

# BRASS MUNKIE

Issue 40 | Summer 2022



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## ACKNOWLEDGMENTS

Many thanks to all the services that provided content to make this magazine a reality: Hepatitis C Partnership, Matt Talbot Community Trust, Ana Liffey Drug Project, Clondalkin Drug and Alcohol Task Force, Chrysalis Community Drug Project, MPOWER, SAOL, Tallaght Drug and Alcohol Task Force, TURAS, LGBT+ Ireland, Sankalpa and The Snug. Thanks to the HSE National Social Inclusion Office – especially Nicki Killeen – for the Harm Reduction on Festivals content and for supporting the development of What's on the Street. Thanks to Gráinne Cousins and Louise Durand for their work on the RCSI research piece and to Dr Des Crowley for telling us all about the CAAH.

Special thanks to Anthony King and Nicholas Diez for sharing their experiences as Service User Representatives at their local Task Forces, to Todd Eimear and Rachel for sharing their stories with Chrysalis and to the peers from the Snug for also sharing their stories. Thanks to Niall Hickey for the artwork and to Gerry OG, Michael Dwyer and Christine Woods for the poems.

We are so grateful to the BYAP Craft group for creating the incredible cover artwork. Special mention to Ide McCarthy and Margaret Keenan for their talent and to Catriona Nally for making this possible. Finally, thanks to all our readers for the ongoing support!

# WELCOME BACK READERS!

Here we are again sharing another Brass Munkie summer edition with all of you.

We are delighted to be writing to you again.

First, we want to thank all of you for your kind words about our BM winter special. We put a lot of work into it and we are really glad you all liked it.

In line with the launch of our own Strategic Plan – Peer Partnership For Change – this edition is focused on peer partnership, participation and collaboration. A few months ago, we contacted services and task forces around the country, and we asked them how they involved peers and people with lived experience in decision making spaces and service delivery. We are so lucky that we got so many interesting features that represent the importance of peer participation at different levels – from the experience of peer involvement in service provision at the Matt Talbot Community Trust, the importance of peer volunteers to run initiatives at MPOWER as well as the key role that Service User Representatives play at a Task Force level with interviews with Anthony King and Nicholas Diez McKenna just to name a few.

We've also kept our staple features – Needle Exchange and Harm Reduction Supplies list, Harm Reduction information, Mental Health Supports,



Artwork by Niall Hickey

Naloxone Training update and more. As promised in the last edition, we also included a feature about our own Strategic Plan – that we launched back in July 2022 – and that will guide for all the work that UISCE will do in the next few years, some updates on the group work and outreach that we have been doing, and more!

A lot has happened since we published that issue. The amazing Caroline McElroy joined the UISCE team as the new Peer Support Worker in May. She has been an incredible addition to our team, and we are so happy to have her knowledge and expertise. However, we also have to say some goodbyes. María Otero Vázquez (who is writing these lines and feels

really weird about talking about herself in the third person) will be leaving UISCE this July after 6 incredible years. María has overseen the production of this magazine since 2016 and it is crazy to think that this is the last issue that she will be editing!

We are so happy about this issue and all the incredible work that UISCE will do with and for the community of people who use drugs in the upcoming months. We hope you enjoy reading this issue as much as we enjoyed putting it together!

**HAPPY READING!**

- María Otero Vázquez

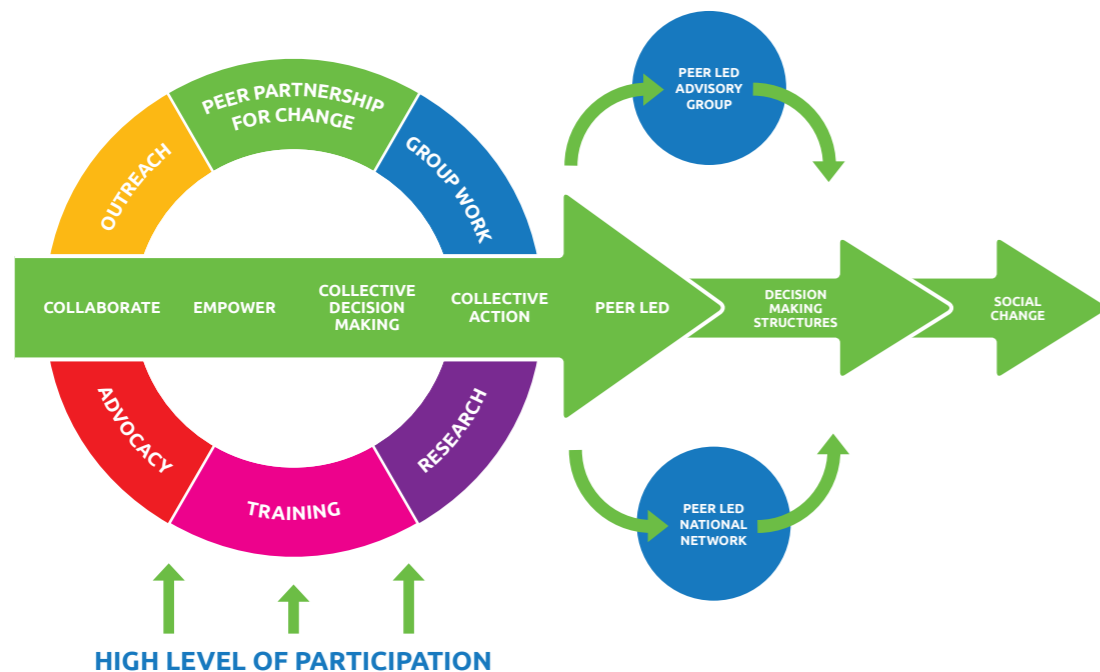
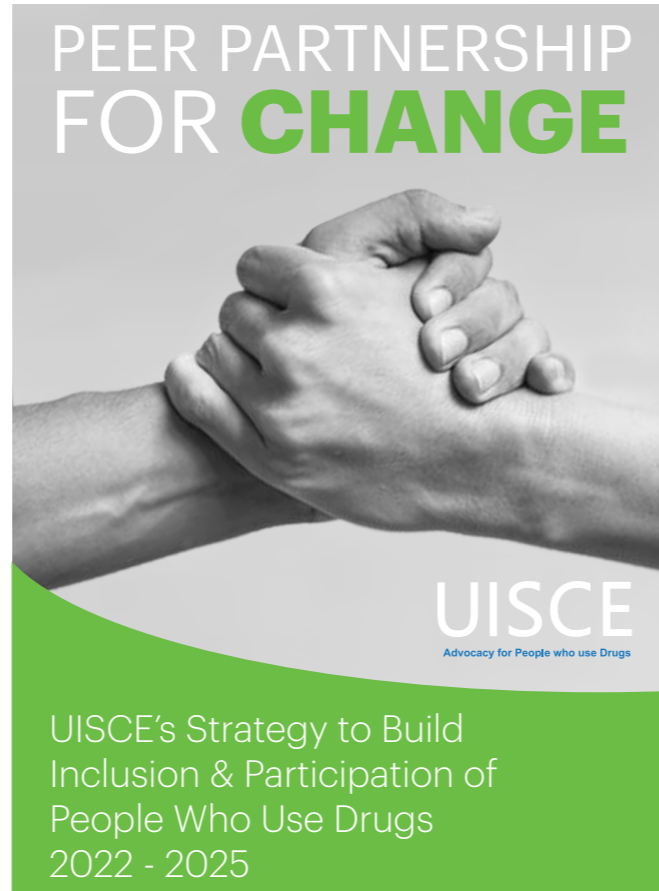
# PEER PARTNERSHIP FOR CHANGE

## UISCE STRATEGIC PLAN 2022-2025

On July 5th 2022, we launched our new Strategic Plan – Peer Partnership For Change. Over the last few months, we worked together with the UISCE team, stakeholders and the community of People who use Drugs to design and develop this document, which will guide all the work that the organisation will do to build Inclusion and participation of PWUD in the next 4 years.

The development of Peer Partnership For Change gave us a great opportunity to reflect on the incredible work that UISCE has historically done to support the community of PWUD in Ireland, as well as the chance to discuss what the priorities should be for the next few years.

A key element of Peer Partnership for Change is the recognition of the different opportunities for engagement with the community of PWUD that UISCE has through outreach, group work, advocacy, training, and research, highlighting the importance of moving forwards in the spectrum of participation towards the end goal of social change. New structures such as a Peer-led Advisory Group and a Peer-led National Network will be developed to support this goal of meaningful participation of the community of PWUD in relevant decision-making structures.



### Peer Partnership for change has 40 actions divided in 7 main goals:

- **Goal 1** To build a resilient organisation which promotes and develops a high level of participation, inclusion, and meaningful engagement with PWUD.
- **Goal 2** To continue to strengthen engagement with PWUD and relevant organisations locally, regionally and nationally.
- **Goal 3** To enhance and further develop our communications to challenge discrimination and stigmatisation and to foster a greater understanding of the rights of PWUD.
- **Goal 4** To maintain and further develop strong relationships with relevant services to ensure effective collaboration that seeks to address the inequalities experience by PWUD.
- **Goal 5** To promote a health led approach in partnership with PWUD and relevant stakeholders.
- **Goal 6** To continue to work with PWUD to promote and support the decriminalisation of drug use and the people who use them.
- **Goal 7** To develop the organisation of UISCE to ensure that the systems, policies, and structures in place are effective and capable of delivering on this Strategic Plan.



Niall Hickey, Jonathan Lynch and Gillian O'Donnell for sharing their stories and highlighting the importance of peer involvement during the launch event.

Finally, thanks to the community of people who use drugs in Ireland. We are looking forward to working with and for you to implement this strategy.

# ROADMAP TO ZERO HEPATITIS C PARTNERSHIP REPORT

Back in June, the Hepatitis C Partnership published its report – ROADMAP TO ZERO, a document that helps understanding the current care pathways for people living with Hepatitis C in Ireland.

This report is another great example of collaboration and partnership, since the RoadMap was informed by the experiences of medical professionals, pharmacists, project workers, NGO and community services, addiction services, health commissioners and, most importantly, people with lived experience of Hepatitis C. Contributions came from across the country in consideration of the core elements of the Hepatitis C Virus cascade of care. The main aim of RoadMap to Zero was to understand how Hepatitis C care currently works, how pathways can be clearer and more accessible and what can be done differently to improve care. Here we share some of the highlights from the report, including key recommendations to move towards Hepatitis C elimination.

## Did you know...?

The Hepatitis C Virus (HCV) is a major cause of liver disease worldwide; left untreated, approximately 70% of people infected with HCV will develop chronic infection, which can lead to the development of serious conditions such as liver cancer and cirrhosis. There are approximately 20,000 people in Ireland living with chronic Hepatitis C infection in Ireland; of these cases, many are undiagnosed. Over the last number of years, new treatment options for people living with HCV have become available, and **HCV can now be effectively treated over a course of 8-12 weeks with a 95% success rate.** These changes have greatly changed the landscape of how care can be provided. Where it was once largely the domain of specialist hospital settings, HCV is increasingly being treated in the community, with a focus on person-centred models that bring care closer to those living with HCV.

Given the emergence of new treatments and the serious downstream consequences for healthcare systems of leaving HCV untreated, there has been a significant drive across the world to eliminate HCV as a public health threat by 2030, championed by the World Health Organisation (WHO). Ireland has reported some success in reaching interim targets in this regard, but since early 2020, the Irish healthcare system has been severely tested in dealing with the COVID-19 pandemic – both

directly in the context of dealing with COVID itself, but also indirectly, in the context of dealing with the impact COVID has had on the care provision and pathways for other illnesses, and **recent research estimates that Ireland will not eliminate Hepatitis C until after 2050.** Over the next 10 years, it is estimated that the delay in testing and treating HCV globally arising from the impact of COVID will result in a significant rise in liver cancers and liver related deaths. Thus, it is vital that every effort is made to reach and support affected populations, and broaden accessibility to testing and treatment in the community.

