

# SEX PARTY

## FIRST AID GUIDE



HIV  
Ireland



An initiative of  HIV Ireland

# CREDITS

This guide was developed by Adam Shanley, MPOWER Programme Manager at HIV Ireland and is based on a similar resource created by David Stuart and Ignacio Labayen De Inza. Text samples used with their kind permission.

Design, layout and illustrations by Pradeep Mahadeshwar / QueerMyths on Instagram.

Thanks to the gay and bisexual men who took the time to review and give feedback on this resource to ensure it was culturally appropriate. Thanks also to the HSE Chemsex Working Group, colleagues at HSE Sexual Assault Treatment Unit, and HSE Drugs.ie for reviewing its accuracy. We are grateful to HSE Sexual Health and Crisis Pregnancy Programme for funding this publication.

Our work on sex and drugs is underpinned by original Irish research carried out in collaboration with Dr. Chris Noone at NUI Galway.



# INDEX

Topic	Page No.
<b>Introduction</b>	<b>1</b>
<b>Glossary Of Terms / The Words We Use</b>	<b>2</b>
<b>Deciding Someone Needs Help</b>	<b>3</b>
<b>An Important Note On Consent</b>	<b>4</b>
<b>Helping Someone In A G-Related Emergency</b>	<b>5</b>
• When Someone Is 'Too High' But Are Responsive And Conscious	6
• When Someone Is Confused, Semi-Conscious, Barely Responsive	8
• When Someone Is Completely Unconscious / Unwakeable / 'Gone Under'	9
• When Someone Is Experiencing Withdrawal Symptoms From G	10
• How To Put Someone In The Recovery Position	11
• How To Perform CPR	11
<b>Helping Someone In A Crystal Meth Related Emergency</b>	<b>12</b>
• When Someone Is 'Too High'	13
• When Someone Is Overcome With Paranoia	14
• When Someone Harms Themselves From Injecting Drugs	16
• When Someone Injects Too Much Crystal Meth	18
<b>Helping In A Sexual Assault Emergency</b>	<b>20</b>
<b>Helping Someone In A Sexual Health Emergency</b>	<b>21</b>
<b>Some Additional Sex-Related Emergency Situations</b>	<b>22</b>
<b>Calling Emergency Services</b>	<b>24</b>
<b>G CARD - Guidance for Emergency Responders</b>	<b>27</b>



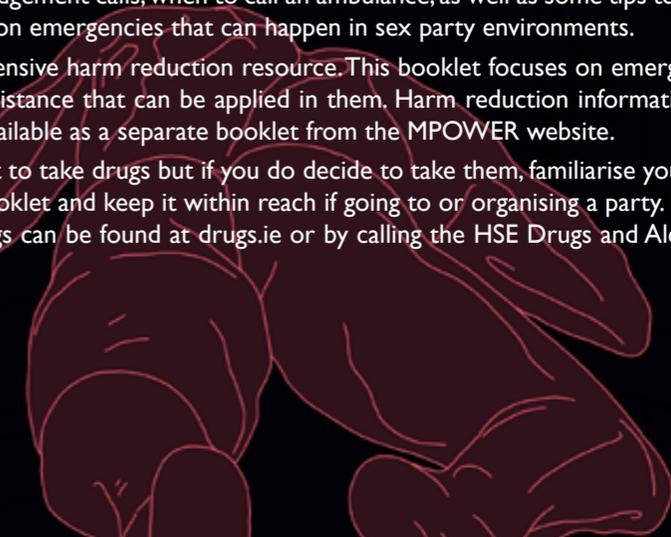
## INTRODUCTION

One of the best resources we have to keep ourselves, our friends, and those we play with safe in sex party environments – is each other. Learning some first aid skills, while remembering how vulnerable we can be if we're using drugs for sex, can improve our chances of avoiding accidents, overdoses and deaths.

Of course, not all sex parties involve the use of drugs. Often there can be a mix of people at a party who are using drugs and those who are not. This booklet will be helpful for anyone who attends sex parties as it covers general First Aid practices that might help in an emergency. It includes some information on how to make judgement calls, when to call an ambulance, as well as some tips to help avoid some of the most common emergencies that can happen in sex party environments.

This booklet is not a comprehensive harm reduction resource. This booklet focuses on emergency situations and the First Aid assistance that can be applied in them. Harm reduction information is much more extensive and is available as a separate booklet from the MPOWER website.

Of course, it's always safest not to take drugs but if you do decide to take them, familiarise yourself with the information in this booklet and keep it within reach if going to or organising a party. More information on the use of drugs can be found at [drugs.ie](http://drugs.ie) or by calling the HSE Drugs and Alcohol Helpline on 1800 459 459.



## GLOSSARY OF TERMS / THE WORDS WE USE:

### Too high

When a person's appearance or behaviour suggests that they may have taken too much, be vulnerable, are experiencing negative effects or the effects could lead them to acutely harm themselves or others, or that they might not be able to consent to things that are currently happening or are about to happen.

### Going under

A term used to describe a person who has taken a dose of G that has slowed their brain function to a point that they are no longer conscious or responsive. When someone 'goes under' important body functions such as regulation of body temperature, blood pressure, heartbeat, and breathing slow down and may stop.

