

# BRASS MUNKIE

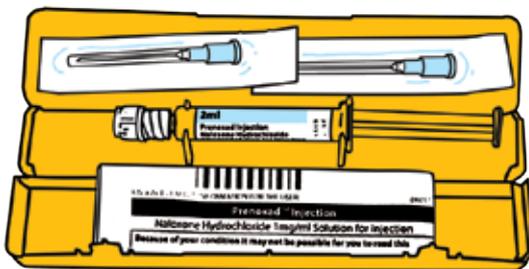
OVERDOSE

DEATH IS

PREVENTABLE

Issue 35: Naloxone Special

**NALOXONE  
SAVES LIVES**



# IN THIS ISSUE

## WELCOME READERS,

Long time no see, right?

We are finally back with a new edition of the Brass Munkie magazine!

Before going into what this issue is about, we wanted to thank all of you amazing people for all the positive feedback we got on the last edition. It seems you really enjoyed the HIV-Hep C special so.....we wanted to give you another special one.

In this issue, we are talking about a heavy topic: Overdose. We know it is difficult to read about this. We all have lost too many loved ones due to drug-related deaths. In 2016 alone, 354 people died in Ireland due to drug overdoses.

In this issue, we want to show you how to respond to an opioid overdose. From identifying the signs of an opioid overdose to administering NALOXONE and potentially saving a life.

### What is Naloxone you ask?

**Naloxone is an antidote used to reverse the effects of opioid drugs like heroin, morphine and methadone if someone overdoses.**



One overdose death is already too many. Learning about Naloxone can potentially -

**save a life!**

We want every person who uses drugs in Ireland to know what Naloxone is, where to get it and how to administer. We are also advocating for accessible Naloxone for all (at the moment it is a prescription only product).

But we are getting ahead of ourselves. Keep reading and we hope to give you all the answers.

As always, you know that you can give us a call (018733799), email (info@myuisce.org) or drop by for a cuppa (70 Eccles St, D7) and we can talk about Naloxone (or whatever you'd like).

*By María Otero Vázquez*

# UISCE

31 AUGUST

INTERNATIONAL OVERDOSE  
AWARENESS DAY

WE NEED TO  
TALK ABOUT  
OVERDOSE.

A Penington Institute Initiative

# OVERDOSE: FACTS & STATS

## WHY DO WE HAVE TO TALK ABOUT SUCH A DIFFICULT SUBJECT AS OVERDOSE?

Because Ireland has the fourth highest rate of drug related deaths in Europe: 70 deaths per million population.

In 2016 (latest data available) we lost 736 people to drug related deaths in our country. **354 of those deaths were due to drug poisoning (overdose)**

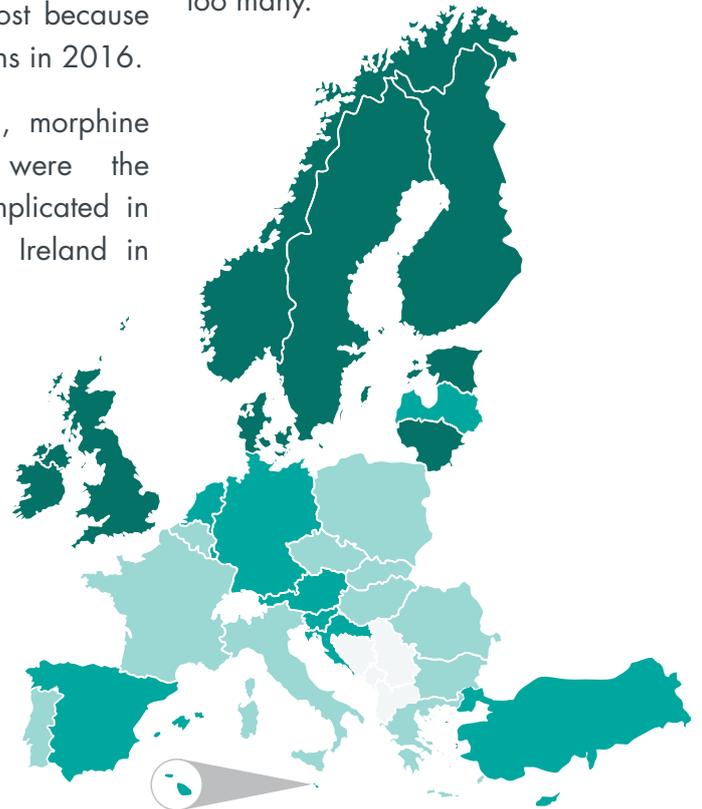
We need to talk about overdose because we have lost too many friends, mothers, fathers, sons, daughters, neighbours and members of our community due to overdose. There were approximately 21,300 of potential life years lost because of drug-related deaths in 2016.

Opiates (like heroin, morphine and methadone) were the main drug group implicated in poisoning deaths in Ireland in

2016. Naloxone is an antidote that reverses the effects of opioids if someone overdoses.

This is why we need to talk about it.

One overdose death is already too many.



**ALL DRUG-RELATED DEATHS  
IN IRELAND IN 2016**



354  
AS A  
RESULT OF  
POISONING

736  
DEATHS

382  
NON-  
POISONING

Cases per million population



  
21,300  
POTENTIAL LIFE  
YEARS LOST

  
42 yrs  
MEDIAN  
AGE

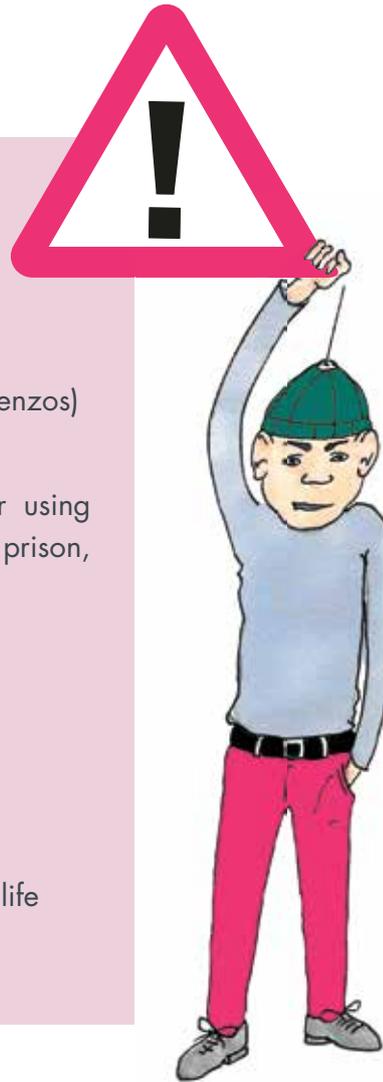
  
3 in 4  
WERE  
MALE



# REDUCE YOUR RISK

## OVERDOSE RISK FACTORS

- How you use drugs - Injecting rather than smoking
- Mixing drugs/polydrug use (especially when mixing depressant drugs such as heroin, methadone, alcohol and benzos)
- Using alone or with people you are not familiar with.
- Reduced tolerance after longer periods without using (or using less). Pay special attention to the first weeks after leaving prison, residential rehabilitation and/or detox.
- Beginning /ending of OST (methadone)
- Personal risk factors:
  - Not being in a drug treatment programme
  - If you are over 35 and/or have been using for a long time
  - If you already have had an overdose
  - If you experience mental health issues or a specific difficult life event (loss of loved one, separation...).