## Barriers to access treatment

There are significant accessibility issues regarding HCV care, particularly outside Dublin – one person with lived experience noted having to travel across the country 'for everything'. We have linked capacity issues - we don't have the network we need to reach, test and treat everyone; we have unnecessary policy blockages which hinder patient access to Hepatitis C care; and we have the challenge of identifying a significant amount of people who are living with Hepatitis C in communities across Ireland, but are currently undiagnosed. These insights can help us frame practical actions that we can take to bring care closer to those who need it and to support the drive to find and treat affected people in Ireland.

## How can we improve Hepatitis C care?

# 1

### Understand the challenge region by region

First, there is a need to understand the challenge of addressing Hepatitis C on a regional basis. There are two recommendations in this regard:

1. Establish regional needs with regional experts
2. Set national and regional implementation plans

# 2

### Build pathways to support elimination in a sustainable way

Second, there is a need to simplify and support the system, such that everyone in Ireland living with Hepatitis C can access convenient, local care that works for them. There are three recommendations in this regard:

1. Unblock existing policy barriers, and set policy to enable elimination
2. Build a community based, nurse- and peer-led system to drive elimination
3. Ensure utility beyond Hepatitis C

# 3

### Drive Hepatitis C elimination

Finally, there is a need to undertake a focused drive towards eliminating Hepatitis C as a public health threat by 2030. There are two recommendations in this regard:

1. Find the 'missing thousands'
2. Focus on supporting good longer term outcomes

We believe this project offers a roadmap to strengthen HCV care across Ireland, utilising evidence-based insights to innovate on our journey to elimination. It is our hope that our recommendations provide support for the ongoing efforts of those working across the cascade of care, both on the frontline and at a policy level. We trust that this report contributes to conversations in this area and **further extends the beneficial role of people with lived experience in the provision of health care treatments.**



Lar Murphy, Nicola Perry and Neasa Hourigan

To learn more about the RoadMap visit [www.hepcpartnership.ie/roadmap-to-zero](http://www.hepcpartnership.ie/roadmap-to-zero)



Hep C Partnership team at the RoadMap to Zero report launch.

# MATT TALBOT COMMUNITY TRUST

*The Matt Talbot Community Trust is a Ballyfermot based service that focuses on peer engagement and inclusion of all activities and initiatives. We had a chat with the team about their service and how participants are involved.*

## Can you tell us a bit about your service?

The Matt Talbot Community Trust is a drug free community education programme endeavouring to create change from a grassroots level in Ballyfermot. We work to tackle the unique social issues that lead to problem drug use and involvement with the criminal justice system through the provision of a quality education system and structured, person-centred supports. In doing so, we run a Rehabilitation Community Employment Schemes for individuals in recovery from substance misuse. The programme also works closely and supports individuals who are, or have been, engaged in the criminal justice system supporting them reintegrate back into their communities.

## How are participants involved in the service activities?

There are many things that make our organisation unique and valuable, but what mostly makes us stand out is our Project Based Learning approach. We believe that learning by doing outweighs any other form of learning and our participants share this belief with us. At its core, Project Based Learning is an educational model whereby learners transcend their role of mere passive receivers of the information and become co-creators, reflectors and actors. As such, learners acquire new skills by using them in real life situations. Participants, therefore, tap into problem solving, creativity, critical thinking, team work, reflection and other similar indispensable skills.



## What do you think about the project-based approach to learning?

**K:** If it's hands on you're doing it, when you're finished doing it you know you're capable of doing it because you've done it.

**J:** I think project-based learning is a good mind set to get the body going and realise where you actually stand and that you can actually achieve it, you know, it's a challenge. In the theory, in the book, you only look at things, but with physical things you get stuck in and it's good to your confidence to know that you can do it. It's a difference between looking at it in a book and to actually doing it.



Matt Talbot Community Trust participants organising a wellness day in Ballinascorney.

## Can you tell us an example that shows the role that the participants have?

We strive to apply this unique approach to all of our learning experience and so far, we take pride in having devised projects imbued with this emancipatory philosophy that brought our participants in roles of researchers, mountaineers, storytellers, video makers, history guides, journalists and many more.

We are currently rolling out our 'Reconnect Project', funded by the Local Drug and Alcohol Task Force, whose objectives are to foster inter-agencies relationships and to promote health and wellness. The project consists in our organisation organising Wellness Days on our premises in Ballynascorney, where we will invite local agencies and groups to share a space of restoring our well-being and the lifestyle we promote.

Participants are in charge if carrying out the project, as they are divided into teams with specific roles. This means that they organise everything from preparing the food, managing the budget, contacting the agencies, coming up with activities and even carrying out risk assessments.

We support them in developing the necessary skills and we guide them throughout the process but the idea is for them to learn the skills and attitudes by doing, by having a real-life experience of a situation where they might be using these skills.

## Why do you think it's important that participants have an active role in service provision?

We believe that for participants to become empowered, independent and confident, they need to develop their individual agency. Playing an active part in the delivery and often the devising of the programmes means that they have ownership over their journey as learners and as citizens.

## How can people get involved with your service?

The easiest way for people to join is to email the assessment team at: [referralteam@matttalbot.org](mailto:referralteam@matttalbot.org) or contact us by phone at **085 765 0022**

We also invite you to check out our website for more info [www.mtct.ie](http://www.mtct.ie)



Local agency on a walk in Ballinascorney organised by participants in the MTCT.

## What do you feel about opportunities like these, where you actively participate in the organisation?

**K:** It's very empowering and great for your confidence.

You're capable of doing these things but when you come to an organisation like this you don't know, your confidence is knocked down because for whatever situations you came from, where if you're doing this you start seeing you're good at this, you're good at that, you start believing in you. So, it shows you that you are capable of doing these things where if people are doing stuff for you think you're relying on them. So, with a project-based learning approach you become more self sufficient.

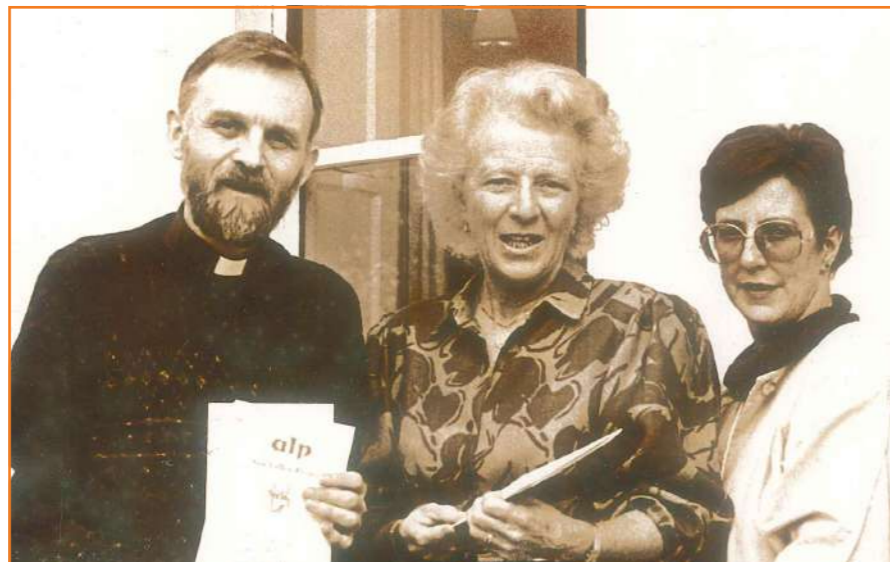
# 40 YEARS OF ANA LIFFEY LOOKING BACK TO THE BEGINNING

Ana Liffey Drug Project celebrates its 40th anniversary this year. Here the organisation shares with the BM readers an edited snippet on 'Developing an Alternative Model', from an unpublished report from December 1997 by Dr Matt Bowden entitled 'A report on the first fifteen years of the project':

In 1979 and 1980 a number of community workers in the north east inner-city of Dublin became aware of a growing heroin problem amongst young people. The north inner city area was itself undergoing a radical physical transformation with the demolition of the flats at Summerhill and Sean McDermott Street. The Ana Liffey Project had its beginnings in this context. The Project had two central founders: Frank Brady, a Jesuit priest who was living in a Jesuit community in the area and Mara de Lacy, a community worker who had previously worked in an organisation in London which had liaised with drug agencies.

Frank was requested, and given leave by his order's provincial, to make a contribution to the drug problem. For one year, Frank immersed himself in the drug issue by spending time living and working in two models for rehabilitating drug users. First, beginning in September 1981, he spent two months at Coolmine Therapeutic Community where he learned a great deal from the residents

there. Second, Frank spent time working in a Paris agency, Centre Medical Marmaton. This was a specialised non-opiate based detoxification hospital. The centre worked within a psychoanalytical framework: service users were provided with an intense experience. On the basis of this, it was assumed that they would see other possibilities in life and could begin to see other ways to live besides drug use.



L-R Frank Brady, S.J.; Mrs Maeve Hillary; and Mara de Lacy.

Mara de Lacy was working in a co-operative in the Sean McDermott Street area in 1979. Previously, she had become aware of the drug issue from her experience of working in London in the early 1970s. Her work in the north east inner-city brought her into contact with young people and their families. Mara and Frank Brady were then involved in a series of intense discussions which were focussed on seeking a way of working with people who

use drugs. It was gleaned from discussions with users, that they did not want to receive a service directly in their own neighbourhoods.

The project philosophy emerged as one which was guided by the idea that people who use drugs as people who are on a journey. Their behaviour or drug using would not be judged and whether a person was currently using drugs or had

no commitment to abstinence, was not a criterion for availing of support. A small number of volunteers joined Frank and Mara in providing the service while a wider team of skilled people were brought together including a youth worker and a psychiatric social worker whose purpose was to examine the problem in Dublin. In the very early days, the project ran with no funding and entirely on a voluntary basis.

After Frank Brady's return from Paris, energy was directed at setting up the project. A room and use of a phone was provided at the Pro Cathedral in autumn 1982. This proved unsuitable and the project was subsequently housed at 24 Upper Sherrard Street until the building was taken over by the Jesuit Centre for Faith and Justice.

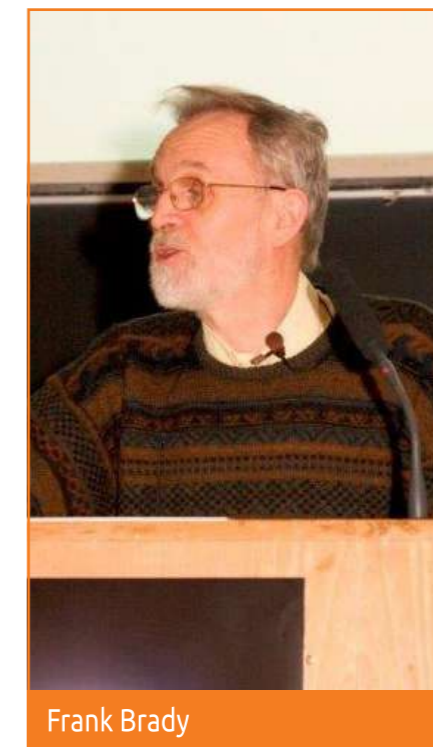
From the outset the project was conceived as a piece of action-oriented research as an early document points out:

*This project is being set up to research drug use in Dublin and at the same time to help both the drug user and his/her family in terms of positive interventions. The aim of the research is to find out more about the problem at street level while at the same time offering assistance as requested by the people directly concerned with drugs. It is hoped the research would assist in ascertaining the type of facility which would be most suited to helping the drug user end his/her dependency (Ana Liffey Project, 1982).*

Based on this, it is clear that the Project was departing from the status quo in that it recognised that it was not an expert and that it did not have the technical capability to make users drug free. It was assumed that users would best know the type of intervention which would suit them. Thus, the project was formed out of the user's definition of their needs and the combination of this with the experiences that the founders had in examining the validity of other models. The same document defined

the long-term objectives of the project which demonstrates the Project's commitment to the client-centered approach:

(a) To make positive interventions as appropriate in order to ensure a beneficial relationship between the workers and the drug users and their families. These interventions will include group-work, and counselling, referrals to other agencies and follow-up / support to both family and the user.