### Come down

A term used to describe the after-effects of being high on a drug. The experience can be like a bad hangover but varies depending on the person, the amount of drug taken, as well as how long and how often the person has been using the drug and how your mood was before taking the drug. Some people feel low or depressed with little energy and may feel paranoid and agitated.

## DECIDING SOMEONE NEEDS HELP

### → When should I intervene?

Respecting a person's autonomy over their own actions, choices and behaviour is very important; even if that behaviour might, in your opinion, not be in their best interest. But if their behaviour suggests that they might harm themselves or others, or that they might not be able to consent to things that are currently happening, or about to happen, you might choose to intervene. That can be a difficult judgment call – this might help:

### → Check in with them

Checking in with the person you're concerned about might help you get a better idea of their high and whether you will intervene. Try to be calm, speak in an understanding and empathetic tone. Show that you are there to care, with no judgement and to support the person with their choices. "How are you feeling, are you still having a good time?", "It looks like you're getting more of a buzz from that than usual, do you want to take a little rest?", "I'm a little worried about consent if we continue, will you come take break with me for a bit?"

### → Make a judgement call

If it is difficult to get a person to respond to questions like this, and if your instinct is that their high is impacting their choices, including their ability to consent, then the person could be in danger. Make a decision about whether you think this person is safe from harm, if not, you might want to intervene as drug-related emergencies can progress very quickly.

### → Intervene

If you think it is safe to do so, you might decide to intervene on your own or involve others whose help and kindness you can trust. Depending on how the high is affecting the person you're concerned about, there are different things you can do to assist in caring for them, including contacting emergency services. This booklet outlines what to do in an emergency and when and how to do it based on the drug they've taken and the situation they're in.

## AN IMPORTANT NOTE ON CONSENT

Consent should be at the centre of everything that happens at a sex party. Many people use drugs to enhance their sexual experience and feel able to give consent while using them. Using drugs for sex can also shift the lines of what you might want or not want to do.

Keeping in control of consent is really important to ensure its an enjoyable experience for everyone. Figure out what substance and dose works for you and commit to that amount. Before attending a sex party, check in with yourself to make sure you're in the right state of mind to keep that commitment to yourself. You're more likely to enjoy yourself when you not only feel comfortable and safe but are also contributing to the overall positive experience of other party-goers.

If you are the victim of a sexual assault or witness a sexual assault at a sex party, there is guidance on how to intervene and how to get help in a later section of this booklet.

## HELPING SOMEONE IN A G-RELATED EMERGENCY

### → The basics:

- GHB and GBL are commonly known as G.
- In small doses it can make you relaxed, euphoric, and horny.
- Overdosing is easy to do and comes with little or no warning.
- Regular users often build up a tolerance to G, needing more to get the same buzz.

### → Important difference:

GHB (gamma hydroxybutyrate) and GBL (gamma butyrolactone) are closely related drugs but can produce different effects. GBL turns into GHB inside the body, as it does, it amplifies the dose – that's why it's important to know the difference. The effects from a dose of GBL can be much stronger or more unpredictable than when taking the same dose of GHB.

- GHB is a clear, salty, odourless liquid.
- GBL has a sharp, acidic taste and chemical odour.
- GBL is more commonly available than GHB.

### → The most urgent G emergencies happen when:

- You're 'too high' and no longer in control.
- You've overdosed and 'go under'.
- You are physically dependent and enter withdrawal.
- You unknowingly take G and experience accidental overdose.



## WHEN SOMEONE IS 'TOO HIGH' BUT IS RESPONSIVE AND CONSCIOUS

When you speak to them – do they respond to you? If so, here's how you can assist in caring for them.

### → Keep them safe and calm.

Fits, seizures or losing control over their movements can result in injury. Move them away from spaces and objects that might cause harm. Find a comfy space to keep them safe.

### → Keep them alert.

Continue speaking with them in a positive tone and keep their attention. If they become sleepy or you're unable to get their attention, pinch the muscle between their shoulder and neck to keep them alert.

### → Be mindful of consent

Many people take G to enhance sex and can consent when high. There's often a point where the G-high surpasses their ability to consent. If there's no clear response to a direct question about continuing to have sex – they are unable to consent. Any sex that is happening should stop.

