Take-home naloxone and the politics of care

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Introduction / Issues: ‘Take-home naloxone’ (THN) refers to a life-saving intervention in which a drug (naloxone) is made available to non-medically trained people for administration to other people experiencing an opioid overdose. In Australia, it has not been taken up as widely as would be expected, given its life-saving potential. We consider the actions of THN, focusing on how care relations shape its uses and effects.

Method / Approach: Mobilising Science and Technology Studies insights, we suggest that the uses and effects of naloxone are co-produced within social relations and, therefore, this initiative ‘affords’ multiple outcomes. We argue that these affordances are shaped by interpersonal politics of care, and that these politics relate to uptake. We analyse two complementary case studies, drawn from an interview-based project, in which opioid consumers discussed take-home naloxone and its uses.

Key Findings: Our analysis maps the ways take-home naloxone can afford (1) a regime of care within an intimate partnership (allowing a terminally ill man to more safely consume opioids) and (2) a political process of care (in which a consumer takes care of others treated with the medication by administering it ‘gently’).

Discussions and Conclusions: We conclude by arguing that approaching THN as politics of care has the potential to constitute it as a destigmatising intervention by emphasising the reciprocal caring relations between people often positioned as uncaring subjects. Additionally, a politics of care approach may contribute to the development of delivery in ways that reduce unnecessary discomfort and ethically encourage uptake.

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