POSTION PAPER

HOW TO REDUCE DRUG RELATED DEATHS

ISSUES

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Advocacy for People who use Drugs

Overdose prevention efforts in the face of synthetic opioids

Purpose of this paper: UISCE submits this paper to policymakers for consideration in the urgent implementation of overdose prevention techniques in the face of a shifting drug market. The most recent data available indicates Ireland to have the leading number of drug deaths per million people in Europe, with Ireland experiencing 97 drug deaths per million people compared to the EU average of 22.5 per million people (O'Keefe, 2024a). Recently, Ireland has experienced several overdose spikes related to the synthetic opioid nitazene in the heroin and illicitly manufactured street tablet supply (Health Service Executive, 2023; O'Keefe, 2024b). Global changes in poppy cultivation could result in a greater presence of synthetic opioids in Ireland's drug market in the near future (Bach, 2023). Synthetic opioids have been the driving force behind the North American overdose crisis, with synthetic opioids being involved in 73,838 overdose deaths in the United States in 2022(National Institute on Drug Abuse, 2024). With the highest overdose death rate in the European Union, synthetic opioids should be of urgent concern to the people and policymakers of Ireland (O'Keefe, 2024a).

Overdose death data is years behind in Ireland, with the most recent figures coming from 2020. This lag in toxicology and overdose death reporting can make it difficult to monitor and respond to the most current drug trends. Prior to the HSE alerts about nitazenes in the autumn of 2023, UISCE had peers reporting anecdotal information regarding changes in the drug supply. Amplifying the expertise of those with lived and living experience is harnessing a proactive, rather than reactive, response to a shifting drug market.

In our role as a national advocacy service for people who use drugs, we believe it is vital to acknowledge the growing presence of synthetic opioids in the drug supply while taking action to protect and support people who use drugs. Using our experience and knowledge of the international literature, UISCE urges the state to consider the following action items to reduce Ireland's overdose deaths and preserve the life and safety of people who use drugs in the face of a toxic drug supply. Our recommendations are as follows:

1. Increase naloxone access and distribution
2. Engagement of people who use drugs in overdose prevention efforts
3. Distribution of take-home drug checking test strips
4. Targeted harm reduction outreach to people who do not identify as opioid users
5. Development and Implementation of community based drug services
6. Scale-up low-threshold pathways for treatment of substance use disorders
7. Implementation of safe consumption spaces
8. Create a working group to explore safe supply interventions

1. Increase Naloxone access and distribution

UISCE's Recommendation: Naloxone should be made available without a prescription in pharmacies and all drug services.

What is it? Naloxone, also commonly known under the brand-name of Narcan, is an opioid antagonist that is used to reverse an opioid overdose. Naloxone is available in three forms- an intramuscular injection, a multi-step nasal spray, and a single-step nasal spray. Currently, Naloxone is only available by prescription or through certain drug treatment or support services.

Why it is effective: Naloxone is a safe medication that can be used without risk of dependency or abuse. Widespread availability of naloxone through community distribution or laws allowing for broad access to naloxone have been associated with decreased synthetic opioid overdose fatalities (Naumann et al., 2019; Tabatabai et al., 2023). Naloxone is available over-the-counter in a number of countries, such as the United States and Australia. Notably, Italy has had naloxone available over-the-counter in pharmacies since 1996. Furthermore, getting naloxone into the hands of bystanders has been found to be important in the case of overdose response. Emergency service personal may not be called to the site of an overdose or may experience delays in getting to the scene of an overdose. Bystanders equipped with naloxone have been found to increase the chances of recovery from an overdose (Giglio et al., 2015). Through UISCE's outreach work in Dublin, many local businesses and bystanders have expressed a willingness and desire to have access to naloxone to support people who may experience overdoses in their community. Under the current restrictions, these concerned community members are unable to gain access to this life-saving medication.

2. Engagement of people who use drugs in overdose prevention efforts

UISCE's Recommendation: Peer-led initiatives for naloxone distribution and information gathering and sharing to monitor drug trends should be implemented.