## STRATEGIES TO REDUCE RISK

We want to share with you some strategies that will reduce the risk of OD if / when you decide to take opioids.

- If possible, **don't use alone**. Use with someone close that can help you if you need it (and if they carry Naloxone, that would be great!)
- Try to use **one drug at a time** if possible.
- If you use something for the first time, **start slow!**
- If you are using after a period of abstinence (not using), be aware your body could react differently to the same dose you used to take. Use a little less to check how your body is reacting.
- Talk to your friends and people you use with about Naloxone. Knowing what to do in case of overdose can save your life and/or your friend's lives!



# SUSPECT AN OVERDOSE?

**IDENTIFY  
OVERDOSE SYMPTOMS**

PAGE 4

**BREATHING ASSESSMENT**

PAGE 5

**The person IS breathing**

Page 6

**Put them in the  
recovery position**  
Learn How on Page 6

**The person IS NOT breathing**

Page 7

**30 chest compressions  
2 Rescue Breaths**  
Learn How on Page 7

**Put them in the  
recovery position**  
Learn How Page 6

**Administer Naloxone**  
Learn How on Pages 9-10

**Administer Naloxone**  
Learn How on Pages 9-10

# IDENTIFYING AN OVERDOSE

## WHAT IS AN OPIOID OVERDOSE?

Opioids affect the part of the brain that regulates breathing and, in high doses, they can put it to sleep. This means that if a person takes a high dose of opioids, their breathing would slow down and eventually, they would stop breathing. When a person stops breathing, oxygen

stops flowing to their body and it does not reach their vital organs. This will lead to the person being unresponsive (unconscious), their blood pressure decreases, and their heart rate slows. This causes cardiac arrest, in other words, their heart stops beating.

**Knowing the signs of an overdose is important. It gives you the chance to make an informed decision about using Naloxone.**

## SIGNS OF AN OPIOID OVERDOSE



Blue lips or nails



Dizziness and confusion



Can't be woken up



Choking, gurgling or snoring sounds



Slow, weak or no breathing

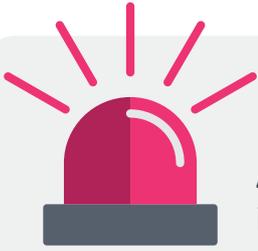


Drowsiness or difficulty staying awake

If you suspect someone has overdosed, check for any of the signs above. Call out to them to check if they are conscious, approach them carefully (check if there is any drug paraphernalia around) and shake them to try and wake them up.

If they are not responding, you will have to check for breathing (flip the page to learn how).

# BREATHING ASSESSMENT:



## AN OVERDOSE

is a medical emergency. Call 999 or 112 and follow their instructions!

# 999 OR 112

## BREATHING ASSESSMENT: IS THE PERSON BREATHING?

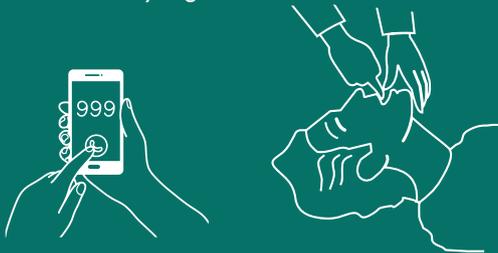


If you suspect someone has had an opioid overdose and you have identified any of the signs from the last page you will need to check if the person is breathing. The **breathing assessment** consists of a few steps that you can follow to check if the person that has overdosed is breathing or not.

Checking for breathing is important because it informs the next step you should take to help the person that has overdosed.

### YOU CAN CHECK BREATHING BY:

**Remember** - Call 999 or 112, or get someone else to. 1. Opening the person's mouth to check for any signs of obstruction



2. Tilting their head back



3. Lifting their chin

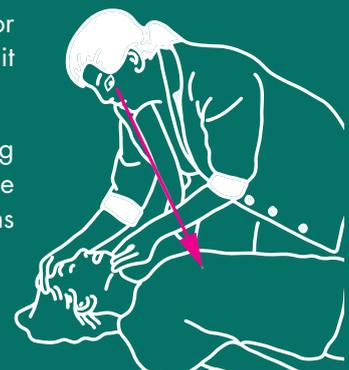


4. Placing your ear close to their mouth and listening for breathing



5. Look at their chest for 10 seconds to see if it rises and falls

(if the person is breathing normally you will see 1 or 2 good breaths during the 10 seconds)



# IF THE PERSON **IS** BREATHING:

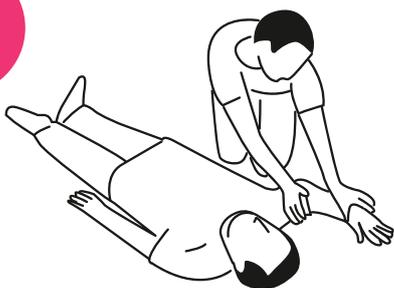
If the person is unresponsive but breathing normally you would need to put the person in the recovery position and then administer Naloxone.

Putting someone in the recovery position keeps the person's airway clear and open. It also prevents the person from choking with vomit or fluid.

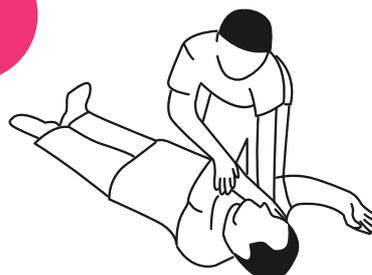
**Recovery position:** turn the person on their side with the bottom arm under the head and top leg crossed over the body.

## RECOVERY POSITION

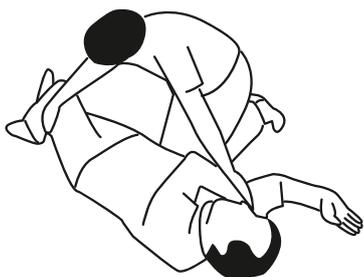
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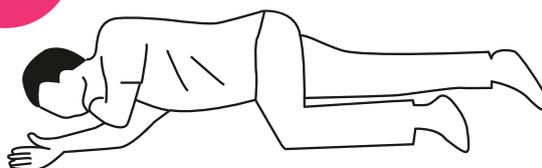
2



3



4



### If you have Intramuscular Naloxone :

You would inject Naloxone with the person in the recovery position (Inject into the upper arm or outer thigh) (go to page 9 to learn how!)

### If you have Intranasal Naloxone:

After putting the person in the recovery position, you would need to lay them on their back to easily access their face/nose. (go to page 10 to learn how)

# IF THE PERSON **IS NOT** BREATHING:

Rescue breathing or chest compressions are key in preventing an overdose death if the person is not breathing or if their breathing is impaired.

Rescue breathing should be done as soon as possible because it is the quickest way to get oxygen into the person's system.