(b) To provide concrete options for new initiatives for drug work in Dublin. These options will be based on the research done and the team's experience with drug users and they will complement existing facilities (ibid).

In this context, from the outset, the agency was departing on a new way of working with people who use drugs. It is clear, that the Ana Liffey Project was breaking the orthodoxy

which had become to be established. It placed the client at the centre of the process and as such reintroduced humanistic principles into the helping process. This thrust the Project into the arena of 'harm reduction' at its earliest conception, as it was intent upon helping drug users find ways out of dependency rather than insisting upon total abstinence as the only goal. This amounted to a fundamental reconceptualisation of the nature of drug use and the way of working with people who use drugs.

The above snippet is part of a report on Ana Liffey Drug Project and its history at the point of their 15th anniversary; it highlights the central role that people who use drugs played in the development of Ana Liffey and their model of work. Many years later, Ana Liffey is celebrating its 40th anniversary – reminiscing on all the work of Ana Liffey that the project has developed and expanded in its lifetime...so far. Importantly, the organisation continues to deliver Low Threshold services that assist the people they work with to achieve their self-defined goals.



**ANA LIFFEY**  
DRUG PROJECT

For more information on  
Ana Liffey go to  
[www.aldp.ie](http://www.aldp.ie)

# INTERVIEW WITH NICHOLAS DIEZ MCKENNA



## CLONDALKIN DRUG AND ALCOHOL TASK FORCE SERVICE USER REP.



### What is a Service User Rep?

A service user representative is someone who has used the drug and alcohol services or addiction services either in the past or present and is volunteering or employed as a representative for service users to advocate on their behalf, as well as to provide the experience you have had as a service user to contribute to the organisation that you are working with.

It allows people with lived experience to contribute to organisations that are working people accessing addiction services. It allows services to combine theory with lived experience, which results in better outcomes, a more well-rounded and holistic approach. This benefits the lives of people accessing services as well as the organisations that might lack the lived experience. In my eyes, it is a way to give back to those who helped me during a difficult time in my life as well as helping peers with the knowledge and experience I have.

### What kind of work are you involved in as a Service User Rep?

I am a service user representative, volunteering for the Clondalkin Drug and Alcohol Task Force which has been extremely rewarding. During my time there I have been able to participate in meetings by sharing my lived experience with professionals to help other service users as well as shedding light on issues that organisations may not be aware of. I was honoured to part-take in research which was extremely rewarding as I was able to meet with and discuss fellow service users' experiences to better the community and their own services and organisations.

### Are you involved in any other peer-led work?

I also volunteer with UISCE who I have also done a lot of collaboration with and found it to be extremely rewarding. I am a trained Naloxone administrator, and I also did the "train the trainer" course so I can also teach other people about Naloxone and how to administer it. This has been one of the biggest highlights as I am now able to carry Naloxone with me and have been able to teach others how to respond to an opioid overdose. I have also contributed to UISCE's magazine by sharing my Dual Diagnosis story which is a topic

near and dear to my heart. This also overlapped with the Clondalkin Drug and Alcohol Task Force where I was able to use my dual diagnosis to help better services and share my experience for the greater good of the community. I have also been able to create ideas of projects, issues to highlight and attempting to train more people in specific areas in Naloxone and its administration.

Not only do I get to share my knowledge but by participating in projects and liaising with the professionals from organisations like UISCE and the Clondalkin Drug and Alcohol Task Force (CDATF), I have learned a lot also which in turn not only helps me but helps me be the best SU rep as I can be.

### What is your favourite part of being a SU rep?

My favourite part of being an SU rep is collaborating in projects knowing that what I am doing is going to help someone, as well as being given the opportunity to speak to other service users who have had different journeys. This not only helps me in my daily life but also helps me to advocate on their behalf on important issues and topics.

Most importantly, it has given me the privilege to be a listening ear for those who are struggling. When we are going through difficult periods in our life, often just having someone who will listen to what you have to say without judgement, can make your day, and day by day it will help you to recover, in whatever way you see fit and ultimately better your life. As an SU rep and a healthcare professional, the most important thing is caring for others and wanting to help others and being an SU rep allows me to do so, which is the biggest reward anyone can receive.



### Why is it important for people with lived experience to be involved in Drug and Alcohol Task Forces (DATFs)?

It is extremely important for DATF's to have those with lived experience on board in any capacity be it volunteering, employment or what have you. It ultimately combines both theory with experience which is the best form of education and knowledge anyone can get and in turn, it allows for the DATFs to improve the services throughout the community to support and help those that may not have a voice or be heard.

Being an SU rep or someone with lived experience involved with a task force allows the service users to have someone battling for them, someone who has had similar struggles to advocate on their behalf and to provide invaluable knowledge to help others. As I said before, lived experience combined with the theory is the best foot forward. Most people would agree that without the experience, the theory can only go so far and it takes lived experience to bring it to the next level of knowledge and information, which is ultimately what we use to operate on a day to day basis.

In my experience, it has only been when service users are given a voice that certain issues are addressed. If it wasn't for service users being given a voice and providing me with their experiences, I would not be able to relay the same information back to the task force.

### Does a Service User Rep need to have any education or qualifications?

The short answer is no. Being a service user representative does not require any education or qualifications as the information you will be using to work will be the experience you have lived through. In my case, having some education surrounding addiction or health has been beneficial. I have found my previous experience and education in healthcare to give me a better understanding of some of the medical aspects of addiction but that is just a bonus and the lived experience by itself is certainly enough.

## Do you need to be completely drug free to become a Service User Rep?

No, being an SU representative does not require you to be complete drug free or “in recovery”. The core embodiment of an SU rep is their lived experience of addiction. Ultimately, the person simply needs to be open to sharing their experience and working in collaboration with other people who may or may not have lived experience. Personally, while I do find that my own recovery process has helped, I would not class myself to be completely “recovered”, however everyone has their own definition of what being “in recovery” or being “recovered”.

## About the Clondalkin Drug and Alcohol Task Force

Since the late 1990’s the Clondalkin Drug & Alcohol Task Force (CDATF) has worked to reduce drug and alcohol-related harms to individuals, families, and the wider community by working in partnership with its community members and stakeholders on the coordination and delivery of services. The Clondalkin area has a long history of community development activities and the engagement of individuals, groups and organisations in activism and volunteering at community level.

One of the priorities of the CDATF is to build on and increase meaningful progression opportunities for those affected by drug and alcohol use, and to create more opportunities for improving collaboration between the Task Force and members of our community. We currently have operating in the community, a Service User Advocacy Group (SUDS), Community Reps Forum, and a number of peer-led Recovery initiatives – the Recovery Café run by the Clondalkin Addiction Support Programme (CASP) and the Clondalkin Recovery Choir. In 2021, we developed a Volunteer Service User Advocacy Representative position for one of the members of our community groups, and since joining the CDATF team, our Advocacy Rep has led on a ‘Service User’s Experience’ research piece which has directly informed our Strategic Plan Review, has organised Naloxone Administration Training with UISCE for the Addiction Studies class that operates in our area, and is an active member of the Treatment & Recovery Subgroup of the CDATF.

The CDATF welcomes and greatly values participation by its community members in the work and structures of the Task Force. This participation is fundamental to the values that underpin our local area strategy. **We feel privileged to have our Service User Representative on the team**, and we will continue to work alongside our community and create meaningful progression and recovery opportunities for those impacted by substance use.

# NALOXONE TRAINING UPDATE SUPPORT DON'T PUNISH

Here we are again, updating all of you about our all the work we’ve done for Overdose Response and Naloxone administration training in the first half of 2022.

This year we received tons of requests for Naloxone training from all around the country. Service providers, Task Forces, agencies, people who use drugs, family members and communities have shown more interest than ever in learning more about Overdose Response and Naloxone administration and we are so glad that the awareness about Naloxone is on the rise! Just in the first half of the year, we trained over 120 people and we supported 84 PWUD to get Naloxone kits.

We are still working with the Naloxone Implementation project team to ensure we are up to date with training recommendations and COVID19 guidelines (yes, COVID is still around!). We are currently working on our plans for International Overdose Awareness Day 2022 so mark your calendars for August 31st and keep an eye out!

This year, the world celebrated the 10th Global Day of Action and it was a resounding success. Thousands of people mobilised in at least 281 cities of 91 countries —adding to the campaign’s legacy of almost 1,800 activities organised in over 110 countries worldwide!

For our own celebration, we put together a couple of special Naloxone Training sessions supported by our Peer Support Worker and volunteers, and we focused on providing the training and awareness about the campaign to groups in Clondalkin and Dublin City. We were delighted that the Support. Don’t Punish Campaign covered the costs for the amazing T-shirts that you see on the pictures, as well as some other materials that we provided on the day.

We want to thank the incredible team from Support. Don’t Punish (especially Juan Fernández Ochoa) for the support and the team and peers from Clondalkin Tus Nua for welcoming us into their service with open arms.



María Otero and Caroline McElroy (front) with the Clondalkin team

This year we want to tell you a bit about the Naloxone Training sessions that we organised to mark Global Day of Action – June 26th for the Support Don’t Punish Campaign. This is a really important cause for us, because the Support. Don’t Punish Campaign raises awareness about the importance of decriminalisation of people who use drugs around the world and calls for a health approach instead of a punitive one to support the community of PWUD.



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

For more information on the Support. Don’t Punish Campaign visit [www.supportdontpunish.org](http://www.supportdontpunish.org)

For more information on Overdose Response and Naloxone Training email [info@myuisce.org](mailto:info@myuisce.org) or call 01 555 4693.

## Clondalkin Recovery Choir

EVERY TUESDAY  
8:00–9:00PM

A fun welcoming space for people in recovery or supporters of people in recovery.

To find out more or join in the fun phone 0860401375 or email [coordinator@cdatf.ie](mailto:coordinator@cdatf.ie)





# HSE HARM REDUCTION AT FESTIVALS

The HSE has launched a Harm Reduction campaign for People who use Drugs at music festivals that focuses on provided information on how to reduce risks as well as on-site support at several festivals this season.

This past May we were part of the team of volunteers at LIFE Festival in County Westmeath. To get ready for the event, all volunteers (including us!) attended a full day online training session lead by Nicki Killeen and Nicola Corrigan from the HSE National Social Inclusion Office with input from Sophie Ridley (Events Safety Coordinator), Dr Kevin Lally Consultant and UISCE's own María Otero Vázquez. The training focused on different substances used at festivals, harm reduction recommendations, overdose signs, symptoms and prevention and, what to expect from the festival. During the 3 days of LIFE Festival, we joined the team of volunteers at the information tent, as well as the outreach pairs to talk to festival goers about drug trends and harm-reduction practices and we worked closely with the medical team to ensure any drug emergencies were responded to quickly.

We had some cools materials to give out to festival goers – including amazing harm reduction information booklets, water bottles, bags, and lip balm (hydration is KEY!).



HSE volunteers at Life Festival



You can catch us at **INDIEPDEPENDENCE** (29th – 31st July) in County Cork and at **Electric Picnic** (4th – 6th September) Co Laois. You can find harm reduction staff in purple hi vis vests or at designated drug education tents. Follow @drugs.ie for more information.



