the voice of people who use drugs in Ireland

### PARTNERSHIPS



We know we are stronger when we work together

### POLICY



We make sure the rules work for you

### POTENTIAL



We do our jobs well and always think of new ways of working

### PRINCIPLES



We treat all people equally and help others to do the same

# UISCE



**Union for Improved Services  
Communication & Education**

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