### → Avoid giving them food or drinks

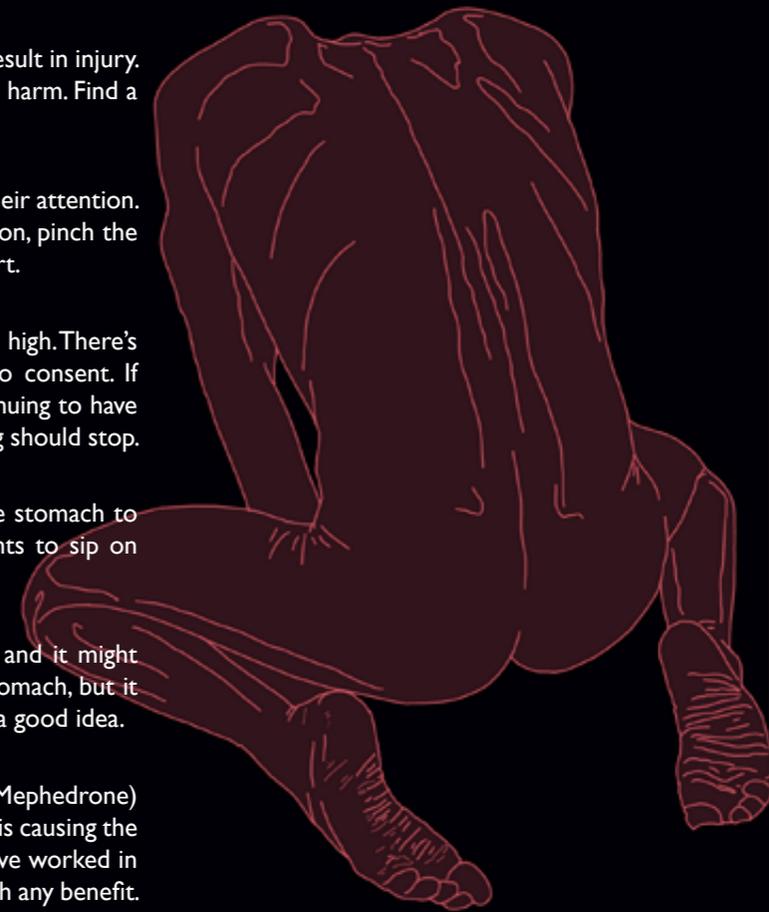
This might accelerate the movement of the drug from the stomach to the bloodstream. However, if someone is thirsty and wants to sip on water – don't stop them in this choice.

### → Don't induce vomiting

Vomiting can be helpful when the body does it naturally, and it might seem logical to force vomiting to get rid of G from the stomach, but it can block the airway and stop their breathing – so it's not a good idea.

### → Don't give them any more drugs

One myth is that giving them a stimulant (Crystal, Cocaine, Mephedrone) can be helpful; this isn't true. It just adds to the toxicity that is causing the problem in the first place. Even if this method seems to have worked in the past, don't do this – the negative consequences outweigh any benefit.



## WHEN SOMEONE IS CONFUSED, SEMI-CONSCIOUS, BARELY RESPONSIVE

Has their behaviour changed? Are they finding it difficult to remain engaged or awake? If so, here's how you can assist in caring for them.

### → Spot the signs that something is wrong

Unusual behaviour like wobbling, twitching, slouching, yelping, shouting, dribbling, flailing limbs or repetitive behaviour are signs that they are in difficulty. Get them to a safe space.

### → Check their airway and circulation

Make sure that they are breathing by looking to see that their chest is moving up and down and listen to their mouth and nose for breathing sounds. Check their pulse by placing two fingers on their neck up under the jawbone. If their breathing is slow and shallow and/or they have a slow or irregular heartbeat – take action! (see next section)

### → Wake them if they are sleeping

Always attempt to wake them and keep them awake and observed. Many deaths and serious negative effects related to G happen when people 'go under'. Even if you have witnessed many people who have 'gone under' and later come around again – there is no guarantee that the person will wake this time. The safest thing to do, is to wake them and keep them awake. If they are unwakeable – take action! (see next section)

### → Call an ambulance

If you consider their safety to be at risk or cannot be guaranteed, you should call an ambulance. If you are unable to keep them awake, don't let them sleep it off, call an ambulance. If you are in any doubt, call 999 or 112 and explain the situation to emergency services – they'll help in deciding if an ambulance is necessary.

Try firmly squeezing the muscle between their neck and shoulder. If that doesn't wake them, they're unresponsive – time to take action!

## WHEN SOMEONE IS COMPLETELY UNCONSCIOUS / UNWAKEABLE / 'GONE UNDER'

### → Call an ambulance

**Call 999 or 112 and ask for an ambulance.** Tell the emergency responder that the person has ingested a potentially fatal dose of a toxin. The responder may assist you by explaining how to put them into the recovery position or to perform CPR.

### → Don't leave them alone

When someone is experiencing an emergency like this, it's really important that they are not left alone. While the situation may get better, it can also get a lot worse very quickly. Stay with the person and do your best to keep them safe until help arrives.

### → If breathing - Put them into the recovery position

Check that they are breathing by looking to see that their chest is moving up and down and listen to their mouth and nose for breathing sounds. If they are, put them in the recovery position – see how in the next section. Call an ambulance if you haven't already.

### → If not breathing - Start CPR

If they are not breathing, do not delay in calling an ambulance – every second counts. Start CPR – see how in the next section.

### → When the paramedics arrive

It is really important to tell them what drugs have been taken, how much and how recently, if you know. Show them the G card on the back page of this booklet. This detail could help save their life.

## WHEN SOMEONE IS EXPERIENCING WITHDRAWAL SYMPTOMS FROM G

If someone is using GHB or GBL multiple times daily and has been doing so for two weeks or more, it's possible they have formed a physical dependence to the drug. Suddenly stopping use causes extremely unpleasant symptoms and can result in death.

### → Know the symptoms

The symptoms of withdrawal to be concerned about are extreme panic, uncontrollable shaking, a confused state of mind, loss of time or memory, fits or seizures.