**REMEMBER** The 999 or 112 dispatchers can guide you on how to do the chest compressions and rescue breaths.

**999 OR 112**

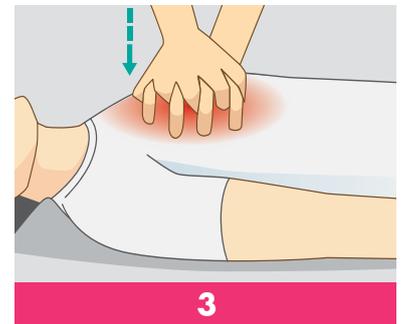
## To carry out chest compressions:



Place the heel of your hand on the breastbone at the centre of the person's chest.



Place your other hand on top of your first hand and interlock your fingers.

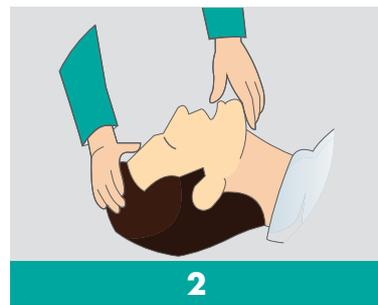


Lock out your arms so they are straight. You will be directly over the person. Press straight down by about 5–6 cm on their chest.

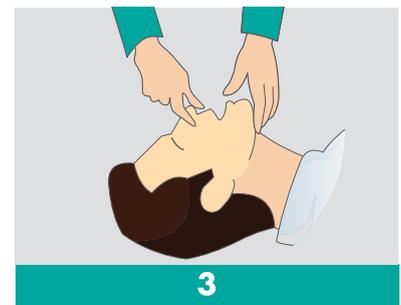
## To give rescue breaths:



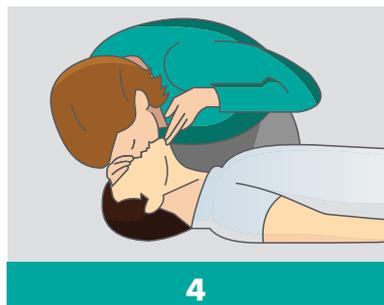
Open the person's mouth to check if there are any obvious obstructions (if you find something, remove it!)



Tilt their head gently and lift the chin up with two fingers.



Pinch their nose.



Give rescue breaths by putting your mouth to theirs, making sure that your lips form a seal around the opening of their mouth, and blow steadily.



Check that their chest rises while you inflate their lungs, and falls as the air leaves their body.



Attempt to give two rescue breaths, one or two seconds apart.

# WHAT IS NALOXONE?



**Naloxone is an antidote used to reverse the effects of opioid drugs like heroin, morphine or methadone - if someone overdoses.**

Naloxone only works if the person has used opioids. It has no effect on other drugs (alcohol, benzos, etc).

Naloxone acts quickly, restoring the breathing in just a few minutes (2-3min), but it's effects are temporary.

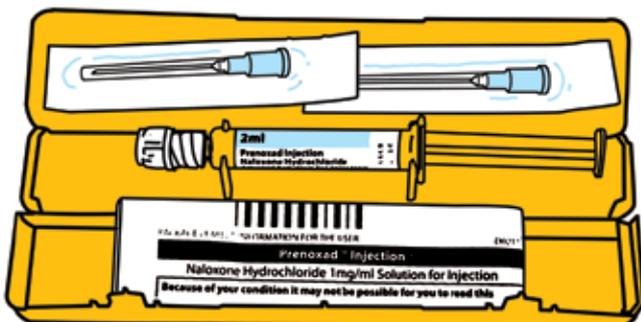
Naloxone can help to keep a person alive until an ambulance arrives.



## TYPES OF NALOXONE

In Ireland we have Intramuscular Naloxone (injectable) and Intranasal Naloxone kits available for people at risk of opioid overdose.

### INTRAMUSCULAR NALOXONE (INJECTABLE)

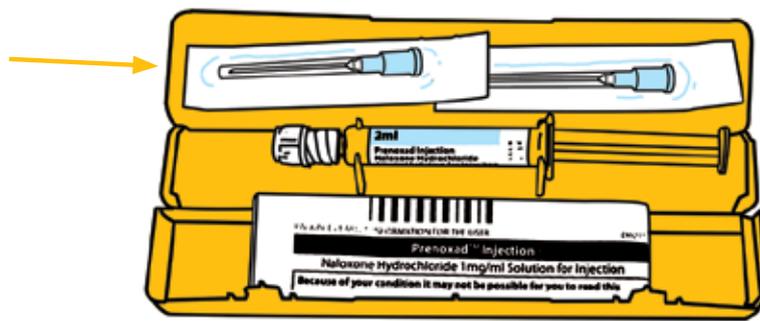


### INTRANASAL NALOXONE



# INTRAMUSCULAR NALOXONE

2 x blue needle packets (individually wrapped).  
There are 2 just in case one gets damaged or contaminated (eg. if it drops on the floor)



1 x pre-filled syringe with 5 doses

1 x Information leaflet.

## Step by Step – How to administer Intramuscular Naloxone / Prenoxad



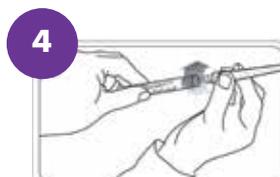
Open the box, take out the information leaflet and make sure to place it where you can read it.



Take out the Prefilled Prenoxad injection syringe and one of the blue needle packets.



Open the needle packet and remove the needle. **DO NOT REMOVE THE PROTECTIVE SHEATH YET!**

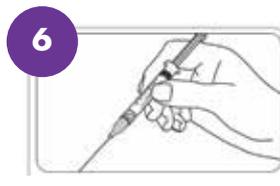


Unscrew the clear plastic top from the syringe.



With the needle still on its sheath, screw the needle onto the syringe.

NOW, you can gently twist the needle sheath so you can remove it. Twisting instead of pulling avoids needle stick injuries.



Hold the syringe like a pen or a dart.



Insert the needle at a 90-degree angle into the person's outer thigh (remember: you don't need to remove clothing to do this!)

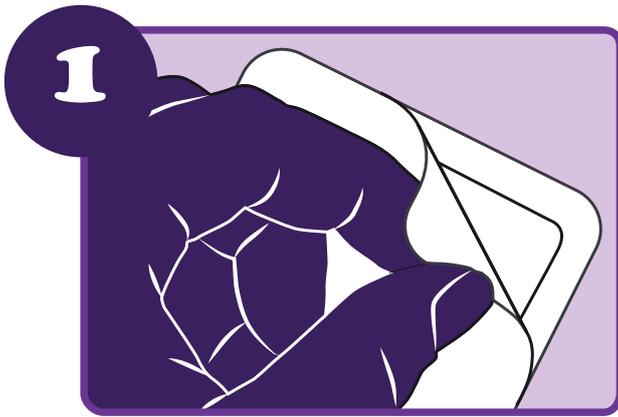
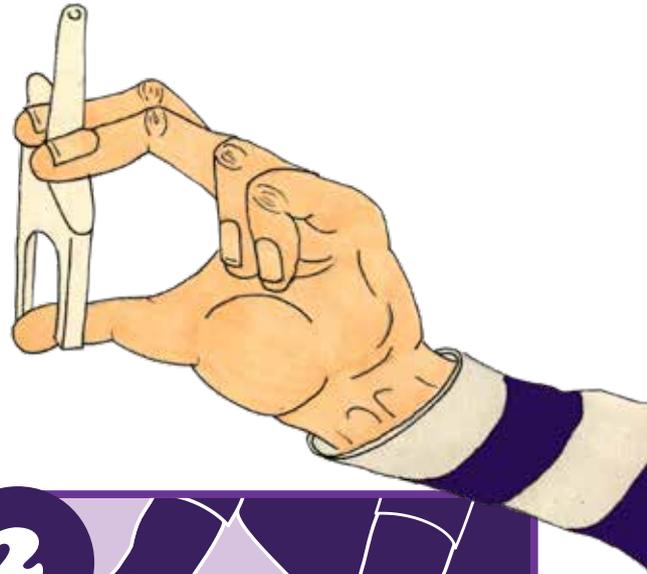
Inject into the first black line (1 dose)