What is it? Peer-led initiatives are a form of community engagement or patient and public involvement. Other terminology may include people with lived or living experience. Peer-led naloxone distribution is when people who use drugs are trained in overdose education and distribute naloxone directly to other people who use drugs.

Why it is effective: Peer-led naloxone distribution works by leveraging the trust already established among peers within the drug using community. People who use drugs may not seek out traditional venues for naloxone distribution due to barriers such as criminalization, fear of stigma, not identifying as an overdose risk, or distrust of organizations/healthcare. By creating avenues for peer-led naloxone distribution, trained peers can access hard to reach populations. In Glasgow, Scotland, the first 11 months of their peer-led naloxone distribution programme resulted in 1300 units

of naloxone distributed (European Network of People who Use Drugs, n.d.). With nitazenes being found in the street tablet supply, it is important to get naloxone into the hands of people who may not self-identify with being at risk for an opioid overdose, and peer-led naloxone distribution would be well-positioned to interface with this target group.

Research and policy that engage with people who have lived or living experience yields results that are more in-line with the needs of the target population, making interventions more likely to be easily adopted (Hawke et al., 2023). It is UISCE's belief that the engagement of peers in drug trend monitoring and overdose prevention messaging is key. While UISCE may work in partnership with state agencies, our organization is uniquely positioned due to its history of strong peer-led efforts, resulting in access to populations believed to be 'hard to reach' who are at risk of overdose.

High levels of engagement and trust due to these factors resulted in UISCE providing updates on the changing drug trends and the possible introduction of synthetic opioids to the drug supply in early 2023. This engagement ensured real time, on the ground updates which were provided to the national Early Warning Emergenging Trends (EWET) working group. In late 2023 (November) the HSE issued the first of its red alerts notifying people of the detection of synthetic opioids in the drug supply (nitazenes) related to a spike in overdoses. UISCE had begun to implement an action plan which included peer-led street level naloxone training in the weeks leading up to the HSE warning. This, and previous updates on suspected synthetic opioids in the drug supply, highlights the critical role People who use Drugs can play in overdose prevention- ranging from preventative approaches to overdose response strategies. UISCE trained and provided kits to 186 people on the street and in services during the month November, the first month of the overdose crisis. Throughout 2024, UISCE has trained and provided kits to 345 people. Ensuring peers are leading the design of responses and engagement has been shown to be a key factor in the high uptake in training. In the face of years long delays in overdose death data and toxicology reports, the engagement of peers in drug trends monitoring is key to identification of drug trends early.

3. Distribution of take-home drug checking test strips

UISCE's Recommendation: Distribution of nitazene test strips for people who use drugs.

What is it? Test strips are a form of immunoassay drug checking that test for the presence of a specific drug, such as nitazenes. Drug checking technologies vary in cost and sophistication, but test strips offer an affordable method for people to test for potent synthetic opioids from their own home or space, rather than going to a specific venue. Test strips will not disclose the ratio or potency of a drug in a powder mixture, but they can serve as a starting point for awareness.

Why it is effective: While false negatives and positives do occur with test strips, research has found that drug checking interventions can influence behaviour change and minimize harm (Giulini et al., 2023). With the use of test strips, discussions around false positives and negatives are vital to ensure people who use drugs are aware that this is just one of many precautions to consider when using drugs. The use of fentanyl test strips in the U.S. has been associated with changes in drug use behaviour with a positive result, such as administering tester shots or using less of the substance than usual (Peiper et al., 2019). Nitazene test strips are being used in places like New Zealand, Australia, and the United Kingdom. Ireland took an important first step by piloting a drug testing intervention at the music festival Electric Picnic in recent years, however, this intervention was not easily accessible for people who are most at risk of an overdose. It is vital to expand drug checking to those who are most at risk of experiencing an overdose.

