

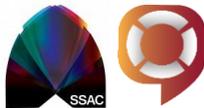


## Take-home naloxone and the politics of care

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## Introduction

- Overarching project aim: explore the impediments to the uptake and diffusion of take-home naloxone in Australia
- Take-home naloxone (THN) – opioid antagonist, naloxone, made available to non-medically trained people to administer to people experiencing an opioid overdose
- This presentation explores:
  1. How take-home naloxone reciprocally shapes and is shaped by interpersonal relations of care and
  2. Theorises a ‘politics of care’ approach to take-home naloxone and opioid overdose response

### ***Approach: Take-home naloxone and the politics of care***

- STS - relational and performative approach in which the world does not pre-exist the practices traditionally thought to ‘discover’ it, but instead is made or articulated in and through those practices, that is, in and through specific relations between humans, non-human living beings, ideas and technologies (Law 2004)
- Technologies are implicated in care and ‘afford’ certain actions, intuitions and possibilities
 

“Technologies bombard human beings with a ceaseless offer of previously unheard-of positions – engagements, suggestions, allowances.” (Latour, 2002 pp. 252-253)
- Technology shapes the moral landscape of care
 

“Nowadays, if you happen to have diabetes and refuse to inject insulin, this amounts to committing suicide. As a result of manufacturing insulin, ‘not injecting’ has become a lethal act, and hence a moral activity [...] Technologies [...] shift both the practical and the moral frameworks of our existence.” (Mol, 2008 pp. 89-90)
- The politics of care
 

“Care is a selective mode of attention: it circumscribes and cherishes some things, lives, or phenomena as its objects. In the process, it excludes others. Practices of care are always shot through with asymmetrical power relations: who has the power to care?” (Martin, Myers & Viseu, 2015 p. 627)

## Method

77 in-depth qualitative interviews

- Victoria: 24 interviews with people who consume opioids. 15 interviews with health professionals
- NSW: 22 interviews with people who consume opioids. 16 interviews with health professionals



People who consume opioids with and without THN experience and people who consume opioids prescribed to manage chronic pain.

Relevant health professionals including pharmacotherapy prescribers, general practitioners, pain management specialists and pharmacists.

## *Administering take-home naloxone to care for an intimate partner*

### **Gabrielle (48, nurse)**

“I’ve got a living will from him, which he specifically states, not to be brought back [if he overdoses] [...] We’ve talked about it and made decisions, like a commitment to each other. So if he did [overdose], like if his heart stops and he has stopped breathing, I don’t know if I could do it, but I’m not supposed to bring him back.”

“With my partner, sometimes he gets very, very intoxicated by it [heroin] and he’ll start forgetting to breathe so [that’s] ... when I give him Narcan, I don’t always give him a full ampoule, I don’t wait until he’s stopped breathing. Sometimes I’m just trying to reverse the opiate effects. So I give him a third of an ampoule and that brings him out of it enough for me not to worry about him not breathing. So I don’t wait for the overdose in his case.”

### ***Administering take-home naloxone to care for an intimate partner***

#### **Gabrielle (48, nurse)**

“I’m not using a full ampoule, because [...] he’s using heroin to enjoy it and I don’t want to completely reverse it, so that it’s not in his system. I just need to take the edge off it and yeah, give it a bit of ... straighten him up a [then] he goes back to a level of being stoned, but not quite as stoned as he was before and then I can relax.”

“Yeah I have administered Narcan to him when I just [...] before a complete overdose, because then I’m not breaking my word to him. Like I haven’t reversed his death, I’ve just stopped him dying.”

### ***Gentle naloxone administration***

#### **Dylan (33, volunteer peer worker)**

“In training, we’re taught to give one vial at a time, each vial being 0.4 milligrams or micrograms, I’m not sure. [...]. I’m aware that Ambulance Victoria officers give between 5 and 6 times the dose that we’re taught to give and a lot of the time, it snaps people straight out of it, but it then sends them into instant withdrawal, they get really narky [...] We’re taught to try and do the gently-gently approach and I wish somebody would notify Ambulance Victoria that there’s a better way of reversing an opiate overdose than just jabbing people full of Naloxone and sending them into withdrawal.”

### ***Gentle naloxone administration***

#### **Dylan (33, volunteer peer worker)**

“They came around, it was the gently-gently approach and I was like, ‘Hey, I just want to let you know, you had a bit of an overdose, I’ve given you some Narcan, you’re fine now, it’ll wear off in an hour, ... just because you feel straight now, please don’t go and buy anything [opioids] for the next hour. Just wait and let it kick back in and see if you need anything more.’

‘You did not give me Narcan, I don’t feel like I’ve been Narcanned at all.’

It’s like, ‘Darling, look at the mess next to you on the ground, there’s broken open Narcan vials, there’s two needles with sharps tips attached. If I didn’t give you Narcan, why is that stuff lying there?’

### ***Gentle naloxone administration***

#### **Dylan (33, volunteer peer worker)**

‘You’re just bullshitting, you didn’t give me Narcan.’

‘Yeah, I did, but if you choose to believe otherwise, then you’re welcome to.’

And that sort of approach, like even though she didn’t believe I’d just given her something that potentially saved her life, as opposed to if I’d done what the ambulance do and broken open all five vials and given them to her all at once, I potentially could have walked away with a black eye.”

***Conclusion: Towards a politics of care approach to take-home naloxone***

1. A politics of care approach to administration may not only improve individual experiences of revival but may advance naloxone's reputation and encourage uptake.
2. A politics of care approach emphasises social relations which is especially important in a context in which those affected are heavily stigmatised and constituted as lacking meaningful relationships.
3. A politics of care approach holds political issues of marginalisation, material resourcing and stigma at the centre of analysis. This is critical for any response to opioid overdose in that broad changes are required to address the social arrangements that both produce overdose risk and deter naloxone use.