## HSE's recommendations to have a SAFER Festival experience:

- Tell your friends if you decide to use drugs at the festival. Try to have one friend who doesn't use and be with people you trust.
- Start low and go slow, take a small test dose. Pace yourself by taking a small amount and leaving time between use can help you identify how you are reacting to the substance.
- Be in the know before you go: See the new HSE festival information on the latest trends.
- Keep cool and stay hydrated: Sip water but don't drink over a pint an hour as drinking too much water can be dangerous. Take breaks from dancing and give yourself time to cool down.
- Plan to take less. Your tolerance may have changed if you stopped using drugs for a while during COVID-19 restrictions.
- Medics are your mates: Don't be afraid to get help if you or a friend becomes unwell or feels suicidal after using drugs. Know the location of the medical tent at events and what you would do in case of an emergency. Be honest with medics about what was taken, they are there to help.
- Leave the mixing to the DJ: Avoid mixing drugs, including alcohol and prescription medication. This can increase your risk of becoming unwell or experiencing a drug emergency. MDMA could interact negatively with some medications such as antidepressants.

For more information go to [drugs.ie/festivals](https://drugs.ie/festivals) or contact [drugs.ie@hse.ie](mailto:drugs.ie@hse.ie)

# CHRYSALIS COMMUNITY DRUG PROJECT

## THE SERVICE FROM THE EYES OF THE SERVICE USERS

Chrysalis Community Drug Project provides services for people who use drugs and their family members. Their vision is to provide empowerment for service users to reach their full potential and access to the same opportunities as others, regardless of their substance use. Chrysalis works hard to deliver a safe, compassionate, and high-quality service to those who struggle with addiction within the local community. This service holds high importance in delivering person-centred care and believes in harm reduction

with therapeutic interventions to help better the lives of people struggling with addictions, and their family members.

The services seen within Chrysalis include case management, keyworking/care planning, addiction clinics, evening recovery, recovery coaching, addiction and generic counselling, and community detox support across Inner City Dublin

Heavy importance lies in having peer support through the

process of recovery, which is why Chrysalis provide peer led initiatives. This includes linking service users with recovery coaches and peer led recovery groups on a weekly basis. The collaboration between the community, peers, and professionals shows high success in terms of recovery for the service users. The first-hand experiences told by three service users in Chrysalis will explain their journey with the organisation and how the tools and guidance they received play a role in their everyday lives.



Chrysalis Team

### Todd's story

"My name is Todd and I have been a service user of Chrysalis since 2019. For years people have pushed me to join a service to help with my drug addiction, but the more I was pushed the more anger I felt about the whole situation. Growing up I witnessed my father fall into the struggle of alcoholism. Reflecting one day on my upbringing, I realised I needed to change the cycle and not have my own children experience what I had to with my own father. This motivation brought me to many different services, but I found support like no other in Chrysalis Community Drug Project.

The services I received in Chrysalis involved me with one-to-one counselling and the peer led aftercare groups on a weekly basis. Just like everyone else who deals with addiction, my journey to recovery was not linear. At the two-month mark of my journey to becoming clean and recovery, I left Chrysalis. I did not expect someone to check up on me, because in most services they usually don't follow up. I was surprised and blessed with the counsellor I was assigned with, because even after leaving Chrysalis I had continuous support from them. Without that one person looking out for me and checking in daily, I don't know where I would be now.

Chrysalis has helped me gain so much for myself, their support and guidance gave me my life back. The changes brought into my life from the aid of the organisation have allowed me to

do things I couldn't enjoy before recovery. Christmas 2021 was the first Christmas I felt present with my family.

The quality time I had with my own children is the goal I first set when walking through the doors of Chrysalis. The service has also helped me with other personal goals, like building up my confidence. Before attending the group meetings, and even for the first while in the sessions, I could not talk in any sort of crowd. My self-confidence was extremely low and my ability to talk was heavily affected by that. Over time, I was pushed by my counsellor to open to the group. The support I received from them has been tremendous for my overall confidence. Even today, I can talk to the small groups openly and have a better understanding of choosing my words when I speak.

I have learned so many ways to better myself and my life that I only want to encourage others who are like me. My brother and I experienced the same childhood, seeing our father struggle with alcoholism. I can't keep pushing my brother towards recovery, because like me it doesn't help. While it is hard not seeing my brother, I can only lead by example and put my recovery first as I have learned through Chrysalis. While

I no longer need the one-to-one counselling session, I still reach my personal goals through the peer led aftercare groups. What I love most about these groups is how much respect is given and received, and how confidentiality is the number one priority. It is because of that that I felt at ease to open up about my story and to relive what was going on for me at the time. I religiously attend the meetings on a Thursday evening and always look forward to them. I now view the groups as my source of counselling, to let off what is on my chest and to be an active listener for others like me.

From starting my recovery in May 2019 and continuing the service of Chrysalis, I am only growing as a person. Being 38 months clean, I have beaten the cycle of addiction and see myself as the father I always wanted to be for my children. I have my own job, my own hobbies like fishing, and I am smashing my personal goals, such as managing a football team. I can say whole-heartedly that my life has changed for the better and my confidence is building up and up with me. My recovery will always be an on-going process, and while I know people will say 'it's down to you', I would not be where I am without the amazing support from Chrysalis."



## Eimear's story

"My name is Eimear and I have been attending Chrysalis over the past 13 and ½ years. When I was first introduced to Chrysalis, I was still actively using drugs, but I was still welcomed in to begin my recovery. After dealing with addiction for 35 years, I was told of Chrysalis and wanted to make a change. I felt lost and confused and when walking through the doors for the first time, I was very reluctant to begin treatment. I was first introduced to my counsellor, who I cannot thank enough for the work he put in with me. I arrived feeling heavy anger and as if I couldn't trust anyone. The first 12 months into my recovery were the toughest ones by far. I was still in my addiction and held a lot of emotions. It was difficult transitioning from isolating myself to opening to the counsellor as well as strangers in the peer support groups. Seeing it in myself and others around me, Chrysalis helped me come out of my shell. They brought me back into reality, and initially I was very nervous because I never knew how to deal with responsibility before. But the guidance and strength passed over from Chrysalis have shaped me into the person I stand as now. I don't know where I would be without them. I was able to easily find a routine, as I made it a priority early in to attend the Tuesday and Thursday peer support groups. Before COVID-19, these group meetings were more than just talks with people experiencing similar struggles. These meetings began with such a welcoming presence and held strongly to

having that community spirit. Attending these meetings gave me guidance and support I have never received before. They pushed my motivation, along with my counsellor, to go forward with my treatment and to progress into my recovery from my addiction. Another aspect that stuck out to me was the element of respect. Respect for me is only given when I feel it's given to me, so that has always been a key element for me throughout my journey.



Even at the beginning of my treatment, I was still active and yet I held the same respect as a person who was clean. The non-judgementalism of Chrysalis allows for such an open and honest space. This is seen right through all the staff and service users. However, it wasn't until I became clean myself that I could see life from a whole new perspective. I slowly came out of my shell and could see how others began too as well. The rule of 'what's aid here stays here' is of the upmost regard and importance for all service users and staff, which is how the respect level is so successful.

Through Chrysalis I was given a new lifeline, the work put in from this organisation has allowed me to become not only clean from drug use, but progress massive leaps into my recovery. So much so that I am

on the road to giving back the knowledge I have learned. A great emphasis in this service is feeding on the knowledge of the people who come behind you. We have all felt the dread of the assessments and the first meetings and sessions, so we can all empathize with newcomers. I have never heard of someone though come into Chrysalis and not feel welcomed, in a safe and peaceful environment, to let go and relief of what is on their minds. I would even recommend Chrysalis to my worst enemy.

Everyone's process of recovery is different, but we are not treated differently because of it. We have all learned to take one day at a time and are taught healthy coping mechanisms. The stable and calm environment of Chrysalis opens the room to have honest and real conversations between people, whether that's in the one-to-one counselling sessions or in the peer support meetings. I am incredibly grateful that I had the opportunity to turn my life around, which is made possible from the help and guidance I received from Chrysalis. This has motivated me to give back to the community, and I only ever want to spread the word of the work done by Chrysalis for the vulnerable people in the community. I have the upmost respect for those a part of Chrysalis and have found my voice and the ability to be comfortable in my own skin. Recovery is always an on-going process, but I hold it to such importance and always know that the evergreen support of Chrysalis is standing no matter how long I have been in recovery"

## Rachel's story

"My name is Rachel, I am 56 years old and due to the help of Chrysalis, I am one year clean from my drug addiction. While I am Irish, I previously lived in England during my addiction. Over there, I was very much isolated and only had the company of my ex-partner and my daughter. The toxicity of the house pushed me to want to be clean. I finally had the chance to move back to Ireland, and through the aid of Chrysalis I began my journey of recovery. First arriving to Ireland, I lived in homeless accommodation. It was through my nephew, who has been 18 years clean, that introduced me to Chrysalis and their counsellors. I knew I always had the ability to become clean, I am a very strong-minded person. However, I needed guidance to be more than clean, I wanted to recover from my addiction.

I began linking in with my counsellor and Chrysalis, as well as my day programme during the heavy lockdown in 2021. My recovery did not start off ideally, as I am a more active person, especially in terms of my recovery. All my one-to-one counselling sessions and meetings had to take place over Zoom. I did not mind this as much, but the accommodation I had in the hostels was not suited for this. At the time, I shared a room with 4 other younger girls, who were heavily active in their substance use. Physically, the interruptions of the loudness from the roommates were really disruptive for my meetings, and I even struggled to sleep at night. Mentally, surrounding myself with these girls did not aid me in

any way with my recovery, they only had me at a standstill. It was only through the dedication and hard work of my counsellor who was able to find a solution to this problem, moving me to my own room in a hostel in Maple House. This change gave me such benefit, as I had my own space for my meetings, and I was able to focus on myself and be progressive in my treatment. This was one of the first lessons I needed to learn in order to succeed in recovering: to cut our people/places/things that are negative for me, especially in relation to substance use.

I had to quickly apply this lesson with my partner at the time and my daughter. They were both active in substance misuse and for my recovery, I had to be selfish and focus on me. With my daughter, I brought her with me to Ireland around Christmas 2020. However, I learned quickly I needed to place boundaries for myself in order to keep myself safe and on track with treatment. Looking at how I have progressed now, my daughter has said to me that she has 'never seen me so happy.' I was able to reassure her that to change is never too late. I know that the motivation she is finding now to get clean is from seeing how far I have grown, and I am so full at the thought of being her inspiration to recover. She is now 4 weeks on methadone, which is a key step in the right direction. My wish is to guide her, with the right services in place as well, towards recovery just like Chrysalis done for me. Chrysalis has given me a second chance in life, of a higher quality too. The advocacy I have gained in order to reach opportunities I did not have is amazing. I have enrolled in a course for people

with dyslexia, as a steppingstone into the course I want; being to learn about addictions and social care. I know I have the will, but I needed the helping hand of Chrysalis to push me forward with treatment. I am also so blessed to see myself rent my own apartment, showing how far I have come from arriving in Ireland only a year ago and having to share a room in a hostel. The respect and motivation Chrysalis gave me has pushed me to be clean and active in my recovery. I also enjoyed and still attend the weekly meetings, to reflect on my own struggles and to actively listen to someone else. I have come to the stage of my recovery where I want to give back and pass on the knowledge that I received on my first arrival. A key learning from Chrysalis is structure, and how having a routine can make me more stable and willing to push through each and every day. We know as addicts taking one day at a time, and in only a year I would not have believed I would be standing in the position I am at now.

I have recommended Chrysalis to my daughter, and I have full trust and faith that she will come out of treatment better than ever. Like me, I know she will not feel alone, she will feel acceptance, recover patience, be heard, and respected as the individual she is. I can only advise her to go to the meetings and to really dive into becoming clean, and to progress her life how she wants to live it. Chrysalis has been the only form of treatment I have received from my drug addiction, and I would not have changed a thing, because it has pushed me to be the best version of myself as I stand as today."

# MPOWER PROGRAMME

The MPOWER Programme at HIV Ireland looks to empower gay and bisexual men with sex-positive, judgement-free and harm-reduction based responses to our sexual health and wellbeing needs. Our services include Rapid HIV testing in community spaces in Dublin city, SelfTests for HIV posted out to anywhere in Ireland, a team of outreach workers who are members of the community themselves and provide resources relating to HIV and STIs, amongst other elements of work such as advocacy and research. A cornerstone of our work is that we see sexual health not just as the absence of infections, but as enjoying the kind of sex you are having and providing as many services as possible with the least number of barriers. While many of the services are provided by the

MPOWER Outreach Team, the rapid HIV testing service could not operate without the incredible team of passionate and dedicated volunteers.