Take out the syringe with the needle still attached and put it back into the case. Do not re-sheath the needle!!

# INTRANASAL NALOXONE

**Intranasal Naloxone comes in individually packed plastic wrap**

**Step by Step –  
How to administer Intranasal Naloxone:**



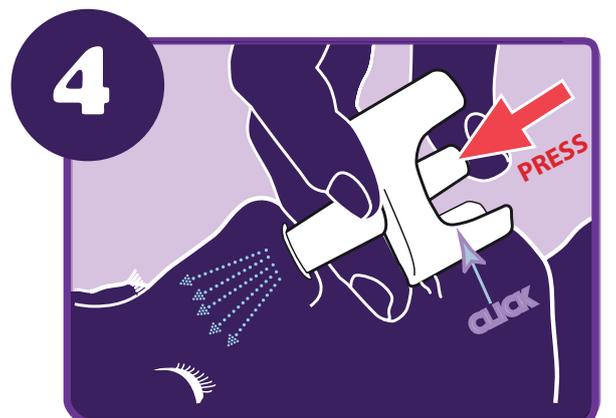
- Peel of the back of the container to open it. There are instructions on the back that will help you during the process.
- Take out the nasal spray and place it beside you.



- With the person laid on their back, support the back of their neck and let the head tilt back. Make sure you clear away anything that you see blocking the nose.



- Hold the spray as the picture shows. Do not press yet!!



- Gently insert spray nozzle into one nostril. Press firmly on the plunger until it clicks and gives the dose. Remove the nozzle from the nostril. - If possible, remember which nostril you used!
- Put the person in the recovery position – depends if the person is breathing or not.

31 AUGUST

—

INTERNATIONAL OVERDOSE  
AWARENESS DAY

OVERDOSE.  
KNOW THE  
SIGNS.

TIME TO  
REMEMBER.  
TIME TO ACT.



International Overdose  
Awareness Day

# HOW TO RESPOND TO AN OPIOID OVERDOSE

## START

**1. Shout for help, approach the person with care & check for 1 or more of these signs of an overdose**



Blue lips or nails

OR



Dizziness & confusion or drowsiness or difficulty staying awake

OR



Choking, gurgling or snoring sounds or slow, weak, or no breathing

OR



Cannot be woken up after calling to them or nudging their foot

**2. Call 999 OR 112**

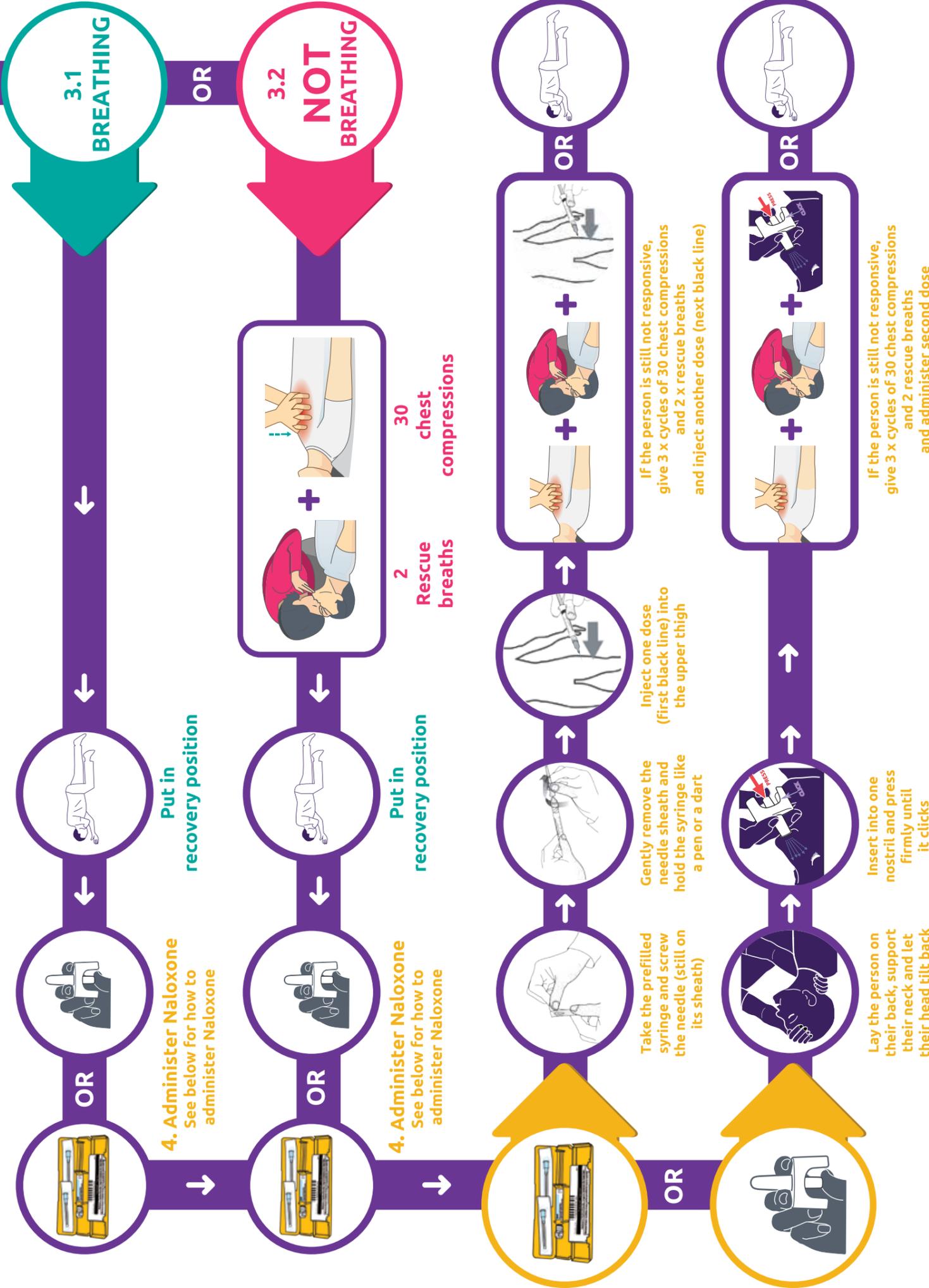
An Overdose is a medical emergency, Call 999 or 112 and follow their instructions.

