

HEADS UP



PREVENTING AND
RESPONDING TO
OVERDOSE IN
MCGARRY HOUSE
Executive Summary

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PREVENTING AND RESPONDING TO OVERDOSE IN MCGARRY HOUSE

A Review of Applied Good Practice for Homeless Services and their Partners

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Conducted by Quality Matters in partnership with the University of Limerick Graduate Entry Medical School on behalf of Novas Initiatives.

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FOREWORD



**BY JAN O'SULLIVAN,
MINISTER OF STATE
FOR HOUSING AND PLANNING**

I would like to thank Novas Initiatives for asking me to write the foreword to this timely, honest and revealing research into preventing and responding to overdose.

This in-depth study is based on the experiences of residents and staff of McGarry House in Limerick. The relatively small research population is one of the reasons why this work is so powerful.

While confidentiality is of course maintained throughout the report the widespread prevalence of overdose among such a small group is a cause of great concern. The research explores this reality in a factual and non-judgemental way. It is one of its great strengths.

The lived experiences that give rise to this report are stark. 93% of residents interviewed had witnessed another person overdosing, with the majority of these residents witnessing an overdose within the last six months. Almost three quarters of residents had themselves overdosed.

Given the extent and seriousness of this issue Novas Initiatives are to be commended for showing leadership in honestly addressing the reality of overdose.

While the research population for this study was relatively confined the findings and the 14 recommendations have a very wide application in many settings and services. This research will make a very tangible difference to how we address the issue overdose throughout the country.

In doing so we need to pay very serious attention to the core themes that emerge from this study. For me these are:

- The value of co-ordinated, multi-agency responses in building a comprehensive strategy to assess risk and reduce harm;
- The need for evolving supports based on the very evident link between mental health and overdose risk;
- The capacity that exists among service users to respond to overdose situations they witness and make critical interventions; and
- The role that housing and homeless services can play in preventing overdose risk, and the positive role that both staff and residents can play.

I would like to acknowledge the role that a number of stakeholders played in contributing to this report. The medical profession, the HSE, the emergency services and the pharmacy sector all made valuable inputs. Quality Matters and the University of Limerick Graduate Entry Medical School are also to be commended for the clarity and accessibility of this report.

Novas Initiatives, its staff and the residents of McGarry House have shown bravery and vision in producing this report. "Heads Up" will inform my approach to this difficult and urgent issue, as I am sure it will for many others.

A handwritten signature in black ink that reads "Jan O'Sullivan". The signature is written in a cursive, flowing style.

INTRODUCTION TO THE REPORT



**BY ANNE CRONIN,
HEAD OF SERVICES,
NOVAS INITIATIVES**

Novas Initiatives is the largest provider of homeless accommodation in the Mid-Western region. In 2013, Novas supported more than 1,200 individuals in Limerick City. McGarry House, which opened in 2002, provides homeless accommodation for 30 individuals and long-term supported housing for 37 individuals. In recent years, the McGarry House staff team have observed the profile of residents changing – becoming younger, engaging in more chaotic drug use with increasing levels of opiate use. One of the most challenging consequences of these trends is an increase in overdose risk and in overdoses. In an 18 month period between May 2012 and November 2013, the team in McGarry House responded to 34 overdoses; an average of one overdose every two weeks. McGarry House had also been working with a number of high-risk substance using women who were pregnant, which was a considerable challenge for staff. In the months prior to this research, the team used the *Housing Opiate Overdose Risk Assessment Tool* to measure the extent of risk of overdose in the project: 16 residents were deemed to be at high risk of overdose, including a number of women who were pregnant. Managing this risk proved immensely challenging for the staff team.

There is an urgent need to better understand overdose among homeless people so services like McGarry can:

- Provide better support to people to help them reduce their risk of overdose
- Help people to respond better if they witness someone who is overdosing
- Constantly improve responses to overdose when it happens

The team in Novas wanted to get a better understanding of the scope and nature of the problem of overdose among residents of McGarry House, and to assess how effective their efforts were in preventing overdose and responding to it when it happened on the project.