The MPOWER rapid HIV testing service has been running in Dublin city for over six years now (having been known previously as KnowNow). The test takes a small sample of blood from a fingertip, providing a result within 60 seconds, and can be provided by trained individuals outside of clinical settings. Being able to bring this type of testing into community spaces has been such an important tool for HIV testing. It allows people who cannot (or do not want to) access clinical services an alternative way to test, while also helping tackle stigma around testing by make it as transparent and easily accessible as possible. One

volunteer said *'Working with other volunteers also taught me a lot, learning from my peers' experiences. While the person is looking for a test, and we do that, I am always committed to leave the user with slightly more knowledge than what they arrived with.'* Given the size of the city and the number of community venues therein, to keep this running consistently we need people involved. Gay and bisexual men from a variety of backgrounds and levels of knowledge jump at the chance to get involved. We have been able to train up new groups of volunteers with the programme once or twice a year since it started in 2016.

It is a testament to the spirit and heart of the community, and the volunteers themselves, that we continue to see huge numbers of applications come



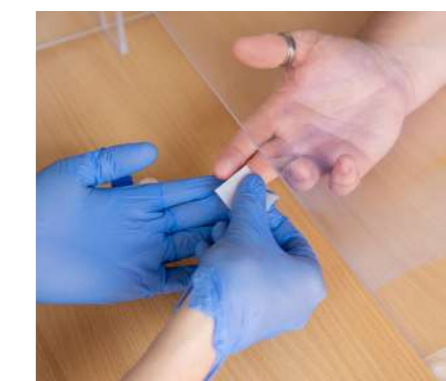
MPOWER volunteers maintained access to the rapid HIV testing service throughout the pandemic.

through. Even during the two years of the Covid-19 pandemic we took in several new groups of volunteers, some who did the training over zoom calls and then in smaller groups in-person when restrictions enabled us to do so. Volunteers are trained on a range of skills, from practical aspects of how to use the kit, to more experiential aspects such as delivering the result of the test. The care, compassion and generous energy that the volunteers already have, alongside these skills, allow people to access testing in the spaces they are most comfortable in. As volunteers are members of the community too, there is an existing level of understanding that the person sitting opposite you can understand or empathise. The service provides a culturally competent place for members of the community to go and access a test. By that I mean

somewhere you can discuss the kind of sex you are having, the spaces in which you have it among other potential elements such as chemsex. It can often be a touchpoint for a conversation around sex itself – Sometimes people want more information on where to access further services, or where to get information on PrEP, PEP, U=U, chemo use, where to get free condoms and lube etc. or just to talk openly about sex without any fear of judgement. Another volunteer said *'Volunteering has exposed me to people I would ordinarily not have the fortune of meeting. I would not have had the pleasure of being exposed to the true diversity of this community in its fullest and its many bright and beautiful characters'*.

Some volunteers have been involved since day one, others have joined along the way.

However, they often say similar things regarding this particular volunteering experience - *'Many times over the years, an emotional service user has wanted to hug me or shake my hand at the end of the test. Those moments of connection are always so powerful and emotional for me (and many other volunteers say the same) as it is a reminder to never become blasé about what we are doing'*.



Rapid HIV testing requires a small sample of blood from a finger-prick.



New intake of MPOWER volunteers receiving training online during COVID-19 pandemic.

- To contact MPOWER directly: [mpower@hivireland.ie](mailto:mpower@hivireland.ie)
- To apply to volunteer with MPOWER: <https://mpower.hivireland.ie/volunteer/>
- Info on when and where we test: <https://mpower.hivireland.ie/rapid-test/>
- Sex Party First Aid Guide: <https://mpower.hivireland.ie/sex-and-drugs/>
- Info on SelfTests with MPOWER: <https://mpower.hivireland.ie/self-test-about/>
- To contact Davy directly: [davy.quinlivan@hivireland.ie](mailto:davy.quinlivan@hivireland.ie)
- To contact Adam, the MPOWER programme manager: [adam.shanley@hivireland.ie](mailto:adam.shanley@hivireland.ie)

# NEEDLE EXCHANGE & HARM REDUCTION SUPPLIES

**DUBLIN 1**  
**Summerhill Hub**  
 Tues 2pm-4.30pm  
 01 876 5200

**North Strand Health Centre**  
 Fri 2pm-4.30pm  
 (01) 707 2300

**Dublin Simon Outreach**  
 Mon-Fri 8.30pm - 10.30pm  
 Sat 10am - 10:30pm  
 Sun 4pm - 10.30pm  
 01 872 0185

**Ana Liffey Drug**  
 Tues & Thursday mornings at Granby Clinic  
 Vanaliffey (Mobile Service)  
 Tues & Thurs Afternoons, all day Friday  
 087 712 7059

**DUBLIN 2**  
**HSE Outreach**  
 Thurs 10am-12pm  
 Loretta 086 604 1013  
 Clodagh 086 604 1029  
 Call for out of hours

**Coolmine House – 19 Lord Edward St**  
 Thursdays 11am-12pm  
 Loretta 086 604 1013  
 Clodagh 086 604 1029

**DUBLIN 5**  
**Kilbarrack Health Centre**  
 Mondays (except BH) 2:15pm-4:30pm  
 John 086 605 7181

**DUBLIN 7**  
**HSE Outreach**  
 Pam Whelan 086 605 7205

**DUBLIN 8**  
**MQI Riverbank**  
 Mon-Fri 8am-9pm  
 Sun 9am-1pm  
 01 524 0160

**DUBLIN 9**  
**Ballymun Healthcare Facility (entrance Shangan Road)**  
 Tues 6pm-8:30pm  
 Robert 087 967 6304

**DUBLIN 10**  
**Ballyfermot Advance Project**  
 Mon-Fri 9:30-1pm, 2pm-5pm  
 01 623 8001  
 Outreach for the same hours for people who can't access static – 087 4319921  
 Out of hours NSP team - 3 evenings per week (vary each week) – 087 361 8422

**DUBLIN 11**  
**Wellmount Primary Care Centre (Finglas)**  
 Mon 2pm – 4:30pm  
 01 856 7700

**Ballymun Youth Action Project (BYAP)**  
 Mon-Fri 10am-1pm, 2-5pm  
 01 846 7900 \*Pipes only\*

**DUBLIN 12**  
**Inchicore/Crumlin/Rialto HSE Outreach**  
 Mon 11am-4pm  
 Derek/Paul 086 604 1014

**DUBLIN 13**  
**HSE Outreach**  
 Mon-Fri 9am-5pm  
 John Kelly 086 605 7181

**DUBLIN 15**  
**Corduff Primary Care Centre Blanchardstown**  
 Thurs 5pm-7pm  
 Catriona 086 854 3770

**HSE 37a Coolmine Industrial Estate**  
 Monday and Friday 11am –1pm  
 Catriona 086 854 3770

**DUBLIN 17**  
**Darndale Needle Exchange Belcamp Lane**  
 Thurs 2pm-4pm  
 01 848 8951

**DUBLIN 18**  
**HSE Dun Laoghaire**  
 Mobile service Tues 10am-4pm  
 Serves the greater Dun Laoghaire area – Sandyford, Shankill etc.  
 Marlina 086 605 7149

**DUBLIN 22**  
**CASP**  
 Just after the Fonthill retail park, big green and white building  
 Monday-Friday 9.30am-1pm, 2pm-3pm  
 01 616 6750

**Clondalkin Tus Nua New Nangor Rd**  
 Mon 10am-12pm, 2pm – 4pm  
 Tues, Weds, Thurs 2pm - 4pm  
 Fri 10am-12pm, 2pm-3pm  
 01 457 2938

**Clondalkin/Lucan Clinic CLAC, St Lomans Rd**  
 Monday – Friday 9am-5pm  
 Peter Homen 087 798 0175

**DUBLIN 24**  
**HSE Outreach –**  
 Mon-Fri 9am-5pm  
 Nicola 086 806 5014  
 Debbie 086 859 0733

**St. Aengus Centre, Castletymon, Tymon North, Tallaght**  
 Monday - Friday 10am-2pm  
 Mick 087 286 5570 (can contact out hours/emergency)

**JADD, Jobstown, Tallaght**  
 Monday – Fri 9am-5pm  
 Sat & Sun – 9:30am-11:30am  
 085 781 6183 / 01 459 7756

**CARP Killinarden CLG Tallaght**  
 Two buildings up from Killinarden Pub  
 Mon – Fri 9am-4:30pm  
 01 462 6082

**NORTH COUNTY DUBLIN Harm Reduction Health Promotion Van**  
*Confidential Mobile Service serving: Skerries, Lusk, Rush, Balbriggan, Baldoyle, Sutton, Howth, Swords.*  
 Call between Mon - Fri 9am-5pm  
 John Kelly Outreach 086 605 7181  
 Catriona Brady 086 854 3770

*The Pharmacy Needle Exchange Programme is carried out in more than 100 pharmacies nationwide. Community pharmacy-based needle exchange allows patients to pick up sterile injecting equipment and return used items. Patients can identify pharmacies taking part by the international needle exchange logo on their shopfronts.*



**CARLOW ARDU**  
 Mon - Fri 9am – 5pm  
 059 917 8050 // 1890 464 600

**CORK**  
**Cork City Outreach**  
 Mon - Fri 9am – 5pm  
 Frank Horgan 086 025 5410

**KILDARE**  
**ARAS HSE Outreach Main St, Newbridge**  
 Tues 11am-1pm, Thurs 2pm-4pm  
 045 488 670 / 045 446 350  
*Outside of hours:*  
 Suzanne 086 8065013  
 Wynne 087 617 2517 //  
 Des 086 6041015

**KILKENNY ARDU**  
 Mon - Fri 9am – 5pm  
 056 778 4638 / 1890 464 600

**LAOIS**  
**MQI Outreach**  
 Barry 087 292 5727

**LIMERICK**  
**ALDP Mid-West Assertive Outreach Team**  
 Mon - Fri 9:30am-5:30pm  
 NSP: 085 871 0983 //  
 Rachel: 085 155 9158  
 Barry: 085 768 5522 //  
 Pat: 085 143 6981  
 Nicole: 085 155 9158 //  
 Tris: 085 753 7073

**LONGFORD**  
**MQI Outreach**  
 Mon-Fri 8:45-5:15pm  
 Derek 086 411 3628

**OFFALY**  
**MQI Outreach**  
 Mon - Fri 8:45am-5:15pm  
 Lauren 087 914 8782

**WATERFORD**  
**St. Otteran's Hospital John's Hill**  
 Mon-Fri 9am – 5pm  
 051 848 658

**WESTMEATH**  
**MQI Outreach**  
 Mon - Fri 8:45am-5:15pm  
 Angela 087 915 0329

**WEXFORD**  
**HSE Substance Misuse Team – St. John's Hospital –**  
 Appointment based  
 Claire 053 925 9825

**WICKLOW**  
**HSE Arklow Addiction Centre**  
 9a Upper Main Street, Arklow  
 Call Mon-Friday 9am-5pm  
 Sean 086 859 0734 -  
 Appointment based

**Bray Community Addiction Team**  
 37 Beechwood Close, Boghall Road, Bray  
 Mon - Fri, 9am – 5pm  
 01 276 4692

**Bray Mobile**  
 Mon-Friday 10am – 5pm  
 Sean 086 605 7150

*These locations have been confirmed as of July 2022 by UISCE. To be added to this mailing list or for updates or corrections please contact info@myuisce.org.*

# RESEARCH ON OAT PROVISION DURING COVID 19

*“As you know, we are involved in a lot of different research opportunities. Recently, we worked with the HSE, the RCSI and other partners in a study that looked into what peers and professionals thought about the changes in OAT provision (methadone and suboxone) that were implemented because of COVID19. Here you can read more about the study, how people who use drugs got involved, and what the main conclusions and recommendations were!”*

## Consensus recommendations for the continued and safe delivery of Opioid Agonist Treatment (OAT) throughout and beyond COVID-19

The most effective treatment for a person who is dependent on heroin, or other opioids, is opioid agonist treatment (OAT) (methadone or suboxone). Most people who are prescribed methadone or suboxone attend a specialist outpatient addiction service, which often involves the person attending the addiction clinic daily, or several times a week to receive their medication. Others attend a GP for their prescription, which they take to their community pharmacy to receive their medication. In the early months of 2020, there was real concern that the public health measures introduced to reduce the spread of COVID-19 (e.g. lockdowns, social distancing, self-isolation, closure of non-essential services etc.) would make it difficult for people to access their treatment. It was feared that interruptions to treatment, combined with changes in the availability, price and potency of illicit drugs, would lead to changes in drug consumption habits resulting in increased overdose risk.