### → Call an ambulance

Withdrawal symptoms can be fatal – Call **999** or **112** and ask for an ambulance. Tell the emergency responder that the person is having withdrawal symptoms of the physically addictive drug – GHB / GBL.

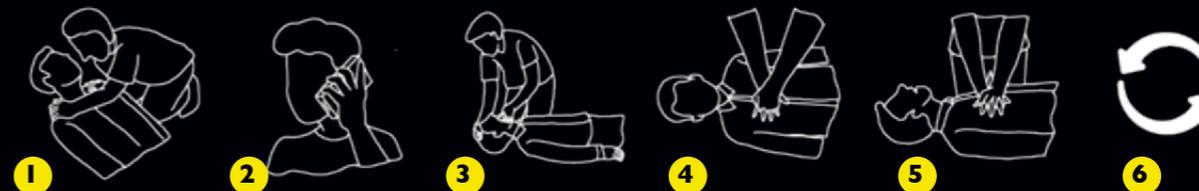
**If you have a physical addiction and decide you want to stop using, discuss it with your local addiction service, your GP or at your local sexual health clinic for support – doing it alone can be dangerous.**

## HOW TO PUT SOMEONE IN THE RECOVERY POSITION



1. Tilt head backwards, ensure clear airway and straighten head and neck.
2. Place arm at side and other arm across chest with hand against cheek.
3. Bring far knee up to a 90 degrees.
4. Roll person over towards you with knee at angle and ensure head is supported.

## HOW TO PERFORM CPR



1. Shake and shout
2. Call 999 or 112
3. Check for breathing
4. Place your hands at the center of their chest
5. Push hard and fast - about twice per second
6. If you've had training, repeat cycles for 30 pushes and 2 rescue breaths

Always follow the instructions of the emergency responder when you call for an ambulance.

## HELPING SOMEONE IN A CRYSTAL METH RELATED EMERGENCY

### The basics:

- Crystal Methamphetamine, more commonly known as Crystal, Meth, Tina or T.
- Users report an intense feeling of euphoria, energy, confidence, and sexual arousal.
- It blurs your perception of time and suppresses your need for food and sleep.
- The 'come-down' can last for days and depends on how much you took, how long you took it for, and whether or not you took it in combination with other substances.
- A lot of guys who use crystal meth on a regular basis when having sex eventually find it hard to have sex without it.

### The most urgent Crystal Meth emergencies happen when:

- You're 'too high' and are no longer in control.
- You're using for a long period, having missed food and sleep.
- You experience a meth-induced psychosis.
- You harm yourself when injecting.



## WHEN SOMEONE IS 'TOO HIGH'

The high from crystal meth is not like the high from G; a person who is high on crystal meth is usually very alert and aware of what is happening around them. Being 'too high' on crystal meth might result in manic behaviour, panic attacks, hyperactivity, or behaviour from a person who feels invincible or invulnerable to harm, which of course might lead to harm occurring. If someone is displaying this behaviour and your concerned – here's what you can do to help:

### → Keep them safe.

If they become manic or chaotic in their behaviour, try to encourage them away from spaces and objects that might cause harm to them, you, or others.

### → Be mindful of consent

Many people take crystal meth to enhance sex and can consent when high. However, there can be a point where their high surpasses their ability to consent or seek consent. They might be asking for more drugs, or inviting sex, despite being possibly unable to consent to these things. Similarly, a person very high on meth, can exhibit behaviour of extreme horniness, unaware of the dangers or consequences of that behaviour. If your instinct is that their high is impacting their choices - any sex that is happening should stop.

### → Don't give them any more drugs

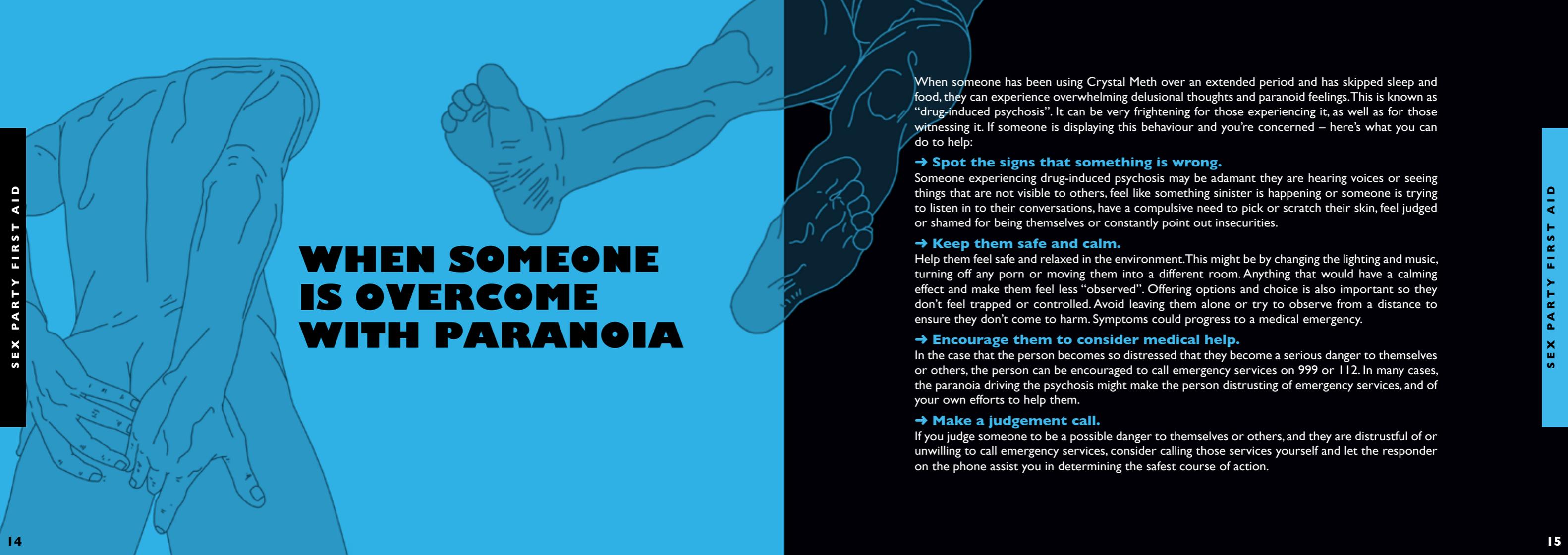
One myth is that giving them a relaxant (G, Valium, Alcohol) can be helpful; this isn't true. It just adds to the toxicity their body is dealing with and the result can be unpredictable. Even if this method seems to have worked in the past, don't do this – the negative consequences outweigh any benefit.