4. Targeted harm reduction outreach to people who do not identify as opioid users

UISCE's Recommendation: Additional targeted outreach to people who do not traditionally use opioids must be developed and funded to prevent overdose deaths due to synthetic opioid's.

What is it? Harm reduction outreach offers support to people who use drugs to use more safely through interventions such as syringe exchange or naloxone distribution. Many harm reduction services offer a wide range of supports for people who inject drugs and people who experience homelessness but may struggle to engage with different cohorts of people who use drugs, such as people who use drugs recreationally or people who use street tablets.

Why it is effective: The use of substances such as benzodiazepines and cocaine has been increasing in Ireland in recent years (Health Research Board, 2023). Withdrawal symptoms from benzodiazepine use can be life-threatening, and access to detox facilities remains limited in Ireland- making a harm reduction approach accessible to this population vital. Additionally, there have been confirmed cases of nitazenes in the illicitly manufactured street tablet supply in Ireland, putting people at risk of opioid overdose who may not identify themselves as opioid users and may not have access to naloxone (Bonner, 2023; O'Keefe, 2024b). Synthetic opioid contamination of drugs other than opioids has been documented in North America as well and is considered the fourth wave of their ongoing overdose crisis (Ciccarone, 2021).

Ensuring overdose education is promoted beyond the traditional demographics is key to preventing overdose fatalities in a shifting drug market.

5. Development and Implementation of community based drug services

UISCE's Recommendation: The development of community-based drug checking using technology such as mass spectrometry targeted towards people who use drugs outside of recreational or festival settings.

What is it? Community-based drug checking services are typically stationary services that allow people to bring their substances to be checked for the content and potency. These services may use equipment and techniques such as spectroscopy or chromatography. These instruments require a level of scientific training and are expensive to purchase, which can serve as a barrier to implementation for many organizations(Carroll et al., 2022). These types of public health measures can be associated with legal ambiguities that require careful coordination between legislative and public health structures. An example of successful coordination can be found in New Zealand, which was the first country to explicitly legalize drug checking (Hutton, 2022).

Why it is effective: The utilization of lab-based drug checking instruments offers a broader scope of understanding of the contents of drugs than test strips. These instruments are equipped to identify a broad range of substances and can detect trace amounts in a single test, unlike test strips (Trans European Drug Information, n.d.). Depending on the person who uses drugs, and the current state of the drug market, knowing the presence of an adulterant in their drug may not offer enough information. Some drug checking services in existence use a combination of testing techniques, with the use of test strips initially and IR spectrometers for additional confirmatory testing (Carroll et al., 2022; Gozdzialski et al., 2023). With the additional costs of equipment, training, and legal ambiguities associated with this intervention, this form of drug checking would take careful planning and consideration. As previously mentioned, drug checking interventions equip people who use drugs with information to make safer decisions, ranging from not using the drug at all, to using a smaller amount more slowly which can minimize the risk of overdose.

6. Scale-up low-threshold pathways for treatment of substance use disorders

UISCE's Recommendation: Expand access to low-threshold treatment for substance use disorders and access to treatment through medications for opioid use disorder should be facilitated through nurse prescribing. Additionally, Ireland must explore treatment modalities for stimulant use disorder and benzodiazepine dependence.

What is it? Low-threshold treatment, such as methadone or buprenorphine for opioid use disorder, has four guiding principles: same-day treatment entry, harm reduction approach, flexibility, and wide availability where people who use drugs can be found (Jakubowski & Fox, 2020). Nurse prescribing is the practice of permitting trained nurses to prescribe medications for opioid use disorder such as methadone or buprenorphine.

Why it is effective: Access to low-threshold treatment options has been found to be associated with a decrease in overdose fatalities and improvements in health-related quality of life, such as mental health and social functioning (Nolan et al., 2015; Villeneuve et al., 2006). Currently, extensive waiting lists exist for people who are seeking out treatment for opioid use disorder in Ireland. Anecdotal evidence has noted waiting times of up to a year in some regions of the country, putting them at risk of deadly consequences as they wait for care. Nurse prescribing of medications for opioid use disorder is not currently permitted in Ireland, despite being established as a safe and effective practice in the scientific literature(Banka-Cullen et al., 2023). Nurse management and prescribing models for medications for opioid use disorder has been found to increase access to medications and reach underserved populations (Kaplan-Dobbs et al., 2021; Klein et al., 2022).