In response to these challenges, drug treatment services in Ireland had to quickly change how they operated to make sure that people who were not already in treatment could access treatment without delay, and that those in treatment would continue to receive care. The changes introduced were recorded in a number of documents, called Contingency Guidelines. Some examples of these changes included: an increase in the use of telephone or video consultations (instead

of face-to-face); rapid assessment; rapid access to treatment, particularly for those who were homeless; increased access to suboxone; provision of take-away methadone or suboxone doses when clinically appropriate; deliveries of essential medicines when a person had to self-isolate due to COVID-19; increased access to naloxone; and electronic transfer of prescriptions from doctors to pharmacists.

### What was the aim of the study?

It was increasingly suggested that many of the changes introduced during the pandemic could, and should, be maintained beyond COVID-19. Our study wanted to reach an agreement between people in treatment (on methadone or suboxone), psychiatrists, general practitioners, community pharmacists, a nurse, a psychologist and support/key workers on what a quality OAT drug treatment service should look like.

### How did this work?

We used what is called a Delphi consensus technique. This method involves presenting people with a number of statements and asking people if they think this statement reflects what a quality OAT drug treatment service should look like. For example, people were asked if they

agree with the following: “People starting on OAT should be supported to make a fully informed choice between Methadone and Buprenorphine (Suboxone/Subutex), if both drugs are considered clinically suitable for that person”. This method allows us to then combine everyone’s opinion and identify where people agree about what a quality OAT drug treatment service should look like.

In this research, it was important to include the voice of people in treatment. Peer/key workers from UISCE and MQI were involved to support those who wished so.

### What did we find?

We found agreement for 32 recommendations, relating to 8 key areas: assessment, treatment initiation, stabilisation and maintenance, drug testing, take-away doses, care plans, overdose prevention and other.

Here are a few examples where agreement was reached:

- Rapid and safe access to treatment with minimal waiting time,
- Possibility of remote assessments/ consultations while maintaining some face to face appointments, during initiation, stabilisation and maintenance
- Access to outreach support while on waiting list,
- Support to an informed choice between methadone and buprenorphine by the person on OAT where clinically appropriate,
- Development of a personal care plan and treatment goals with regular reviews involving key worker, case manager and doctor,
- Access to Naloxone and Naloxone training for all people on OAT.

The people involved in the study did not reach agreement regarding how often urine screening should take place, or on the best dose of methadone or buprenorphine.

### What now?

Now, we know a little bit more about how various groups (including people accessing OAT, psychiatrists, general practitioners, community pharmacists, nurses, psychologists and support/key workers) agree on what a quality OAT service should look like in Ireland

These results will be published in a peer-reviewed scientific journal and will be sent to different committees (HSE and department of Health). They will help to inform future healthcare policies and service provision in Ireland.

*Thanks to all participants, and support workers involved!*



# RCSI

*This research was led by the RCSI in collaboration with the HSE National Social Inclusion Office, and UISCE and was funded by the Health Research Board under the Research Collaborative in Quality and Patient Safety (RCQPS).*

**If you want to get involved in future research opportunities, call UISCE 01 555 4693 or email [info@myuisce.org](mailto:info@myuisce.org).**

# WHAT'S ON THE STREET???

## 2CB

Hallucinogenic similar to LSD and MDMA.

### HARM REDUCTION for 2C-B:

- **DOSING:** Remember to start low and go slow. Some pills may be much stronger than others.
- **CONTENTS:** In other European contents they have found new psychoactive substances (NPS) in 2C-B pills (no 2C-B was found). While this alert applies to the Netherlands and not an Irish context, it is a reminder of the risks associated with 2C-B such as other more potent substances emerging.
- **SETTING and MOOD:** The set and setting is important. This family of drugs can have different effects for people at different times. The effects are dose dependent, but this can be difficult without knowing the contents and purity of the substance. If you're feeling worried/anxious/depressed or you're not in a nice environment it's best to save your drugs for another day when you're more likely to have a fun experience. If you have bad trip, remind yourself that the effects will wear off soon.
- **SNORTING:** 2C-B is incredibly painful and damaging to your nose, it can cause immediate nosebleeds. Best to consume by swallowing.
- **WATER:** 2C-B has some stimulant properties so make sure you hydrate!



2CB

All individual sample images have been sourced from WEDINOS, which is a Welsh drug testing service. Although this is important information to share, these are not Irish samples so they may not represent the Irish context

## SUMMER 2022

## CATHINONES IN PILLS

Pills being sold as MDMA are being tested positive for synthetic and non-synthetic cathinones (aka bath salts, snow blow, khat, etc.). Cathinones produce strong short-acting stimulant effects but less 'empathogenic' (less calm feeling) compared to MDMA. They also higher risk for feelings of increased paranoia, insomnia, and anxiety.



Eutylone (MDMA)

The different types of cathinones that have been detected include, but aren't limited to:

- **EUTYLONE (bk-EBDP)**
- **3-MMC – similar to mephedrone, 'magic'**
- **4-CMC**
- **Pentylone (N-Ethylpentylone)**

### HARM REDUCTION for Cathinones:

- Eat something before taking & stay hydrated
- **START LOW, GO SLOW:** we don't know what's in the pills we buy because we don't yet have access to public drug checking. If it's a new dealer or a pill off a friend, try a little bit first, and wait 45 minutes - 2 hours before redosing.
- Increased mental health concerns could be due to the CATHINONES. Even a day or two after. Reach out to someone for help. You don't have to disclose what you've taken but it's always better if you do.
- Mixing can increase the effects and be higher risk for overamping or overdose.
- Give yourself space if you start to feel overwhelmed. Try taking deep breaths and focusing on 5 things you can hear, see, smell (grounding exercise).

## MDMA

MDMA is the shortened chemical name for the synthetic psychoactive drug 3,4-methylenedioxymethamphetamine, also known as 'ecstasy'. Based on EU data, MDMA tablets now contain higher levels of the drug compared the past.

The Loop tested in their pop up lab at PARKLIFE Festival (Manchester, UK) found that ~1/10 of products sold as MDMA currently contain no MDMA. In 2021, 45% of "MDMA" samples tested contained no MDMA drugs tested.

| Year | Avg. Pill Strength | Range* (in mg) | MDMA products with no MDMA |
|------|--------------------|----------------|----------------------------|
| '19  | 194 mg             | 74-320         | 7%                         |
| '21  | 157 mg             | 70-287         | 45%                        |
| '22  | 167 mg             | 58-271         | 11%                        |

Source: The Loop \* Excluding outliers (under 1% and over 99% percentile)

**The Loop UK report on MDMA samples**



New MDMA pills at LIFEPARK Festival - Manchester, UK (June 2022)

## PREGABALIN AKA LYRICA

### HARM REDUCTION for Pregabalin:

- **DOSING:** Someone who has no tolerance will achieve a mild buzz from 25-75mg orally, using more can be unpleasant and dangerous. Capsules can be opened up for more accuracy when dosing. Keep parts of the capsule so you can put unused powder back in it or later use. Overdoses have been reported from doses at and above 600mg.
- **REMEMBER** – Due to the shift from medical to "street" products on the tablet market, we can't be sure of the contents or purity. Always **start low** and go slow.
- **TIME TO EFFECT:** Swallowed Pregabalin is active in the body for at least 12 hours. Wait 2 hours before redosing! This will allow the peak effects to taper off.
- **MIXING:** Using any benzodiazepine, any opioid or alcohol together with Pregabalin increases the risk of accidental overdose. Use less of each substance if mixing and be mindful of your tolerance with each one.
- **COME DOWN:** Using Pregabalin to help with a comedown from stimulants (like speed, crack, meth, etc) can be risky. For example taking stimulants, then diazepam and Pregabalin. Cannabis is a safer comedown drug, but obviously not totally risk free.
- **DON'T STOP SUDDENLY, TAPER OFF:** Stabilize your daily dose, then gradually reduce by 50mg each week and reach out for support from a service.

### Test your drugs!

If you live in Northern Ireland you can post to WEDINOS, a drug checking service in Wales. The service is discreet and anonymous and your results get put up on the website within a couple weeks. Check out more info at their website: [wedinos.org](http://wedinos.org)



## NEW BENZOS

**FLUALPRAZOLAM** – *New Benzodiazepine found in Blue and White Valiums, and Red Xanax.*

- Flualprazolam is a sedative like other tablets, but it has a higher potency and acts quicker.
- Due to the higher potency, there's a higher risk of overdose / stronger effect on the brain
- In Ireland, has been found in fake xanax sticks, as a 'cutting agent'

Other substances such as Etizolam or Alprazolam have also been found in fake Diazepam and Xanax tablets.



Xanax red - Flualprazolam



Xanax white - Flualprazolam



Fake Diazepam - Flualprazolam

New benzos can contain new and risky combinations of substances. In Wales and other countries, they have now witnessed benzodiazepines containing both a benzo and tramadol (opioid). They can state a name brand or dose, but you still don't know what is in them or how strong they are. They can also be more potent at lower doses, which increases the risk of overdose. Remember to **START LOW AND GO SLOW.**

## CANNABIS vs. SPICE

What substances have been found in cannabis products in Ireland?

Through Forensic Science Ireland who analyse drug seizures, we are aware of the below substances appearing in Ireland in 2021.

- **MDMB-4en-PINACA** (29 cases), this substance has been found in plant material, liquid and vape products.
- **ADB-BUTINACA** (10 cases), this substance has been found in sweets, plant material and liquids.
- **5F-EDMB-PICA** (15 cases), this substance has been found in plant material and some sweets.
- **4F-MDMB-BUTINACA** (16 cases), this substance has mainly been found in plant material and in some liquid.



CBD oil containing ADB butanaca

# COMMUNITY ADDICTION ASSESSMENT HUB



## What is the CAAH? How did it come about?

The Community Addiction Assessment Hub is a new service set up in the North East Inner City (NEIC). It is located in the Social Inclusion Hub (the old Health Centre in Summerhill). The service was developed to provide GPs in the area (Dublin 1 and 3) with a specialist community addiction service for multidisciplinary assessment and support with the management of people who suffer harm and from and addiction to drugs (cannabis, benzodiazepines, z-hypnotics, lyrica, GHB). It also provides a similar service for people who suffer from behavioural addictions such as gambling, gaming and sexual addiction.

## Is the CAAH only available in certain catchment areas?

The service is specifically for people living in the NEIC (mainly D1 and D3)

What is the difference between detoxing off opiates like heroin or methadone, to other substances like benzos and gabapentinoids (lyrica)?

This service is specifically for people who do not use opioids. For these people treatment is available through their local Opioid Substitution Treatment Service (OST) (methadone and suboxone).

## Does CAAH help people with community detox (ie not in a residential treatment)?

Yes. This service can work in conjunction with your GP to provide assessment, preparation and support for community detox. It does not provide medication (scripts) but will provide a treatment plan with you GP regarding medication dose and reduction/detox regime.