### → Try keeping them cool

Overheating can be a sign of an overdose. If someone starts to overheat, remove extra clothing, take them to a cool space to sit and rest and give them sips of water to drink but not more than 1 pint an hour. Overdoses can progress quickly so other signs, such as confusion, chest or muscle pain should be acted on – consider calling an ambulance.

### → Consider calling emergency services

An intoxicated person who is mobile, responsive and breathing does not necessarily need an ambulance. However, if their high is causing them to behave in a way that is harmful to themselves, to you or others and you feel safety cannot be guaranteed, you should consider calling emergency services.



## WHEN SOMEONE IS OVERCOME WITH PARANOIA

When someone has been using Crystal Meth over an extended period and has skipped sleep and food, they can experience overwhelming delusional thoughts and paranoid feelings. This is known as “drug-induced psychosis”. It can be very frightening for those experiencing it, as well as for those witnessing it. If someone is displaying this behaviour and you’re concerned – here’s what you can do to help:

→ **Spot the signs that something is wrong.**

Someone experiencing drug-induced psychosis may be adamant they are hearing voices or seeing things that are not visible to others, feel like something sinister is happening or someone is trying to listen in to their conversations, have a compulsive need to pick or scratch their skin, feel judged or shamed for being themselves or constantly point out insecurities.

→ **Keep them safe and calm.**

Help them feel safe and relaxed in the environment. This might be by changing the lighting and music, turning off any porn or moving them into a different room. Anything that would have a calming effect and make them feel less “observed”. Offering options and choice is also important so they don’t feel trapped or controlled. Avoid leaving them alone or try to observe from a distance to ensure they don’t come to harm. Symptoms could progress to a medical emergency.

→ **Encourage them to consider medical help.**

In the case that the person becomes so distressed that they become a serious danger to themselves or others, the person can be encouraged to call emergency services on 999 or 112. In many cases, the paranoia driving the psychosis might make the person distrusting of emergency services, and of your own efforts to help them.

→ **Make a judgement call.**

If you judge someone to be a possible danger to themselves or others, and they are distrustful of or unwilling to call emergency services, consider calling those services yourself and let the responder on the phone assist you in determining the safest course of action.

# WHEN SOMEONE HARMS THEMSELVES FROM INJECTING DRUGS

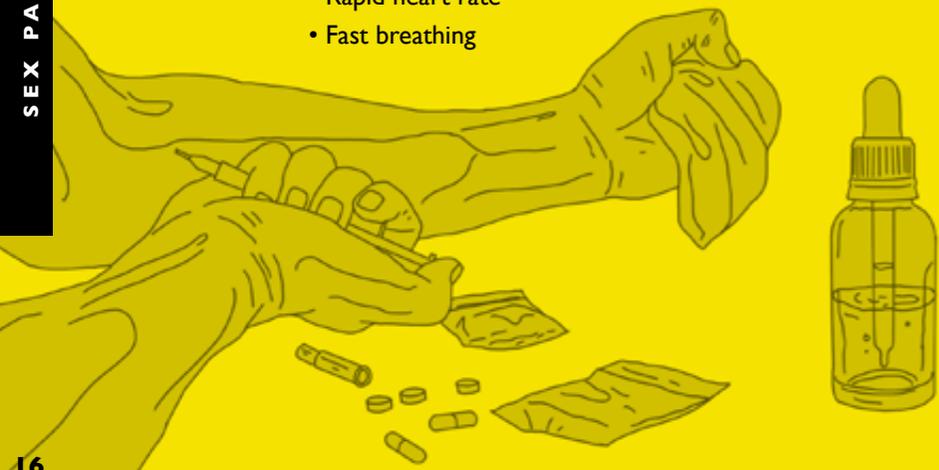
Although there are a number of harms related to injecting drugs, there are two scenarios that would be considered an emergency.

