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# **Conflict and communication: Managing the multiple affordances of take-home naloxone administration events in Australia**

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# Acknowledgement of Country

*We acknowledge the Traditional Owners of country throughout Australia and recognise their continuing connection to land, waters and culture. We pay our respects to their Elders past, present and emerging.*



# Acknowledgements

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## Advisory panel

Ms Jane Dicka, Harm Reduction Victoria

Ms Elizabeth Carrigan, Australian Pain Management Association

Dr Marianne Jauncey, Medically Supervised Injecting Centre

Mr Trevor King, ReGen Uniting Care

Mr Angelo Pricolo, Pharmacy Guild of Australia

Mr Tom Lyons, Department of Health and Human Services (VIC)

Ms Ange Matheson, Department of Health (NSW)

# Take-home naloxone in Australia

Minijet®  
pre-filled  
syringe



Naloxone  
ampoule



Prenoxad®  
pre-filled  
syringe



Nyxoid®  
intranasal  
device





# Impediments to uptake

- People who consume opioids are generally willing to participate in overdose response training and to administer naloxone on their peers (e.g. Hill & McAuley, 2012; Lagu, Anderson, & Stein, 2006; Lankenau et al., 2013; Seal et al., 2003; Sherman et al., 2008; Wright et al., 2006).
- Knowledge of take-home naloxone availability and uptake in Australia remains inconsistent and varies between different cities (Dietze et al. 2017).
- Various programs and forms of THN being implemented around Australia (Dwyer et al., 2018).
- Research suggests that some opioid consumers are aware of take-home naloxone but choose not to engage with it (Dietze et al., 2015; Stafford & Breen, 2017)



# Impediments to uptake

- Naloxone's capacity to stimulate withdrawal symptoms can reduce willingness to access, administer and be administered, the drug (Heavey et al. 2018, Hollow, Hills & May 2018, Neale & Strang 2015, Sondhi et al. 2016, Sporer & Kral 2007, Worthington et al 2006).
- Withdrawal sensations are implicated in interpersonal conflict during naloxone administration events (Kerr et al. 2008, Neale & Strang 2015, McAuley, Munro & Taylor 2018, Strang et al. 2017).
- People using take-home naloxone actively avoid stimulating withdrawal when administering naloxone (Lankenau et al. 2013, Winston et al. 2015, McAuley, Munro and Taylor 2018).
- Recent case study explores in depth careful naloxone administration practices that include titrating the dose with the aim of achieving revival while minimising discomfort (Farrugia et al. 2019).



# Approach: Naloxone affordances

- Take-home naloxone is a technology that shapes and is shaped by interpersonal interactions and broader social arrangements.
- The effects of naloxone take shape in practice.
- Take-home naloxone ‘affords’ certain actions, intuitions and possibilities (Farrugia et al. 2019).



# Method

Understanding the impediments to uptake and diffusion of take-home naloxone in Australia (ARC Discovery Project)

46 semi-structured qualitative interviews with people who consume opioids.

## Recruitment in Victoria

*People who consume opioids*

- 8 people who consume opioids with take-home naloxone experience
- 7 people who consume opioids without take-home naloxone experience
- 9 people consuming opioids primarily to manage chronic pain (none had experience of take-home naloxone)

## Recruitment in New South Wales

*People who consume opioids*

- 7 people who consume opioids with take-home naloxone experience
- 6 people who consume opioids without take-home naloxone experience
- 9 people consuming opioids primarily to manage chronic pain (none had experience of take-home naloxone)

# The possibility of conflict

## Emma (age 56, female, NSW)

- ‘He came to and he was like, “What?” All the boys were going, “Oh look, man, man, man! You were blue”. He was saying, “No, I wasn’t”. Then I told him I’d given him Narcan, and he goes, “You bitch!”. He was really angry with me because he wanted to buy more [heroin] but he didn’t have any money. He said I should get him some more because I was the one that gave him Narcan. I was so outraged, and not once did he even thank me for doing it’.