## What are the differences between community detox and residential detox?

Community detox is where you detox at home. This is done through a local community pharmacy and with you GP. Counselling and case management is also provided alongside the medication. Residential detox is provided in residential centres (e.g. Cuan Dara, Lantern, Coolmine). You are required to stay in the residential centre, usually for a period of 6 weeks. Most

residential centres have specific requirements for detox programmes. These will include engaging with counselling and agreeing a post-treatment plan. Many have the requirement to be on 50mls of methadone and be illicit drug free.

What are some good tips for someone trying to manage anxiety while going through a detox off benzos?

Engaging with counselling and undergoing a treatment called CBT is particularly helpful with the management of anxiety. Practising mindfulness is also worth considering.

## How does someone access CAAH?

Referral is through you GP.

## What information is given in order to access CAAH?

Your GP will provide the service with a brief history and summary of your addiction. They will also provide a brief overview of current and past physical and mental health issues.



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

Thanks to Dr Des Crowley for providing this information

This resource is possible thanks to the work of the following organisations

**DRUGS**.ie  
Drug and Alcohol Information and Support

**WEDD**  
**NOS**

WE ARE  
THE LOOP



# 6 WEEK PEER PARTNERSHIP PROGRAMME

Earlier this year we started to work with the National Drug Treatment Centre team to develop and deliver a 6-week Peer Partnership Programme for people accessing the service. We wanted to support the team to create a safe space where peers could share their experiences of the service and discuss their thoughts, concerns, and needs.

The group met for 1.5h every Thursday at the National Drug Treatment Centre during a 6-week period. The sessions were led and co-facilitated by the peers who attended the group – they decided on the topics, what was discussed, etc – and supported by staff from the NDTC and UISCE.

The group developed a proposal to increase the participation of people who access the service, in the design and delivery of the NDTC through peer led engagement and the development of mechanisms which increase the involvement of peers in decision making.

We would like to thank the participants and the National Drug Treatment Centre for partnering up with UISCE on developing and delivering this programme. A huge well done to the peers who proved that they have invaluable experience and knowledge accompanied with a strong analysis that will create better services and stronger communities, if we listen to them. We all agree that decisions that affect the lives of peers or PWUD should ideally include peers in all aspects of the decision-making process. To do so, active and



Gillian, Niall, Johny (back)  
Andy (UISCE), Bill and Martin (NDTC)

meaningful peer engagement is needed. Ensuring appropriate engagement, that meets people where they are at leads to peer participation and influence in decision making.

The peers, NDTC and UISCE are committed to continue to work in partnership to prioritise the development of a model of best practice on how to embed peer led participation in our services.

**We look forward to continuing this work into the future!**

**If you want more information about this group or other group work initiatives, please call 01 555 4693 or email [info@myuisce.org](mailto:info@myuisce.org)**



Caroline (UISCE) and Bill (NDTC)

# UISCE PEER VOLUNTEER PROGRAMME

## Role Description

- Do you have lived experience of drug use (past or present)?
- Are you aware of discrimination faced by people who use drugs?
- Are you open to learning?
- Can you show tolerance, empathy and understanding for others?
- Are you okay with using your own experience to help others?

## Peer Outreach Volunteer Tasks – some examples

- Conduct street outreach and in-reach to services as needed
- Have conversations with people about their situations
- Participate in group work and programmes
- Note any new drugs and trends emerging
- Provide overdose awareness and harm reduction information
- Take part in research, forums and focus groups
- Link with other peer-led teams
- Focus on skills building

## Benefits To The Peer Volunteer

- Learn new skills and gain experience which you can add to your CV
- Training & certification in naloxone and overdose awareness
- Travel and lunch stipend €20 per four-hour shift covered.
- Use your lived experience to help others

## Time Commitment

- Phone call screening by the Peer Support Worker
- Day of training at our office in Dublin
- Shadow shifts with the Peer Support Worker
- Shifts are four hours each
- Must be available for one shift per month (negotiable!)

**Applications are taken ongoing depending on need**

Please return the form opposite to: [info@myuisce.org](mailto:info@myuisce.org), or **8 Cabra Road, (between St.Peter's Church & Phibsborough Luas Stop)** Or give us a call! **01 555 4693**

We will then give you a call to have a quick chat about outreach and the volunteer role.

## Peer Led Outreach Volunteer – Application Form

|   |  |                            |
|---|--|----------------------------|
| Name  |  |                            |
| Mobile Number                                       |  | How should we contact you? |
| Email address                                       |  |                            |
| How did you hear about us?                          |  |                            |
| Why are you interested in this volunteer role?      |  |                            |
| What would make you a good peer outreach volunteer? |  |                            |

**Reference** - Please provide the name of someone who know you well and their contact details. This should be someone you are happy to give as a referee.

Name:

Job Title:

Phone number:

Email Address:

For women who want more from their recovery

# SAOL PROJECT

Our Community Employment scheme is here for you

More than just something to do ....

- Qualifications
- Support
- New Experiences
- A women only setting



19.5 hours per week, with a timetable designed for you.

SAOL project's CE scheme is all about making positive change and offers support, structure and routine.

To find out more please contact Ray at 01-8553391 , 01-8553393 or email Ray at ray@saolproject.ie

# INTERVIEW WITH ANTHONY KING



## TALLAGHT DRUG AND ALCOHOL TASK FORCE SERVICE USER REP.

### How long have you been involved with the Task Force?

I got involved with the Tallaght Task Force back in October 2021. I was part of a Peer Support group in the area, and they put me in contact with the Task Force. I got the opportunity to start working as a Service User Representative with them. This is still quite new, I only started a few months ago, but there is a lot of work to do, but since the beginning of the year I've been meeting with different projects in the area (JADD, CARP, etc.) and people in the community.

### What is your role as a SU Rep?

My role focuses on liaising with people in the community that are accessing services. I can support them if they are having problems trying to access a service, any barriers that come up for them. In my experience some people can find it very

difficult to access services and it's good to have a support there to guide you through it. All the issues that people share with me I bring back to the Task Force to work together on solutions. Sometimes I even connect with people when I'm bringing my daughter to school or in the shops, because people know that I am in the services myself, I can give them recommendations of what support is available. I supposed I'm a link that is on the ground and that I can bring back information to the Task Force that may never heard if it wasn't for a Service User Rep.

### What is your experience at the Task Force meetings?

The first meeting I attended was last year and, since then, all the meetings have been held over Zoom. At the beginning I was extremely nervous, I'm not gonna lie! Before my first meeting I had a court date pending so I was a bit anxious

about that and then, when I logged into the meeting, I saw a guard on the call and my head was spinning thinking that maybe he would about my court date and all of that, but it wasn't the case at all. Actually, when you start talking, your "paranoia" goes away, and you realise that everyone there wants the same things: help people and support the community. During the meeting I started to feel that I was really wanted in the meeting and that my opinions and thoughts were appreciated and valued like anyone else's.

### Do you need any training to become a SU Rep?

You don't need any training to become a SU Rep. However, the TF has supported me to complete some trainings on different topics that can help with my role as a representative of the community. I am doing training and courses focused on



substances as well as Trauma Informed Care. I think the training on Trauma Informed Care course will be really interesting, not only for my role, but also to better understand my own experience with drug and alcohol use.

### Do you think it's important to have people with lived experience involved at a Task Force level?

I think it is very important. Having the lived experience allows you to better understand what other people are going through. There is a level of support and compassion and understanding that people with lived experience have that is really important to provide to the community. People are going to relate more to you, they are going to feel more comfortable sharing their stories with you. In my personal experience, it was only when I talked to a person that had gone through the same, I was going through that I could start getting the support I needed. I felt we were speaking the same language, it doesn't sound condescending or anything like that. I remember when I talked to the guy that supported me, I felt that change was possible for me because he did it. It was

kind of seeing a light at the end of the tunnel.

I also realise that it is important to have more than one Service User Representative. In my experience, men tend to be more comfortable around men and women around women. In my community there's also younger people who use drugs and older people who use drugs, and maybe their needs and experiences are different. I think sometimes older people's needs are forgotten or not prioritised. I think that having more Service User Reps that can represent the variety of needs and experiences from the community would be a huge win.

### What is your favourite part of being a Service User Rep?

My favourite part of being a Service User Rep is being able to help people who need it. Since I started with the TF, I've gotten calls from complete strangers asking for advice, and for me, being able to give back to the community and to support people that need it is priceless. I know that the person that helped me when I needed it did it because they wanted to, not because they had to. I want to become that support for other people.

### Did you know anything about the Task Force before becoming a Service User Rep?

No, I didn't know anything about the Task Force before getting involved. When I first heard about it I thought they were focusing on crime and policing, but after meeting the people in charge, I quickly realised that their role is to support people accessing services. Their aim is not to get people in trouble, they focus on Harm Reduction, low threshold support, etc. I was really happy to learn about all the different types of services that are out there to support people that I didn't know about and know, part of my role is to make sure that people know what's out there in terms of services and supports.


### Would you recommend people to get involved in their Local Drug and Alcohol Task Force?



I think it is definitely a great opportunity for people with lived experience of drug use because it gives you a lot of purpose, a great feeling of gratitude and you are able to give back to your community. Obviously, it depends if you have enough spare time to attend the meetings and visit some services or go to courses. For me it's definitely early days but it has been a great experience and I am really happy to be involved in this work.

# MENTAL HEALTH SUPPORTS

## AWARE


Information and support to anyone over 18.

 Freephone support line  
1800 80 48 48  
Mon - Sun 10am to 10pm

 supportmail@aware.ie  
 aware.ie


## IRISH HOSPICE FOUNDATION


A freephone bereavement support line providing information, connection, comfort and support.

 1800 807 077  
Mon - Fri from 10am to 1pm.

 hospicefoundation.ie for more information.


## EXCHANGE HOUSE IRELAND NATIONAL TRAVELLER MENTAL HEALTH SERVICE



 Call 01 8721094 (press 1)  
Mon - Sun 9am to 5pm

 exchangehouse.ie

## MENTAL HEALTH IRELAND


Information and support for people who experience mental health difficulties

 01 284 1166  
Mon - Fri 9am to 5pm

 mentalhealthireland.ie  
 info@mentalhealthireland.ie

## BELONG TO YOUTH SERVICES




Support for LGBTI+ young people in Ireland.

 Text LGBTI+ to 086 1800 280 to chat confidentially with a trained crisis volunteer anytime - standard SMS rates may apply.

 belongto.org


## GROW MENTAL HEALTH RECOVERY


Six-week guide on coping with COVID19.

 1890 474 474  
 grow.ie  
 info@grow.ie

## ALONE


COVID-19 support line for older people.


 0818 222 024  
Mon - Sun  
8am to 8pm

 alone.ie

## PIETA HOUSE

Telephone and text-based support counselling for people who are suicidal or engaging in self-harm.

 1800 247 247  
available 24/7


 Text HELP to 51444  
- standard message rates apply.

 pieta.ie

**FOR  
URGENT  
HELP CALL  
999 OR 112**


## SAMARITANS

Emotional support to anyone in distress or struggling to cope.

 Freephone  
116 or 123  
available 24/7

## SENIORLINE


Confidential listening service for older people.

 Call 1800 804 591  
Mon - Fri  
10am to 10pm

 thirdayeireland.ie

## TEXT 50808



A free 24/7 text service, providing everything from a calming chat to immediate support for people going through a mental health or emotional crisis.

 Text HELLO to 50808, anytime day or night.

 www.text50808.ie


## MYMIND

Online counselling service

 mymind.org  
 hq@mymind.org


## YOURMENTALHEALTH

Freephone:


 1800 111 888  
available 24/7

## TRAVELLER COUNSELLING SERVICE

Go to:

 www.travellercounselling.ie/online-counselling to arrange a counselling session.

If you have a problem linking in, call the counselling support line

 086 308 1476

 info@travellercounselling.ie

## DUBLIN SIMON COMMUNITY SURE STEPS COUNSELLING SERVICE


Counselling Distress Line for Clients experiencing Homelessness.