**3. Check for breathing** (place your ear close to their mouth and listen for breathing)



## DO NOT! RESPONSE MYTHS:

- X** Inflict pain - this would harm the person
- X** Put the person in a bath or shower - the person could drown or go into shock
- X** Induce vomiting - the person could choke
- X** Inject with a stimulant or other substance - this won't help and could cause more harm
- X** Let them sleep it off - the person could stop breathing and die
- X** Leave the scene - you may be the only one that could help



## When the person wakes up

1. Explain what happened so the person is aware →
2. Naloxone wears off in 30-90 min, Support the person to use opioids or other drugs e.g alcohol, benzodiazepine →
3. Stay calm and comfort the person, they may be experiencing unpleasant withdrawal symptoms →
4. Stay with the person until the ambulance arrives



31 AUGUST

—

INTERNATIONAL OVERDOSE  
AWARENESS DAY

BLUE LIPS?  
GET HELP!

TIME TO  
REMEMBER.  
TIME TO ACT.



International Overdose  
Awareness Day

A Penington Institute Initiative

# YOUR EXPERIENCES: NALOXONE TRAINING

**We wanted to share with all our readers what members of the community have told us about getting Naloxone training. We had a chat with a couple of women from Tus Nua and this is what they told us:**

“

I found out about Naloxone when I myself overdosed 3 years ago and I was given it. Immediately after I was given the nasal spray Naloxone, I began to come around. I was very glad that it was quick and painless.

I found the training very informative and I have Naloxone in my room. It makes me feel somewhat relieved to know how to administer Naloxone.

I would like people to know just how easy it is to use Naloxone and the fact that it saves lives.

(Emma from Tus Nua)

”

“

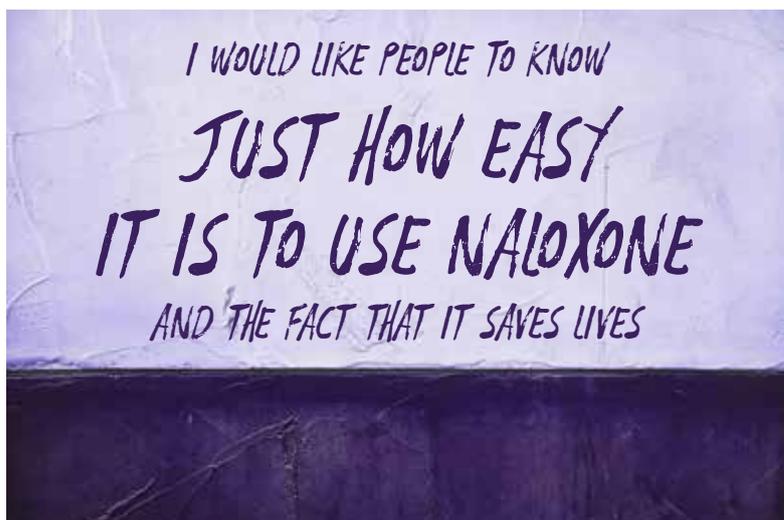
I found out about Naloxone here in Tus Nua. I learned a lot from the training and now I know how to use Naloxone properly.

I don't carry Naloxone with me, but it makes me feel good to know I can save somebody's life.

I'd like people to know that Naloxone saves people's lives and it is useful to carry it with you. It would be good to look into getting one to have for yourself in case of an emergency

(Rachel from Tus Nua)

”



“

I found out about Naloxone from my key worker in Tus Nua.

I thought the training was very good as I would know what to do now. It makes me feel good that I know what to do although I haven't had to use it.

(Woman from Tus Nua)

”

# WHERE CAN I GET NALOXONE?

## MQI

### NALOXONE TRAINING AND PRESCRIBING SERVICE

Under the Naloxone Demonstration Project, MQI is providing the opportunity to people at risk of opioid overdose to get trained on how to use the product, and to get it prescribed at **NO COST**. We had a chat with the MQI team about their Naloxone Training and Prescribing Service. This is what they told us.

#### Q- What is the Naloxone Training and Prescribing Service?

A- Merchant Quay's Naloxone Training and Prescribing Service provides the opportunity to people at risk of opioid overdose to get trained on how to use Naloxone and to get the product at **no cost**.

#### Q- Do people going to the Naloxone Training and Prescribing Service need to be previously linked with MQI services?

A- If people meet the criteria (to be at risk of opioid overdose) for training & prescribing we are very happy to train, prescribe and dispense kits on the day.

(However, if the person has not previously linked with MQI

Open Access Service, we will ask the client to complete a short induction and to provide written consent for storing information on our in-house computer database for data collection and statistical purposes. If people do not wish to provide consent, we may not be able to offer this service.

#### Q- Do people get the prescription and product on site?

A- Yes, once training is complete, Onsite GMQ Medical GP prescribes and dispenses Naloxone kit(s) to the person.

#### Q- Does MQI have both Intranasal and Intramuscular Naloxone on site?

A- Yes, we have both intranasal and intramuscular kits onsite. The person is trained as per HSE protocol in the correct use and administration of both types of kit. The trainer will give information about both IN & IM kits, comparing the characteristics of each. **The person can then choose what type of kit(s) they prefer to be prescribed.**



#### Q- Can people at risk of opioid overdose get the product without the training?

A- No. At present we only prescribe & dispense kits to people who have been trained by MQI trainers.

#### Q- How long does the training take?

A- Once the person is registered as a client of MQI, training starts in a designated room and usually takes an average of 30 minutes. The training follows HSE guidelines. Once this training is finished, GMQ doctors will prescribe and dispense kit(s) to the trained person.

#### Q- Do you provide training to people that are NOT at risk? (family members, loved ones)

A- In cases where the person at risk requests that a family member / significant other participate in on the training, we do facilitate this. At present, prescribing and dispensing of the kits is only available to people at risk of overdose and not to family members etc. However, GP's can at their discretion prescribe more than one kit to the person at risk.

**Q- How can people at risk of opioid overdose access this service?**

A- There are two ways of accessing this service.

**a. Present to the Open Access Service, Riverbank Building 13-14 Merchants Quay, Dublin 8 on Friday mornings between 9am and 11:30am and tell the worker at the door you have come for Naloxone Training. GP prescribing finishes at 12pm so the last training slot is 11:30am.**

b. Arrange the training in advance:

Email [oascm@mqi.ie](mailto:oascm@mqi.ie) and request to be trained and prescribed on one of the Friday morning sessions. Please include a contact phone number or an email that we can follow up with..

Have in mind: whilst in the Open Access Service, visitors will experience a busy, low threshold drop-in environment where project staff support people with complex needs, who may be using drugs and / or experiencing homelessness, using a harm reduction approach.

**Q- How many people at risk have you trained?**

A- In 2018, we trained, prescribed and dispensed kits to 63 people at risk of opioid overdose.

**Q- What happens if the person uses or loses their kit and they need a new one?**

A- If the person has been previously trained by MQI staff and uses or loses their kit, they can return to the Friday service for a replacement kit. Refresher training is offered to the person but if they do not want this, they can go directly to a GP, anytime for a new kit.