This research was overseen by the Service Users Interests sub-group comprising of Novas staff and a member of the Novas Board of Directors. It was supported by an Interagency Research Advisory Group with members from; McGarry House, HSE Addiction Services, HSE Social Inclusion, the Regional Drugs Task Force and a local pharmacist representative. We are grateful to all who have been involved in the completion of this important project including the residents, staff and management of McGarry House, our colleagues in partner agencies who participated in or advised on the research, and Quality Matters and the University of Limerick Graduate Entry Medical School.

Novas Initiatives are proud to contribute to a body of knowledge nationally on the issue of overdose among homeless people, and we look forward to implementing ambitious but pragmatic recommendations with residents in our homeless services and our partners in the Mid-Western region.

Warm regards,

A handwritten signature in black ink that reads "Anne Cronin".

1

OVERVIEW

This report details the findings of research conducted on the issue of overdose, with the residents of McGarry House, staff of McGarry House and a number of professional stakeholders in the Mid-Western region between May and October 2013. Generally, the extent of overdose among homeless people in Ireland is unknown¹, and this research addresses the knowledge gap in an Irish context by presenting a snapshot of a small population living or working in a temporary accommodation service for homeless persons in Limerick in 2013, and their experiences of overdose risk, overdose and witnessing overdose.

This research shows enthusiasm from McGarry House residents and staff and other partner agencies to take action to reduce overdose deaths and presents a range of innovative and evidence based solutions – both in-house and interagency - for all stakeholders to play their part in doing so.

This executive summary report contains:

1. A brief background to the research
2. An overview of the methods used to conduct the research
3. Findings in relation to residents experiences of overdose, either when they have overdosed themselves or have witnessed another person's overdose
4. Findings on other overdose-related issues
5. Recommendations arising from the research

The full Heads Up report is available from Novas or the research partners. It contains a comprehensive literature review, detailed methodology and research findings, and a draft overdose policy for the organisation.

¹ We do know that over one fifth of homeless people were heroin users in 2005, and that in 2011 Ireland had the third highest rate of drug-related deaths in the EU. In 2013, research was published by Baggett et al which showed that overdose had surpassed HIV as the leading cause of death among homeless people in Boston.

2 HOW THE RESEARCH WAS CONDUCTED

METHODS FOR COLLECTING INFORMATION

Over a number of months in 2013, interviews and surveys were undertaken with McGarry residents and professionals from Novas and other agencies, who could help to answer the following questions:

- What factors contribute to residents' risk of overdose?
- What do residents normally do when their peers are overdosing?
- What do staff do when residents overdose?
- How processes could be improved to reduce overdose, including interagency work?

McGarry House policies, procedures and example case notes were also reviewed to support a thorough understanding of how the organisation responds to overdose. The information collected through interviews, surveys and the policy review was compared with research and good practice responses in other countries to support the development of recommendations.

RESEARCH PARTICIPANTS

Surveys and interviews were undertaken with residents of McGarry House, staff of McGarry House, GPs who had previously worked with residents of McGarry House, and other professionals who have a role in preventing and responding to overdose, including a pharmacist, a representative from the HSE, the Homeless Persons' Centre, Emergency Services (ambulance), HSE Outreach Workers, and the Emergency Department of Limerick Hospital.

THE OVERDOSE CYCLE: FROM RISK ASSESSMENT THROUGH TO DEATH OF A SERVICE USER

To support a comprehensive understanding of how services users, staff and health workers from other services experience overdose the seven-stage model shown in the image to the right was used to help plan what questions to ask, what order to ask them in, and how to use the information to develop recommendations for McGarry House.



3

RESIDENTS' EXPERIENCES OF OVERDOSE

RESIDENTS WHO HAD OVERDOSED

These are the main findings relating to residents' experiences of overdose:

HOW MANY RESIDENTS HAVE OVERDOSED?