 1 800 844 600  
Mon - Fri 8am to 10pm  
Sat - Sun 4pm to 10pm

## LGBT IRELAND

LGBT+ helpline 1890 929 539 every day


 Gender identity family support line 01 907 3707


 Online instant messaging support  
Mon - Thurs 6.30pm to 10pm  
Fri pm to 10pm  
Sat - Sun 4pm to 6pm

 info@lgbt.ie

 lgbt.ie

## PAVEE POINT – MENTAL HEALTH TEAM


 01 878 0255


 pa.reilly@pavee.ie  
grainne.meehan@pavee.ie

Mon - Fri 9am to 5pm

## TURN2ME

Information and support for people who experience mental health difficulties

 Information line 01 284 1166  
Mon - Fri 9am to 5pm

 mentalhealthireland.ie

 info@mentalhealthireland.ie

# TURAS RECOVERY CAFE

Turas, a Dundalk based community addiction service, recently opened a new Recovery Café. The Café aims to give a voice to people in recovery and inspire them to see that recovery is not only possible, but is achievable.

It has been running for 8 weeks in a local café, which is located across the road from Turas, and has been attended by about twenty people regularly. Attendees come along for a chat and a nice coffee, get support and meet other like-minded people.

It is an opportunity for people in recovery from substances to meet other people overcoming the same challenges, get support on their journey, make some new friends and enjoy themselves.

The project is been run by a volunteer, Michael Dwyer,

who has benefited from the support of Turas in his own life and wants to share his learning and growth to help others to maintain their sobriety. He said that *"it is a dream come true"*. Last year Michael completed Recovery coaching training and it was from this that the idea for the café grew.

*"Recovery is a long road, with many twists and turns and our hope is that the Recovery Café will be another offer another opportunity to people to stay on track. We are delighted to be involved in it and look forward to helping anyone interested to it on Wednesday's"* said Nicki Jordan, Turas Manager.

Attendees to the café say that seeing people on the other side is giving them strength to keep going. *"Everyone is supporting one another in each other's recovery, helping to see a future ahead and it looks brighter said*

*Grace, a woman who attends weekly."*

The café attracts people in recovery and those on their way to recovery and it is that space between the two which is appealing to everyone – those starting out get the support of others who are further along and those with a number of years of sobriety enjoy sharing the wisdom they have learned on their own journeys.

Due to its popularity we hope to open on Saturday mornings which will also enable people who are working to attend as well.

**For further information please see [www.turascounselling.ie](http://www.turascounselling.ie) or [FB @TurasSupport](https://www.facebook.com/TurasSupport)**



Left to Right - Alan Duff, Michael Dwyer and Nicki Jordan



Left to Right - Mary McCoy, Grace Kelly, Maureen Zeter and Paddy Gorman



# LGBT+ ADDICTION, RELAPSE & RECOVERY SUPPORT GROUP

## How did this group come about?

The LGBT+ Addiction, Relapse and Recovery group came about as an identified need for LGBT+ people to have a safe space to be themselves amongst their peers. Apart from a focus on addiction, relapse and recovery, we talk about the trials and tribulations of dating, coming out, love, joy, laughter and where people are at in life at the moment - so it is a very varied group of LGBTI+ people over a cuppa once per month.

## Why is it important to have LGBT+ specific groups for people who use drugs?

LGBT+ people have a range of intersectional experiences and our LGBT+ Addiction, Relapse and Recovery group provides a place of refuge to be amongst other LGBT+ people in a safe space. It offers a welcoming space if you have questions or experiences around addiction, relapse and recovery and would benefit from a community support group around you to support you through the journey.

## How can addiction services become more LGBT+ inclusive?

The LGBT+ community is considered a minority group thus it is important for addiction services to be overt and explicit that they acknowledge and support LGBT+ people in their policies, in their intake and assessment forms and in their sensitivity and awareness of LGBT+ issues. It's important addiction services come out so service users don't have to!

LGBT+ people access health and social care services throughout their life, just like everyone else. Do organizational policies and internal processes reflect the intersectionality of people's

lives particularly the LGBT+ community. If not, organizations can reach out to LGBT Ireland to request training support so that all staff and service users are enlightened as to how to support and encourage their LGBT+ friends, family, colleagues and loved one's.

## How can people support LGBT Ireland?

LGBT Ireland received 50% of its funding for support services. We make up the rest through fundraising efforts. People could create an LGBT+ inclusive coffee morning to raise funds for LGBT+ support services. Some people choose to attend the annual Pride Parade to show their love, support and solidarity for LGBT+ loved one's, friends, and family. Some services will choose to acknowledge and celebrate LGBT+ regularly in their service and at their events by having a guest speaker from LGBT Ireland or having an inclusive Pride flag for all to see!



LGBT.ie team at PRIDE 2022



# LGBT+ ADDICTION, RELAPSE & RECOVERY SUPPORT GROUP

A monthly in-person peer support group.

We meet on the 3rd Tuesday of every month (7pm-9pm).

Location: LGBT Ireland, 80 Dame St., Dublin 2 (above Fogarty Locksmiths, opposite City Hall)

## REACH US

CALL VANESSA ON 01-5240112

OR EMAIL

VANESSA.OBRIEN@MQI.IE

TO REGISTER YOUR INTEREST.



# STORIES FROM THE SNUG

The Snug Counselling Service is a community based counselling service that provides support for people, family members and the wider community who are impacted by drug and alcohol use. Their incredible team shared these amazing stories from peers with us, and we needed all of you to read them.

## New Friends

When I was coming into the snug my first thought was that I was so nervous and anxious, and I didn't know what to expect. I came with a friend of mine. It was to start up the women's group. I wouldn't have gone if she didn't, that's how nervous I felt. Ericka was there to meet us, and the first few weeks it was just three of us, and that was six years ago.

Since coming into the snug I have overcome my fear. I don't get nervous as much. I can sit in the Snug with the woman and take part in what's going on. I have gained confidence and go on trips and do a lot of courses.

My life is so much better coming to The Snug.

Without it I think life would be very lonely and not as happy for me. I would not have met all new friends I have, and would not have went on all the trips around Ireland that I have good memories of and fun times with the women that pass through the Snug

A.L.

## Connections

My First experience in The Snug was a change for me because I had been to a lot of different counsellors and never felt comfortable. I was afraid and excited. I felt welcome, I've always felt welcome In The Snug. Achieving goals and realizing that there are people you can connect with, and not feel alone. Being relaxed and a heavy load on my mind... as each session went on I was better at ease, because I know I can talk to somebody that wont judge me and will listen to me.

I was starting college and was very nervous and anxious. That day before college I had a session in The Snug, and walking down the road I had a sense of relief and relaxation on the way to the first day of college.

When my sister went very hard on drugs, all the anger and anxiety came back all at once. My head was exploding with different emotion. I was embarrassed and afraid to talk about the situation. I did not know how to approach anyone or to open up and talk about the disaster that had come upon my family. Everyone was affected in so many different ways and my family was not coping with the drug use.

The snug has provided for me in so many ways that is priceless to me.

Anonymous

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# POEMS

## MY MISTREATED HEART

by Gerry OG

I have a mistreated heart, I barely use it anymore.  
 Over time it's been cracked, broken,bruised, and now it has even torn.  
 I have filled it with darkness and hatred, suffering and shameful pain.  
 I wish that I could go back in time, to that very first heart beat again.

I would do things oh so different, Id never misbehave or lie,  
 I would cherish my mother's words,her hugs and her smile.  
 I would be nicer to my sister, she has a heart made of gold,  
 I would stop going through life breaking it, and hug her till the day we are old.

The same goes for my niece, she's the light of our life.  
 Yet still,I ended up cracking her heart causing her pain and strife.  
 I remember the happy kid, I would bring to school on my  
 bike,hail,rain or snow, she was always full of light,and it  
 killed me inside,I darkened her bright.

I would have held onto my friends,I would have been a better man, and stirred  
 them from an early age so as not to kick the proverbial can.

## RECOVERY CAFE

by Michael Dwyer

Recovery Café only a stone's throw away  
 from the blue mothership across the way  
 Ready to welcome you in a warm friendly way  
 We are here to support each other in  
 whatever way  
 Be it a cuppa or a chat or just to share thoughts  
 or stories  
 To keep connected and sober in mind  
 To keep our recovery going forwards

Recovery café only a stone's throw away  
 You're welcome here  
 It's a safe place to be for a check in  
 Share in the laughter and in some tears  
 Small tales and tall tails  
 Shared with a cuppa and cake  
 You are safe in our hands at the recovery café  
 Only a stone's throw away  
 In the heart of Dundalk's beating town

# TAKE ME BACK

by Gerry OG

Take me back to the days of young, when my life was  
for living and my life was fun,  
when my life made sense it was all ahead, my only  
worry being late home to bed.

Take me back to the days gone by, to a time before  
the heartbreak and lies,  
when my momma's word was my only fear, take me  
back, cut me slack, let me roll back the years.

Life is so precious it will pass you by, you gotta fit it  
all in before you die, you gotta make your mark, you  
gotta do it right, you gotta stay the course and make  
the right choice.

What I wouldn't give to be a kid again, when I could  
make believe and when I could pretend, I was a ninja  
turtle or man from space, when I thought it was  
hilarious to make a funny face.

When I was young I couldn't wait to grow up, to be  
a grown up, I wanted so much to be my own man, to  
have my own plan, but I made the wrong decisions  
and my life went bang.

Life as an addict eats away at your soul, slowly but  
surely it takes its toll, you feel as if you are being  
swallowed whole, at the age of forty, I'm eighty years  
old.

Bit by bit you lose a piece of yourself, the voice in your  
head is screaming for help, but you drown out the voice  
by getting drunk or high, please take me back to the  
days gone by.

When you lose it all, your family and friends, boiled like  
an egg you try to pretend you're in the right frame of  
mind and you're not in pain, when actually you are very  
close to insane.

As time goes by you try to restart your life, make  
amends with your family, your children, your wife.  
Try to make new friends and hope that it lasts  
It's so hard to do, when you're longing for the past.  
I've so many good memories, and so many that are bad,  
a lot are filled with love and a lot of them are sad.

I wish I could go back and be a kid again, with the  
knowledge of this life and how this life ends.

If I make the wrong choices I would ruin my life, I could  
take the right path without heartache or strife.

Take me back to the days of young, when life was for  
living and my life was fun when life made sense it was  
all ahead, your only worry being late home to bed.

Take me back to the days gone by, to a time before the  
heartache and lies, when your momma's word was your  
only fear, take me back, cut me slack, let me roll back  
the years.

# JUST ONE MORE

by Christine Woods

The cravings cradle you like a mother cradles her new-born child,  
Memories flooding in of all the good times you got high,  
I think for a moment, just one more,  
But then I remember how my mental health got poor,  
Just one more,  
How I sat outside the shop with a cup in my hand,  
Not knowing where I would sleep or land,  
Just One More,  
Praying to God that if I could just make up this score,  
That would be it, I'd do it no more,  
Just One More,  
I had sold the devil my sole,  
And got left with this huge empty hole,  
Just One More,  
It just couldn't be filled no matter how hard I tried,  
It continued to make me cheat and lie,  
Just One More,  
And who was this child calling me mom,  
Where the fuck did he come from,  
Just one more,  
Responsibilities? I couldn't look after myself,  
Never mind someone else,  
Just One More,  
Bills went unpaid, the house would be freezing,  
Every morning I'd wake up coughing and wheezing,  
Just One More,  
Swearing every time that this would be my last day,  
But then of course I'd get my pay,  
Just One More,  
Off I'd go again and again,  
A million trips around that bend,  
For just one more,  
Till one day someone brought me back to ground,  
And helped me off the merry go round,  
There was a way out,  
Which I didn't know about,  
They said you only have to change one thing,  
What's that I asked,  
They said everything.



# UISCE

Advocacy for People who use Drugs

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