If they cannot make the Friday service, we can be contacted via email ([oascm@mqi.ie](mailto:oascm@mqi.ie)) and we will follow up with the person.

Photo: Naloxone Training team @ MQI



**Note from UISCE**

Naloxone is a prescription only medication and it is **NOT** covered/reimbursed under the medical card scheme. This means that your GP can prescribe you the product if you are at risk of opioid overdose, however, you would need to cover the cost when you go to the pharmacy. HSE services and funded services like MQI's Naloxone Training and Prescribing service allow people at risk of opioid overdose to get the product (and training!) for free. The QAG\* is currently making representations to the Primary Care Reimbursement Service to allow the product to be provided free of charge in the future.

\* Quality Assurance Group (QAG) for the Naloxone Demonstration Project.



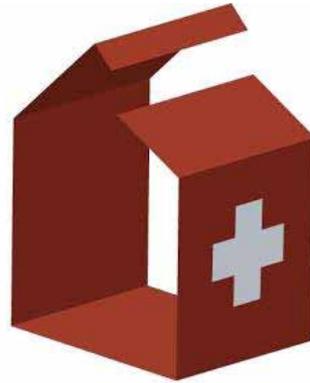
# WHERE CAN I GET NALOXONE?

## SAFETYNET TRAINING & PRESCRIBING SERVICE

Safetynet Homeless Primary Care Team provides training (20-30 mins) and then prescribes naloxone free of charge from the Safetynet clinics homeless hostels (the Spire, Ellis Quay, Carman hall, Kerdifstown, Little Briton street and Stephens Green)

Training and prescribing can be accessed at the Safeynet Clinics at Mendicity Drop in or the Summerhill Inclusion Health Hub by appointment on 087 176 2246

Safetynet also offers this service for groups. Contact them for more information.



# Safetynet

PRIMARY CARE



GET INFORMED

GET TRAINED

GET NALOXONE

# NALOXONE DEMONSTRATION PROJECT

## THE NALOXONE DEMONSTRATION PROJECT

was established by the HSE back in 2015 to test the feasibility of making Naloxone available to people who use opioids, in order to prevent death from opioid overdose. This means that the HSE wanted to know if making Naloxone available for people at risk had an impact on the number of opioid related deaths in Ireland.

Since 2015, a great team of people has been working hard to raise awareness about the product, to facilitate training on how to administer it, and to distribute it to addiction and homeless services in Ireland.

The evaluation of this project has demonstrated the significant benefits delivered to people who use services, service providers and family members alike. As a result of the positive external evaluation, the HSE committed to the roll out of this life saving medication and continues to provide training to services, people who use services and family members.

As you know by now Naloxone is a prescription only medication. Any GP can prescribe: Doctors working in Addiction services are provided with the product when they prescribe it by the HSE under the oversight of the National Social Inclusion office. Doctors working as Community

GPs also prescribe the product. Learn more about how to get the product on page 16-17.

In 2017 there were 1039 products (all Intramuscular Naloxone - Prenoxad) provided to services. This increased in 2018 to a total of 1985 products provided to services (1210 Intramuscular Naloxone Prenoxad packs and 775 Intranasal Naloxone- Nyxoid packs).

**In the first 5 months of 2019, 775 Naloxone kits (both Intranasal and Intramuscular) have been distributed to several addiction and homeless services in the country, allowing staff members to respond quicker to an overdose and potentially save lives.**

Since the start of this Naloxone Demonstration Project, reported uses of the product have also increased year by year. Back in 2015 there were less than 10 reported uses of Naloxone but in 2018 this number increased to 190 reported uses. This change is explained by increased awareness, the expansion of training and the increased prescribing of Naloxone since the introduction of the Naloxone Demonstration project in 2015. Each use could demonstrate an intervention in a life-threatening situation.

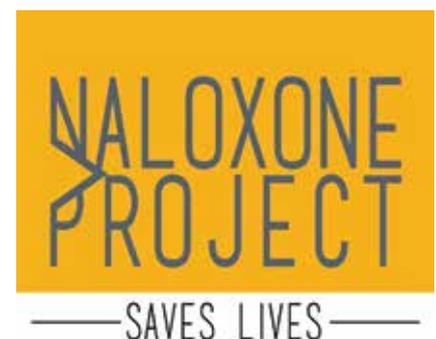
The rollout of Naloxone nationally including training and

provision of service is overseen by a Quality Assurance Group (QAG). This group, chaired by the HSE includes statutory, community and voluntary sectors as well as advocates for people who use drugs (that's UISCE) and family members. We are all working hard to raise awareness about the product, to make it more widely available for people who use drugs and to facilitate training for both people who use services and family members.

**We know there is still a long way to go. At the moment in Ireland Naloxone is a prescription only medication and can only be prescribed to the person at risk of opioid overdose. UISCE is currently advocating to make Naloxone more accessible, and we are not alone. You can read Senator Lynn Ruane's thoughts on pages 22-23.**

**NALOXONE CAN POTENTIALLY SAVE A LIFE.**

**GET INFORMED  
GET TRAINED  
GET NALOXONE.**



# INTERNATIONAL OVERDOSE AWARENESS DAY

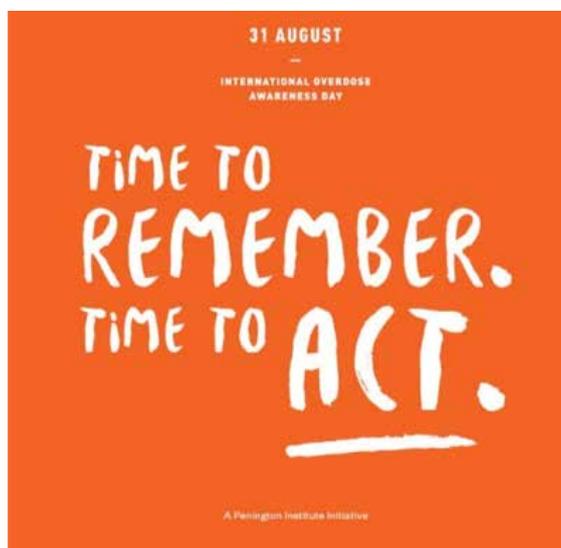
International Overdose Awareness Day (IOAD) is a global event held on August 31st each year and it aims to raise awareness of overdose and reduce the stigma of a drug-related death.

It also acknowledges the grief and pain felt by the families and friends by remembering those who have met with death or permanent injury as a result of a drug overdose.

Last year, we even had the opportunity to have a chat with Minister Catherine Byrne about Nasal Naloxone and we all learned how to administer it.

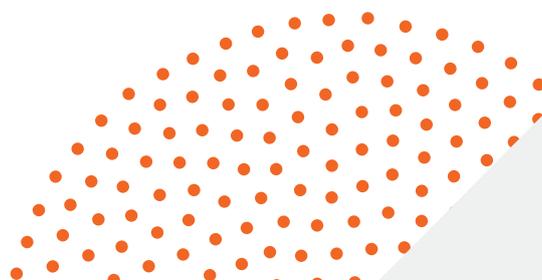


María Otero & Emma McDonnell (UISCE), Will Carroll (MQI) Aoife Frances (NFSN) Denis O'Driscoll and Minister Catherine Byrne.