## Intravenous infection

An infection can develop in the skin surrounding the injection site in the days and weeks after injecting drugs. This is not an emergency, but could become one if ignored – see a doctor as soon as possible. However, sometimes the infection goes directly into the vein being injected into. Certain types of bacteria can cause blood poisoning (septicaemia).

The symptoms of blood poisoning usually start very quickly and can get worse rapidly too. Even in the first stages of the illness, a person can look very sick. Look out for:

- Chills or a very high temperature
- Rapid heart rate
- Fast breathing



**More severe symptoms can come on very quickly and are a sign that the infection is getting worse.**

## Look out for:

- Patches of discoloured skin / rash
- Confusion / unable to concentrate
- Reduced amounts of urine
- Extreme weakness
- Problems breathing

If you or someone you are with are experiencing these symptoms after injecting drugs, call for an ambulance on 999 or 112 immediately. Tell the emergency responder that the person used a drug intravenously and is displaying symptoms of septicaemia (blood poisoning).

## Injecting air into your vein

Injecting large amounts of air into a vein can cause a blood clot. It can be considered an emergency if you or someone you are with experiences any of the following symptoms:

- Difficulty breathing
- Chest pain
- Muscle or joint pains
- Stroke
- Confusion or loss of consciousness
- Low blood pressure
- Blue skin hue

If you or anyone you are with experience any of these symptoms, call an ambulance on 999 or 112 immediately.

Tell the emergency responder that the person has injected air into a vein and is displaying symptoms of an embolism.



## WHEN SOMEONE TAKES TOO MUCH CRYSTAL METH

Fatal overdoses from crystal meth can happen. It is more likely to happen from injecting or booty bumping (putting the drug in your anus). If someone takes too much crystal meth – here's what you can do to help:

### → Spot the signs that something is wrong

A person will feel that something is wrong; they may tell you that they're experiencing a powerful and scary headrush and will feel panicky. They'll experience a dangerous increase in body temperature, and they'll have an overwhelming urge to cool down either by removing clothing, applying cold packs or to go outside if it is much cooler there. Other signs include increased heart rate, chest or muscle pain, confusion, stiffness in arms and legs and/or shivering.

### → If the symptoms persist – take action!

These symptoms usually pass within 5 or 10 minutes, and anything they can do to cool down and feel calmer is helpful. However, if the symptoms persist for more than five or ten minutes, or if their temperature stays consistently at or above 39.4 degrees Celsius – call an ambulance on 999 or 112 and tell the emergency responder that the person has injected a stimulant, and that their temperature is very high; you'll be guided through what to do next by the emergency responder.



## HELP IN A SEXUAL ASSAULT EMERGENCY

Consent should be at the centre of everything that happens at a sex party. However, if something happens to you without your consent, or you witness something happening to someone else without their consent – here is how you can help:

### → Check for consent

Consent is enthusiastic and ongoing – if you or someone you're with says no or had said yes but now says no – any sex should stop. If there's no clear response to a direct question about continuing to have sex – that person is unable to consent and any sex should stop.

### → Intervene

If you witness someone engaging in sex with someone who no longer consents to sex or is unable to consent – consider intervening if it's safe to do so.

### → Get to a safe place

If possible, move to a safe place or consider leaving the sex party entirely. If this is not possible and / or others are at risk from the perpetrator – call emergency services immediately on 999 or 112 and ask for the Gardaí.

**If you or someone you're helping is sexually assaulted (at any time in their life), the Rape Crisis Centre can help. They offer advice and support on where to go depending on what your situation is. Call their helpline at no cost, 24 hours a day on 1800 77 88 88.**

A Sexual Assault Treatment Unit (SATU) is a safe place to go following a rape or sexual assault. SATUs can help by offering medical care and a forensic exam if that is what you want. Someone from the Rape Crisis Centre can come to the SATU for support throughout the process if you wish.

### → Reporting it

If you are the victim of a sexual assault you may decide you want to report it to the Gardaí. To report a crime, you can call 999/112 in an emergency or call to your local Garda station in person or by phone. You may want time to think about it and get support for what has happened to you. But if you think you want the crime to be investigated, the sooner a forensic exam takes place, the better (preferably within 72hrs). SATUs can store forensic samples for you for up to a year. In this time, you can decide if you want to involve the Gardaí or not.

## HELPING SOMEONE IN A SEXUAL HEALTH EMERGENCY



Preventing a likely HIV transmission is considered a sexual health emergency. A likely infection of another STI, including hepatitis C, is not considered an emergency, as there are no time-sensitive emergency prevention methods. If you have had a possible exposure to HIV which could lead to a permanent infection – here's what you can do to prevent it:

### → Know what a possible exposure to HIV is

A possible exposure to HIV happens when:

- you have anal sex,
- regardless of if you are the top or the bottom,
- with no condom or the condom breaks,
- not using PrEP,
- and you don't know the person's HIV status OR
- you know the person is HIV positive with a detectable viral load.

OR you share needles with a person who is HIV positive with a detectable viral load.