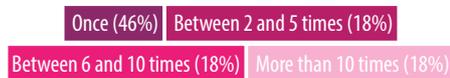
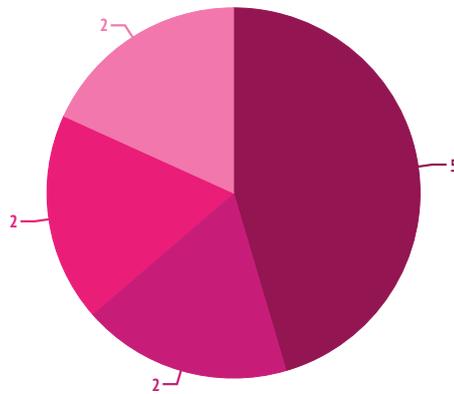
Almost three quarters of residents interviewed had overdosed previously.



Interviews with 15 residents showed that 73% of them had overdosed

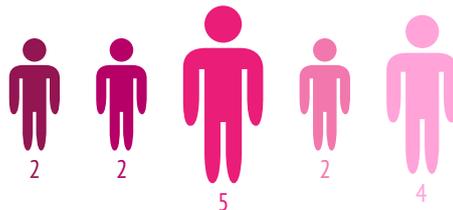
HOW MANY TIMES HAVE THEY OVERDOSED?

Of those who had overdosed, almost half (five people) had overdosed on one occasion, 18% (two people) had overdosed between two and five times, 18% between six and 10 times and 18% more than 10 times.



Almost half of the residents had overdosed once, and almost a fifth of them had overdosed between two and five times, a fifth between six and ten times.

WHEN WAS THE LAST OVERDOSE?



60% of all interviewees had overdosed within the last year. Four interviewees (27%) had overdosed within the last six months.



OVERDOSE AND MENTAL HEALTH

Residents were asked what was 'going on for them' the last time they overdosed and over half (six people) of the residents who had overdosed said that they had been in particularly bad mental state in the days or weeks preceding the overdose², as highlighted by the quote below

I was not in a good space, I had been taking loads of tablets off and on for a few days, then I started feeling not right...my best friend died in the last month, and that's been going through my mind a lot, and this makes me want to use more. Resident

RESIDENTS AS WITNESSES TO OVERDOSE

- Of the 15 residents interviewed, almost every resident who participated in this research (93%, 14 people) had been present at another person's overdose.
- 64% (nine people) of those who had had witnessed an overdose had done so within the last six months.
- 64% (seven people) of residents who had overdosed were with other people when they last overdosed, which indicated that 36% of participants were by themselves when they overdosed.

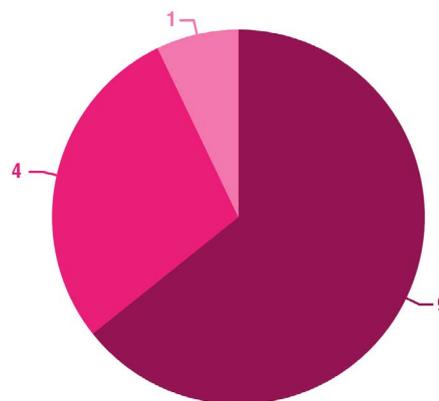
...the Garda said that if I wasn't there she would have died. Resident



93% of the residents had witnessed another person overdosing.

Had Witnessed (93%) Had Never Witnessed (7%)

WHEN WAS THE LAST TIME THEY WITNESSED AN OVERDOSE



Almost two-thirds (64%) had witnessed an overdose within the last year.

In the last year More than a year ago Never

² The issue of overdose and mental health is dealt with in more detail in main report. There is a strong correlation both in this research and in the literature between mental health and overdose.