**International Overdose Awareness Day**

**If you want to get involved in IOAD 2019 email us ([info@myuisce.org](mailto:info@myuisce.org))**



# ACCESSIBLE NALOXONE FOR FAMILIES

**National Family Support Network** is, alongside UISCE, advocating to improve the accessibility to Naloxone in Ireland. The Network has been working really hard to promote training and access to the product for family members and loved ones.

Here, Conor Byrne, NFSN's Development Officer writes about the importance of training family members on how to use Naloxone.

"My name is Conor Byrne and I have been the Development Officer for the National Family Support Network for the last two years. One aspect of my work is to help to roll out Naloxone training to families and workers nationally. NFSN has long advocated for Naloxone to be available to people who use drugs and their families and have partnered on this work with UISCE and other community groups.

We were part of the initial Naloxone Demonstration Project from 2015 and currently sit on the National Naloxone Quality Assurance Group. We have also co-organised the International Overdose Awareness day for a number of years and have previously helped the HSE in training family members in its use.

I was trained as a Naloxone trainer in November 2018 by the HSE. To date, I have delivered

a number of training sessions to administer both Intranasal and Intramuscular Naloxone to frontline addiction workers across a large geographical area who work directly with people who use drugs. For the remainder of 2019, we have organized more training days and part of our workplan is to adapt the training to be suitable for family members. We believe that this training is an essential part in helping to save lives. The trainings have proven to be very informative and useful to professionals who work with people who use drugs and family members.

**Naloxone saves lives, and it's vitally important that family members should have access to it. We believe that training in Naloxone provides family members with the knowledge that there is an option to reverse an overdose and possibly save their loved one's life.**

The newly available Intranasally administered Naloxone is a key step in this process as it is much more accessible for family members, and we at NFSN believe it should be widely available"

**If professionals are interested in being trained in administering Naloxone,**

**please contact myself at 01-898-0148**

**or email [development@fsn.ie](mailto:development@fsn.ie) for dates of upcoming training.**

**We will advertise our training for family members as soon as it is available.**

NFSN also offer support for family members affected by substance misuse, including one to one support and referral onto local support groups, so if you or someone you know is in this position please contact us at 01-898-0148





## **Lynn Ruane: The overdose drug Naloxone can save lives so let's remove the barriers to accessing it.**

There are more deaths in Ireland as a result of overdose than road traffic accidents and many of these deaths are preventable, writes senator Lynn Ruane.

IN 2003, I was hired to develop an initiative for teenagers who were using heroin.

One particular week we were learning about how to respond to an overdose.

**The young people had witnessed a number of overdoses but the methods they were using to respond were scary.**

Given their exposure to overdose, it was an essential part of my job to help them learn better ways to

keep themselves and their friends safe.

We talked through the basics, such as recognising an overdose and how to put people into the recovery position.

However, at the time this was pretty much the limit of it – knowing the recovery position and staying with the person overdosing until an ambulance arrived.

Thankfully, a lot has changed since then and now we have access to Naloxone.

Naloxone is an opioid antagonist. In simple terms, it temporarily reverses the effects of heroin, so it can save the user from an overdose death.

In a country where we have a very high rate of overdose-related harm and deaths, in which opioids are often implicated, the importance of this medicine can't be overstated.

Almost half the people who die from an overdose in Ireland were not alone when they died, so someone could have administered Naloxone and saved their lives if it were available and the companion was trained.

Naloxone is safe, recommended by the World Health Organisation and saves lives around the world. Naloxone comes in both intranasal (up the nose) and injectable forms.

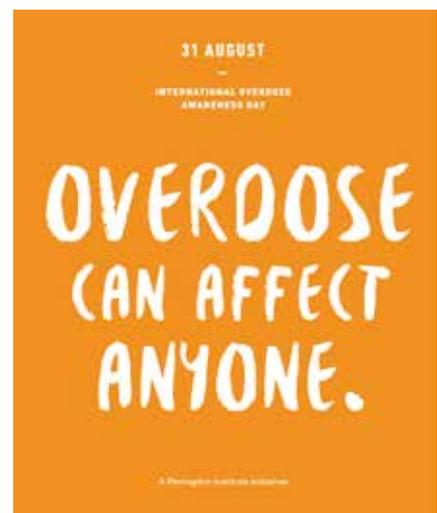
However, there's a problem. Currently, Naloxone has to be prescribed by a doctor to a patient and isn't available over the counter to people even to people who are specially trained to administer it.

In my view, this needs to change.

I recently spoke to Dr Patrick O'Donnell from Limerick about a case there. He explained that one evening an experienced staff member from the Ana Liffey Drug Project, who was trained in harm reduction, came across a person who had overdosed on heroin in a public place.

The staff member actually offers training to others on how to manage an overdose and to use Naloxone. The problem is that she didn't have any Naloxone with her.

The law as it currently stands means that staff members in facilities that help addicts, cannot have Naloxone prescribed to them as they are not personally at risk of overdose.





The person experiencing the overdose did not appear to have any Naloxone on them either, and nor is it safe or appropriate to be going through someone's pockets looking for medication they might be prescribed.

This meant that the staff member had to ring an ambulance, put the person in the recovery position and wait for a period of time for help to arrive. This was a waste of precious time and could potentially have cost the person overdosing, their life.

**We need to remember: There are more deaths in Ireland as a result of overdoses than road traffic accidents.**

While the HSE has been training

people as part of the Naloxone programme in Ireland, the lack of availability of the drug itself, however, is undermining these efforts.

The training needs to be rolled out across all addiction service and homeless service providers and Naloxone should be available to staff in these projects and to outreach workers.

Currently, only the person at risk of overdose (the patient) can be prescribed Naloxone. While they can have more than one product prescribed and do sometimes leave one with a friend or family member, we need to extend this access.

As someone who has intervened in many overdoses, it makes

much more sense to me for project workers, community drug workers, the Gardai, partners and family members to be able to access Naloxone themselves. After all, they are the ones who will have to administer it as they will usually be the first responders to an overdose.

The current legislation would need to be changed to make Naloxone more available and many organisations working in social care would also favour this approach.

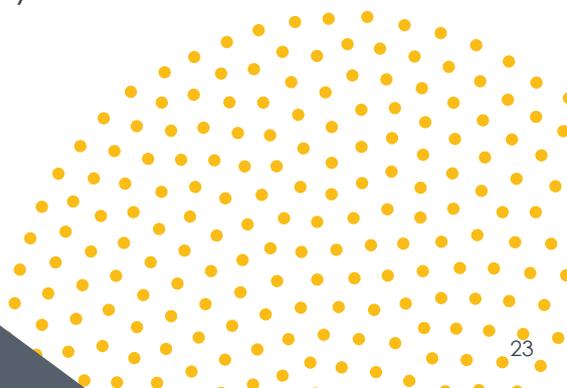
Another barrier to accessing Naloxone is the cost as not all GPs are registered with the programme and if your doctor is not registered with the programme then you will have to pay for the drug.