### → Get PEP

PEP is a 28-day course of HIV prevention drugs that can prevent an HIV infection if taken within 72 hours of the exposure. You can get PEP from your local sexual health service during clinic times (no cost) or at emergency departments 24 hours a day (statutory fee is applied).

## SOME ADDITIONAL SEX-RELATED EMERGENCY SITUATIONS

In the heady mix of sexual liberation and pleasure, with or without drugs, sex-related injuries can occur – here what you can do to help:

### → **Lodged objects**

Sometimes, sex toys or other objects might become lodged in the rectum, and it might be difficult to remove them. Clenched muscles, anxiety, or an inability to relax associated with drugs can make this more difficult. If some hours have passed, and relaxing or sitting on the toilet has not helped, consider going to your local Accident & Emergency.

If the object is not something designed to be used in the rectum; if it is something that could break, or cause damage to the rectum, it might be more of an emergency situation. If the lodged object is accompanied by other symptoms such as abdominal pain, rectal bleeding, nausea or fever, then go to Accident and Emergency as soon as possible.

### → **Priapism (long-lasting, painful erection)**

Priapism can result from mixing erectile function drugs (such as Viagra) with recreational drugs for long sex sessions. It is also possible with prolonged use of cock rings. Priapism will usually get better on its own within 2 hours if you remove yourself from sexual arousal i.e. sex party, porn etc. Drink lots of water and take paracetamol if needed. Don't apply anything cold to your penis, don't drink alcohol or smoke.

If you have an erection that lasts unstimulated for more than 2 hours you should go to A&E or call an ambulance if you need one. An erection that lasts this long needs to be treated in hospital as soon as possible to help avoid permanent damage to the penis.



All sorts of little accidents can happen at a sex-party, particularly if someone gets 'too high';

### → **Head injury**

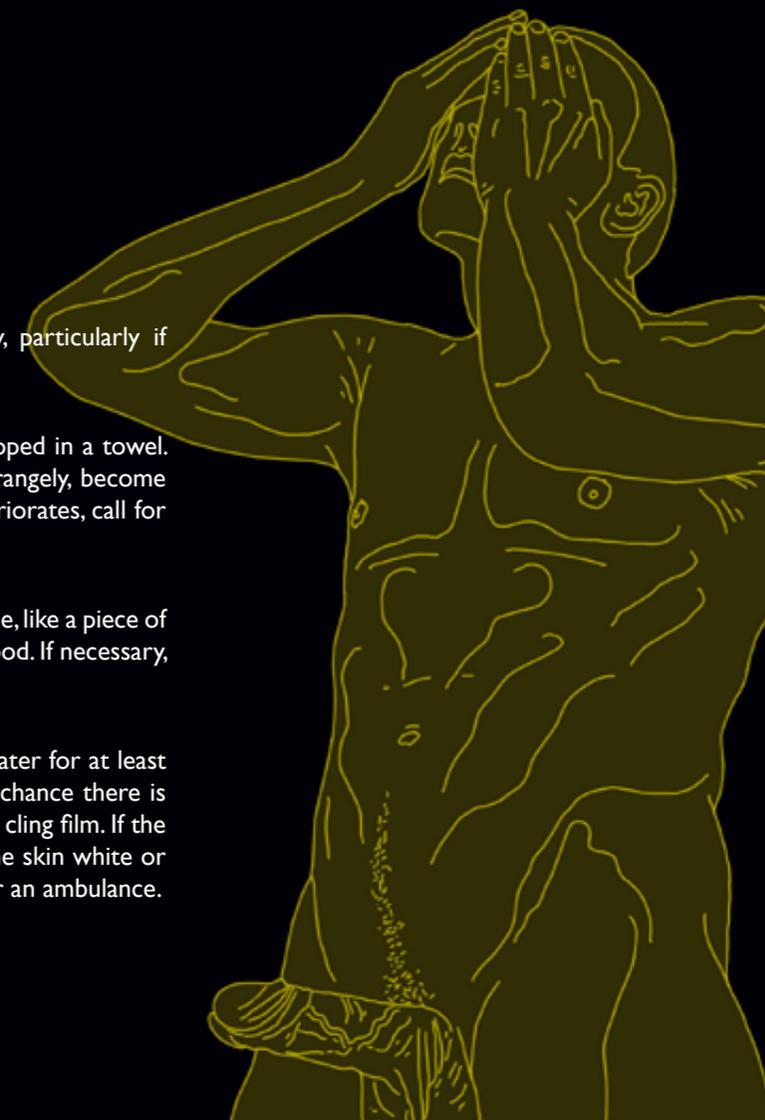
Apply something cold to the injury, like frozen peas wrapped in a towel. If you think the injury is serious; if they begin acting strangely, become drowsy or sleepy; if they vomit or if their condition deteriorates, call for an ambulance.