While none of the residents own most recent overdoses had taken place in McGarry House this was nonetheless a frequent experience in the project over the last number of years, and staff lauded the role of residents in overdose situations:

During one incident it was the grace of God that we had a resident who was together, dependent and reliable because we needed him to let the paramedics in and help us manage the situation as the person was in very bad overdose and both of us needed to be there to manage him. Staff Member

ACTIONS AT LAST OVERDOSE

The most common actions that residents said they had taken at the last overdose included calling an ambulance, checking consciousness and breathing and putting the person in the recovery position. While most residents responded in line with good practice, there were some reactions discussed that would be considered inadvisable:

- Three residents mentioned walking the person around; this is generally advised against, as the person is at much higher risk of falling and causing head injury.
- One resident mentioned throwing his friend in the bath, which carries a risk of drowning.
- Two residents said that they had injected the overdosing person with salt water.

 **57%**
Called an ambulance

 **57%**
Checked consciousness

 **50%**
Checked breathing

 **43%**
Put them in the recovery
position

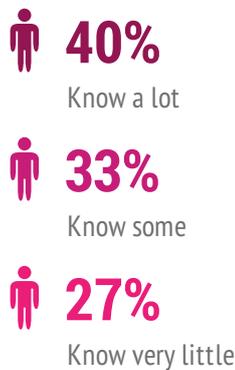
Of the 14 people who had witnessed another overdose, six respondents, or 42%, said that they had delayed seeking medical help at some point. Reasons for this included people fearing the police coming with the ambulance, and people feeling that they could handle it themselves. Eight people said that they had never delayed seeking medical help.

No, never. I've always done it immediately. I'd keep the ambulance on speed dial normally. Resident

IMPROVING RESIDENT RESPONSES TO OVERDOSE

Residents were asked how much they feel they know about things that cause overdose: 60% of residents (nine people) said they knew 'very little' or 'some' about what causes overdose, and 40% of residents (six people) said that they felt they knew 'a lot' about what causes overdose.

HOW MUCH DO
RESIDENTS THINK
THEY KNOW ABOUT
THINGS THAT CAUSE
OVERDOSE



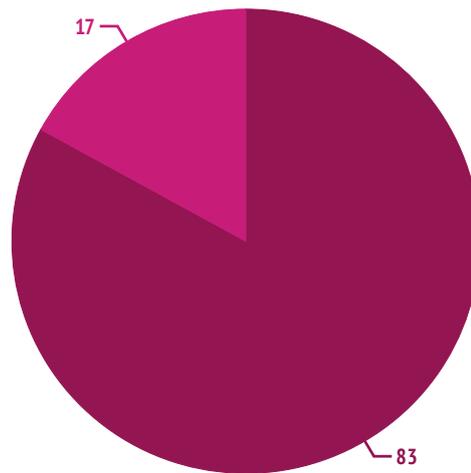
It's the luck of the draw... Everyone's body is different. People are taking too much and not knowing their limits. Resident

Likewise, residents were asked if they know what can be done to prevent overdose. 40% (six residents) felt they knew a lot, 33% (five residents) felt that they knew 'some' and four residents (27%) felt that they knew 'very little' about ways to prevent overdose.

HOW MUCH DO
RESIDENTS FEEL
THEY KNOW ABOUT
WHAT CAN BE
DONE TO PREVENT
OVERDOSE?



RESIDENTS WHO WOULD LIKE TRAINING IN OVERDOSE RESPONSE



83% of the residents would like training in overdose response.

I'm pretty confident that the people I'm with won't panic and can help me. Resident

Finally, residents were asked whether they would like to train in overdose response, and 13 out of the 15 participants (86%) were enthusiastic about this, with two residents saying they were 'unsure'.

4 THEMATIC FINDINGS

This section presents findings on a number of topics that arose during the research on issues such as overdose prevention, harm reduction, naloxone, interagency working and staff support. Next steps arising from these findings are conveyed in the recommendations at the end of this summary.

FINDING 1: RESIDENTS WOULD LIKE TO INCREASE THEIR CAPACITY TO RESPOND TO OVERDOSE

As shown in the previous section, most residents in McGarry have witnessed overdose, many within the last year. What is notable and presents future opportunities is that 83% of residents (13 people) are enthusiastic about learning to respond to overdose and helping their peers to learn.