This reduces the chances of an individual carrying Naloxone on their person as affordability in many cases will be a barrier to access.

It is crucial that GPs around the country participate in the Naloxone programme to avoid this.

This article was originally published in TheJournal.ie (14/04/2019)

Thanks to Senator Lynn Ruane for your words.



# TO LEARN MORE:

We hope this special edition of the Brass Munkie magazine opens a conversation about how important access to Naloxone is for the community of people who use drugs in Ireland. Overdose death is preventable and learning about Naloxone can potentially save a life.

**However, as you know by now, Naloxone only works if the person has used opioids.**

If you (or someone you know) use Crack, Cocaine or Tablets (benzos, Z-drugs or pregabalin) and you want know how to reduce your overdose risk, you can go to [www.drugs.ie/cocaine](http://www.drugs.ie/cocaine) and [www.aldp.ie/resources/downloads/](http://www.aldp.ie/resources/downloads/) to get more information.

# ACKNOWLEDGMENTS :

Here at UISCE we work really hard to produce the best content we can create, but we cannot do it on our own, and we want to thank every single organisation that made this publication a reality.

Thanks to HSE Ireland Addiction Services for supporting us and sharing the Naloxone Demonstration Project. Thanks to Merchants Quay Ireland, Safetynet Homeless Primary Care Team and National Family Support Network for all the incredible work you do for overdose prevention and Naloxone Training.

Many thanks to Lynn Ruane for allowing us to feature her words in the magazine and for advocating for accessible Naloxone for everybody.

Special thanks to the incredible women from Tus Nua for sharing their experiences with Naloxone training with us and to the talented John Devoy for all the artwork.

Thanks to Snap printing (especially Angie) for making this possible.

For picture credits:

International Overdose Awareness Day and Health Canada.

[www.drugs.ie/naloxone](http://www.drugs.ie/naloxone)

# HOW TO RESPOND TO AN OPIOID OVERDOSE

## START

**1. Shout for help, approach the person with care & check for 1 or more of these signs of an overdose**



Blue lips or nails

OR



Dizziness & confusion or drowsiness or difficulty staying awake

OR



Choking, gurgling or snoring sounds or slow, weak, or no breathing

OR



Cannot be woken up after calling to them or nudging their foot

**2. Call 999 OR 112**



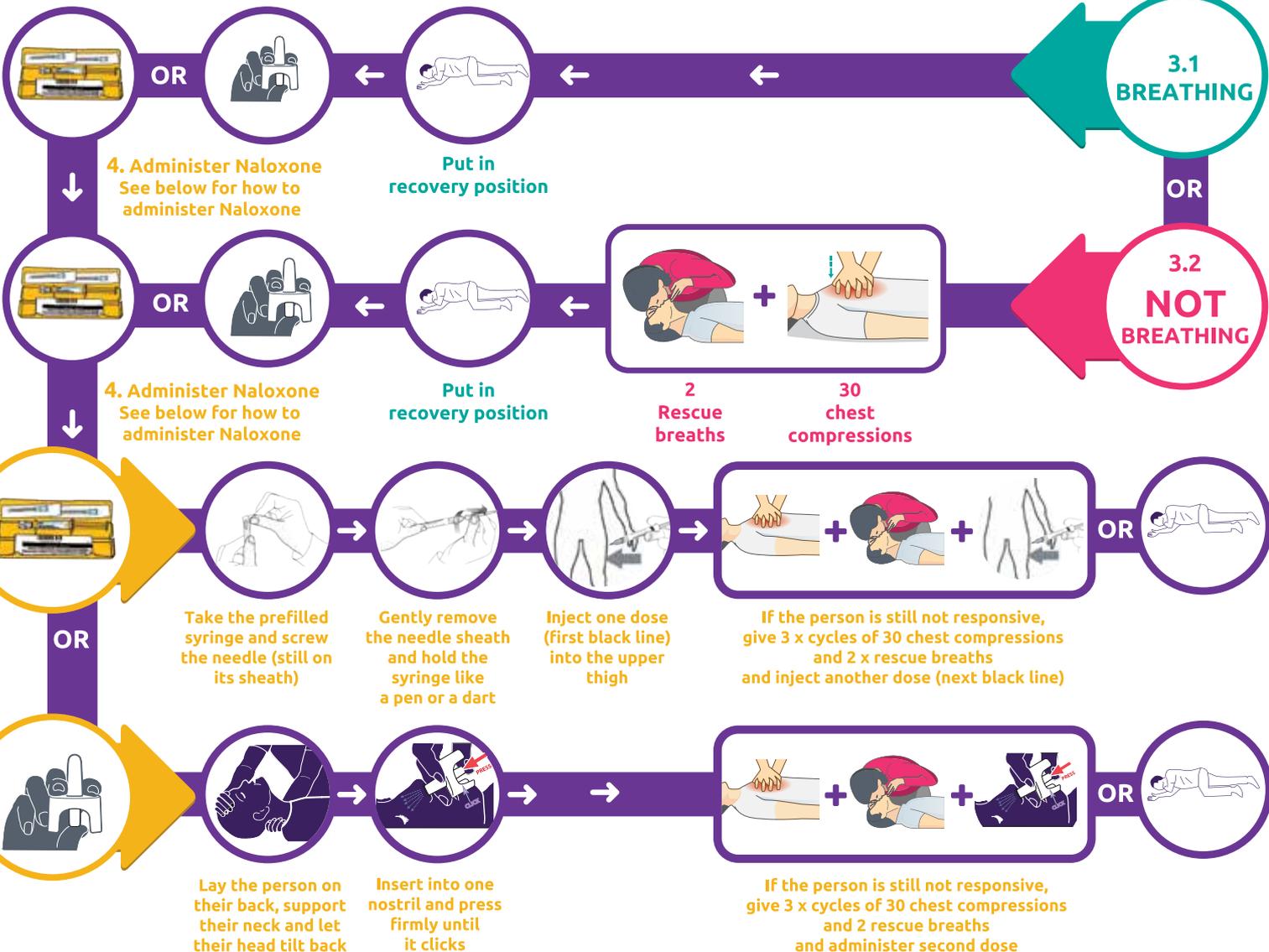
An Overdose is a medical emergency, Call 999 or 112 & follow their instructions.

**3. Check for breathing** (place your ear close to their mouth and listen for breathing)



## DO NOT! RESPONSE MYTHS:

- X** Inflict pain - this would harm the person
- X** Put the person in a bath or shower - the person could drown or go into shock
- X** Induce vomiting - the person could choke
- X** Inject with a stimulant or other substance - this won't help and could cause more harm
- X** Let them sleep it off - the person could stop breathing and die
- X** Leave the scene - you may be the only one that could help



## When the person wakes up :

1. Explain what happened so the person is aware. →
2. Naloxone wears off in 30-90 min, Support the person not to use opioids or other drugs e.g alcohol, benzodiazepine →
3. Stay calm and comfort the person, they may be experiencing unpleasant withdrawal symptoms →
4. Stay with the person until the ambulance arrives





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