# The possibility of conflict

## Andrew (age 41, male, VIC)

- ‘I’ve told them all, and any of my friends will tell you, I carry it [take-home naloxone] and I’m not scared of using it. Wake up and punch me in the mouth – at least you woke up. Yeah, you just cop it on the chin. Don’t drop [overdose] when I’m around’.
- Take-home naloxone administered knowing this can afford conflict.
- Opioid consumers continue to access, carry and use take-home naloxone in order to save lives.



# The potential for appreciation

## Zippy (age 59, male, VIC)

- ‘Well, she couldn’t thank me enough. I got this text on my phone and it took me a bloody five minutes to read it, she was going, “I’m really grateful that you looked after me and thank you for helping me out [and] you are really kind and I’m ever so grateful that you helped me out”’.

# The potential for appreciation

## Karen (age 33, female, VIC)

- '[I felt] good, because she was alive. I didn't feel too bad that I done it: I felt bad but I didn't. It was like a catch-22. I felt bad because I kicked her fix [removed the embodied sensations of heroin], [but] at the same time, I felt good because at least she was still around the next day to do what she wants to do. So it was the pros and cons. She can be shitty with you for two days, but then she realised, "[if she hadn't done it] I wouldn't be here two days later whingeing about it". So you've got your choice, you can either whinge about it for 24 hours [and then] get over it, or cark it [die] and your kids will suffer ten times harder because they know their mother died off of drugs. So it's yeah ... it's a catch-22'.



## Strategies to reduce conflict: Careful dosing

### Lance (age 48, male, NSW)

- ‘A lot of people, if you Narcan them, they sort of come up swinging [ready to punch you]. *The times that you have done it, has that happened?* No. Because we didn’t use the full quantity’.

### Karen (age 33, female, VIC)

- ‘She was starting to breathe a bit better, but she still wasn’t waking up or alert, so I gave her another little jab, but not as much. I didn’t want to overdo it, but didn’t want to underdo it either’.



# Strategies to reduce conflict: Communication

## Gabrielle (age 48, female, VIC)

- ‘Within 30 seconds of the second one [naloxone dose], he gave a cough and a bit of spluttering and things were good. He started coming around slightly aggressive, but his girlfriend was with us and I had already asked her to start talking to him from before he was coming to [regaining full consciousness]. [This way] at least he could hear voices when he was coming around and wouldn’t be so confused, because it’s the confusion that makes people agitated and angry’.



## Strategies to reduce conflict: Communication

### Lenny (age 40, male, VIC)

- ‘That was one of the calmest people I’ve ever woken up. They knew where they were once they saw my head and were like, “What happened?” Because I was, like, freaking out, so [he asked], like, “What happened, what happened?” But it was all easy, like smooth, like there was no coppers [police], there was no ambulance or anything like that. I just had two other people behind me, and they’re just telling him what happened, like exactly how he dropped [overdosed] and then he sort of looked over to me and said “thanks” and I was like, “hopefully you’d have done the same thing for me” and he goes, “yeah”. He didn’t know how to respond, sort of’.



# Conclusions

- The effects of take-home naloxone take shape in practice.
- These practices can afford withdrawal sensations, confusion, conflict, and associated negative interactions.
- These practices can afford positive interactions, such as gratitude and shared understandings of mutual responsibility and care.
- Peer administrators actively manage these affordances in an effort to reduce the likelihood of negative outcomes.



# Conclusions

- Peer administrators are saving lives without the expectation of receiving commendation.
- Emphasising the significant life-saving role that people who access take-home naloxone play within public health may increase its appeal.
- Life-saving role could be highlighted more actively in efforts to tackle stigma and discrimination.



# Team research on take-home naloxone

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## Under review

- Fomiatti, R. et al. Addiction stigma and the production of impediments to uptake of take-home naloxone. Under review at *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*.



# Conflict of Interest

- The authors have no conflict of interest to report.



**Thank you**

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