### → **Bleeding heavily**

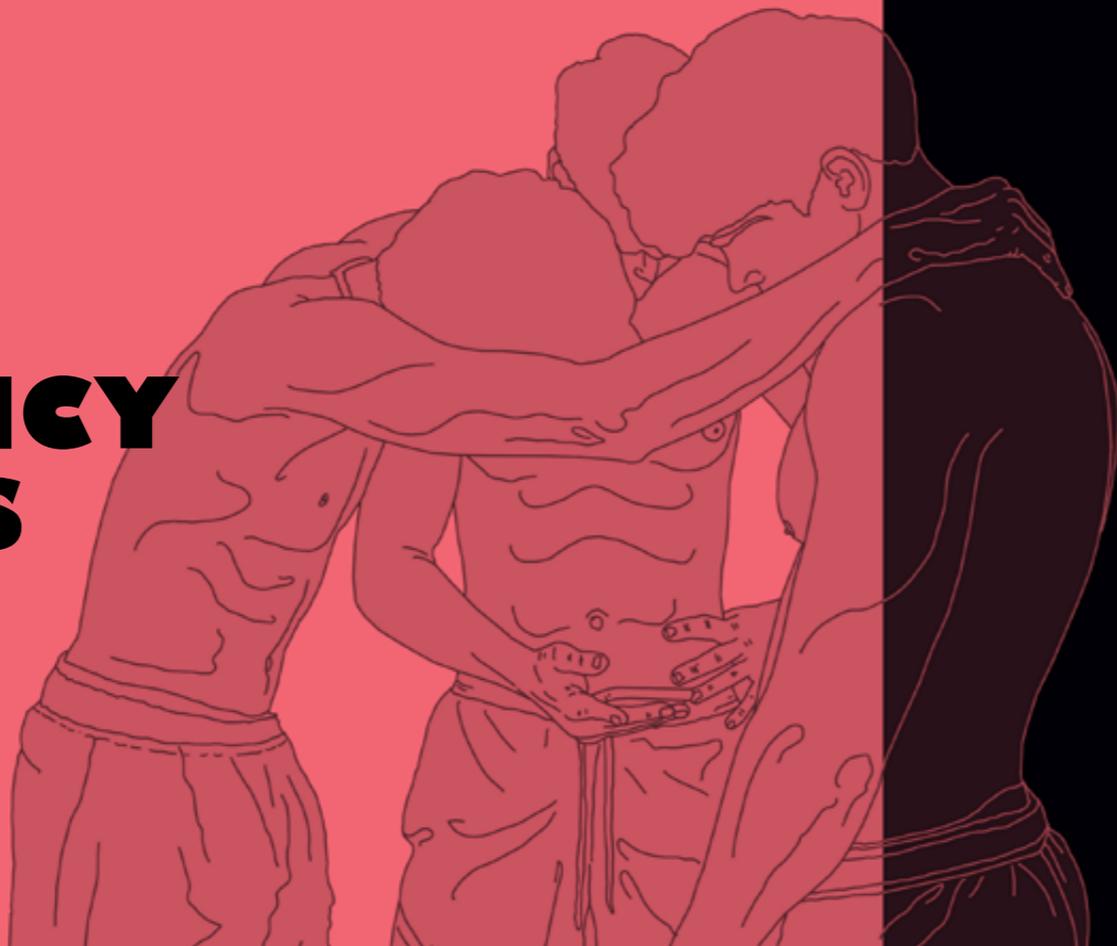
Apply pressure to the wound, using anything that is available, like a piece of clothing or a towel. The purpose is to stop the flow of blood. If necessary, call for an ambulance.

### → **Burns**

A burn is best treated by running the burn under cold water for at least ten minutes. (The longer a burn is kept cooled, the less chance there is of scarring). After the burn has been cooled, cover it with cling film. If the burn is above the neck, covers a large area, has turned the skin white or black, or is affecting breathing or consciousness, – call for an ambulance.



# CALLING EMERGENCY SERVICES



**If someone is in need of an ambulance, you should not delay in calling emergency services on 999 or 112. Often, the faster you call for emergency support – the better the outcome for the person in need.**

Try to remain calm – the emergency responder on the phone will assist you with what you need to do to care for the person in need.

When paramedics arrive, their priority is to save a person's life. If they are asking questions about what drugs were taken – it's to figure out how best to respond.



## **G CARD - Guidance for Emergency Responders**

An overdose with GHB/GBL may be the reason for unconsciousness if the person you are attending is unresponsive. GHB/GBL overdose is characterised by a rapid onset of CNS and respiratory depression.

The protection of airways and proper airway management is recommended because vomiting is common.

Someone can transition from an overdose into serious withdrawals with the risk of seizures, severe agitation and rhabdomyolysis.

For treatment of withdrawal consult the Maudsley Prescribing Guidelines, 12th edition or later. For further information on treatment intervention or detoxification contact the HSE National Drug Treatment Centre on 01 648 8600.



# CONTACT INFORMATION

To access MPOWER services and to get more information on sexual health and wellbeing for gay, bisexual and men who have sex with men visit [mpower.hivireland.ie](http://mpower.hivireland.ie)

**Call, text or WhatsApp us on 083 019 1286**

**Email us on [mpower@hivireland.ie](mailto:mpower@hivireland.ie)**

 MPOWERprogramme  [mpowerprogramme](https://www.instagram.com/mpowerprogramme)

MPOWER is an initiative of HIV Ireland and is funded by the HSE Sexual Health and Crisis Pregnancy Programme.



**HIV  
Ireland**



An initiative of  HIV Ireland