Professionals can say something and it'll register but when friends say it to me it hits home. It's the concern of friends. It's more the people and their concern, and their credibility. You can't beat experience. Professionals go to college and study but you can't beat actual experience. Resident

70% (14 people) of staff said that other residents are an important source of support when an overdose happens. All professional stakeholders supported the development of a peer skills and education programme for residents.

Likewise, all partners interviewed from other agencies supported the recommendation for a more formal programme to support residents to learn skills to respond to overdose and knowledge to help prevent overdose among peers.

FINDING 2: OVERDOSE INFORMATION COULD BE MORE CONSISTENTLY APPLIED

There were identified gaps in knowledge of overdose information or consistency of information identified by both residents and staff. 60% of residents (nine people) said they knew 'very little' or 'some' about what causes overdose. Three residents (20%) also displayed gaps in knowledge or incorrect information in relation to overdose prevention and response.

A third of the staff team in McGarry House (five people) felt that there was a shared understanding of harm reduction in relation to overdose across the team, but two staff felt that it would be helpful to have this understanding formalised in some way. There were some areas of overdose risk that the staff said they would like a better knowledge and shared understanding of. The stakeholders from other agencies all agreed that developing an agreed approach for the region would be very useful.

FINDING 3:
RESIDENTS DISPLAY
AMBIVALENCE AND
DENIAL IN RELATION
TO OVERDOSE RISK

The profile of the residents outlined in the report (e.g. high rates of injecting heroin use, poly-substance use, homelessness and history of overdose), indicate that most of the residents interviewed would be considered to be a high risk of overdose. However, it is notable that half of all residents who discussed the likelihood of overdose felt that it was very unlikely or unlikely that they would overdose again. 80% (12 people) had rarely or never worried about overdose (over half never worried) and 20% (three people) worried often or very often about it in the past six months. Almost half of the residents (seven people) interviewed were not at all concerned about future overdose, and one third were 'somewhat concerned'. Only 20% of the group (three people) were very concerned about overdosing in the future, even though the majority would be considered high risk. This perception of risk has been identified in other research both about overdose³ and other health issues⁴, as 'unrealistic optimism' which may reduce the likelihood of a person taking preventative health measures to reduce risk.

While 80% of residents stated that they were afraid of dying of overdose, 70% of those who answered (seven people) said that it was unlikely or very unlikely that they would take steps to reduce their risk of overdose in the next three months. Three individuals (30%) who answered the question said that it was likely that they would reduce their risk in the next three months.

For me, it's the thought of being found dead in active addiction, that's the really lonely death. Resident

A third of residents were able to identify times that they had taken action to reduce their overdose risk. All interviewees who had previously experienced an overdose were asked about their capacity to reduce their risk of overdose. More than 50% of the interviewees (55%, six people) said it would not be difficult to reduce their risk of overdose, while 38% (four people) felt it would be very difficult or impossible to do so.

These findings show that tension or ambivalence exists between, on the one hand, negative feelings such as powerlessness and hopelessness, and on the other, a belief in the ability to change and recognition of past successes in reducing risky behaviour. There is potential for existing therapeutic models targeted at working with denial, ambivalence and motivation to be adapted and applied more formally to the issue of overdose.

FINDING 4:
THE NEED FOR
IMPROVEMENT IN
POLICY & PRACTICES
TO PREVENT AND
RESPOND TO
OVERDOSE

In general, the McGarry House staff team have a shared understanding of what is expected of them and what they should do at all points from risk assessment to managing the aftermath of overdose. However, there were some differences between practice and what was written in existing policies, and there were some differences in practice across the team. For example, in relation to risk assessment, there were some minor issues that could be addressed by a review of the risk of harm assessment and procedures in the harm reduction policy. More detailed recommendations relevant to the various stages of overdose and practice based issues are appended to the main report.