Substances such as crack cocaine and methamphetamine are considered stimulants. Currently, there are limited best practices for the treatment of stimulant use disorders. A form of treatment known as Contingency Management has a growing evidence base as a beneficial treatment option for stimulant use disorders (Ronsley et al., 2020). Further exploration of this treatment modality is needed in Ireland.

In the case of benzodiazepines, abrupt cessation of use can result in dangerous health consequences, such as seizures. Typical treatment of benzodiazepine dependence involves dose tapering under clinical guidance. In Scotland, researchers have developed an intervention to offer safer replacement benzodiazepine to those using the street supply, though it has not undergone clinical testing at this stage (Berry et al., 2023). Following this research will be important to inform Irish policy moving forward.

7. Implementation of Safe Consumption Spaces

UISCE's Recommendation: Allow for the shift from a safe injection facility pilot to a safe consumption space pilot.

What is it? Safe injection facilities are a form of safe consumption spaces, however, a safe consumption space allows for additional modes of drug use, such as smoking.

Why it is effective: Smoking of drugs, such as crack cocaine, has become more common in Ireland in recent years. Implementation a safe consumption space that only serves people who inject drugs will not reach the growing population of people who smoke crack cocaine. Creating safe spaces for people to use drugs have been found to reduce overdose fatalities and play a role in improving health behaviours, such as safer drug use practices (Levengood et al., 2021). People who smoke their drugs have expressed high willingness to utilize safe inhalation spaces, and the use of these spaces is associated with improved health outcomes and may serve as touch-point to additional health and social services (Gehring et al., 2022).

8. Create a working group to explore safe supply interventions

UISCE's Recommendation: Unpredictable and toxic drug supply increases overdose risk. The concept of safe supply has begun to be explored. To understand the efficacy of this intervention, UISCE recommends the creation of a working group comprised of key stakeholders and experts across a variety of sectors to explore this topic.

What is it? Safe or safer supply refers to the practice of providing pharmaceutical grade substances or medications in place of the illicit drug supply. This intervention is used in a way to mitigate risks associated with an unregulated, often toxic, illicit drug supply.

Why it is effective: Regulated drug supply, such as in the case for alcohol industry, carries less risk than unregulated markets. Safe supply programmes in Canada have been associated with beneficial outcomes for programme participants, such as improved physical and mental health (Ledlie et al., 2024). While many harm reductionists favour this form of intervention, it is important to note that there could be risks associated with this model. Critics have noted that greater availability of substances in communities can be linked to increased rates of substance use disorder (Roberts & Humphreys, 2023). Further, a scoping review of the evidence has highlighted the need for additional research into safety concerns and potential for diversion (Ledlie et al., 2024). It is our belief that creating a working group with a diverse set of perspectives and expertise to explore this topic will be vital as Ireland's drug supply becomes increasingly more toxic. The centering of the perspectives and needs of people with lived or living experience should be prioritised among the range of key stakeholders that could comprise the working group.

Conclusion:

It is UISCE's belief that these overdose prevention tactics can help Ireland best prevent overdoses and preserve life while navigating a shifting drug supply. The overdose crisis in North America highlights the need for urgent action when it comes to synthetic opioid's. Unlike North America, synthetic opioids have not saturated the drug supply in Ireland. There is still time and space for Ireland to be proactive it its approach to managing the risks associated with synthetic opioid's. Adjusting policy, interventions, and continuums of care can take time. It is our hope that by highlighting immediate and long-term action items, Ireland can move towards creating a more robust overdose prevention strategy today in order to save lives in the years to come.

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