³ Darke S. and Ross J. Overdose Risk Perceptions and Behaviours among Heroin Users in Sydney, Australia. *European Addiction Research*, 1997: (3): 87–92.

⁴ Weinstein, N. and Lyon, J. Mindset, optimistic bias about personal risk and health-protective behaviour. *British Journal of Health Psychology*, 1999: (4): 289–300.

FINDING 5:
THERE IS AMBIGUITY IN
IMPLEMENTATION OF
THE LOW-THRESHOLD
POLICY

There is an acknowledged tension between the role of McGarry House as a landlord with legal obligations in relation to drug use on the premises, and the role of McGarry House staff in using an evidence-based approach (harm reduction) to support their residents who are active drug users. Previous work has been undertaken between McGarry management and the Gardaí in relation to this issue but there is potential for McGarry to develop greater policy clarity on this in conjunction with relevant Gardaí with expertise in this area.

This ambiguity is also impacting on some residents: while for the most part residents and staff felt confident that any concerns around overdose would be brought to the team, there were some exceptions to this. Some residents mentioned a lack of clarity around what the consequences are for drug use and expressed concern about negative consequences for using on the premises.

FINDING 6:
RESIDENTS NEED TO
FEEL CONFIDENT
ABOUT
CONFIDENTIALITY IN
ORDER TO FRANKLY
DISCLOSE RISK
FACTORS

Interviewees were by and large confident about sharing information with the staff in relation to their drug use and risk behaviour:

They are really respectful, it's like me to talking to you it's totally confidential, I can talk about anything and no one else will know what I said. I appreciate that. Resident

There were no concerns voiced about confidentiality with other agencies. However, members of the focus group discussed times where they had been approached by a few different staff members about the same issue. Although they appreciated the supportive sentiment, they had felt exposed and worried that the whole team were discussing their personal issues. They noted that residents would be more inclined to share information on sensitive issues such as drug use and risk behaviour if they were confident that their allocated key worker shared their information with other team members on a need to know basis only. McGarry have a key working system and a tiered information sharing policy in place that may need to be communicated more clearly to residents.

FINDING 7:
THERE IS A
'COPING
CULTURE' IN
MCGARRY HOUSE
IN THE FACE OF
HIGH STRESS

The staff team in McGarry House are resilient in the face of high-stress incidents such as overdose; there was general agreement that they provide useful supports to one another after overdose events. However, there are times when, in a drive to be considered as professional and to accept stress from overdose as simply 'a part of the job' staff may not seek additional support that they need.

They are worried (staff) that it will be seen as unprofessional - that you have allowed things to affect you that you shouldn't have and that therefore you are not very good at your job ... eventually I just told myself to cop on. Staff Member

Almost half of the staff team discussed times where they felt they did not appropriately deal with stress relating to overdose, and almost 60% said they were not entirely satisfied with the support they received after the last overdose they responded to. Two

thirds of the team (10 people) had experienced indicators of workplace stress at home such as sleeplessness, anxiety or family problems after overdose incidents.

Responding to an overdose is hard, it's frustrating, it's upsetting and afterwards, after they're gone in the ambulance you're just wrecked, you're tired. Staff Member

**FINDING 8:
THERE IS SUPPORT
FOR A NALOXONE
PROGRAMME
AMONG MOST
STAFF AND SERVICE
USERS**

International research shows that overdose prevention programmes are effective in improving knowledge specific to naloxone use, training people who are active drug users to save lives with naloxone, and reversing opiate overdose⁵. Naloxone may be a practicable way to reduce overdose deaths on a larger scale. All residents in the focus groups, and all who discussed it in interviews were enthusiastic about the idea of a naloxone programme. The majority of the team thought it would be a good idea, although two staff members expressed some reservations about use of naloxone, specifically the misdiagnosis and inappropriate administration of naloxone.

**FINDING 9:
INTERAGENCY
WORKING IS A
STRENGTH IN
RELATION TO
OVERDOSE AND
SOME AREAS CAN
BE IMPROVED**

The research clearly shows a positive and respectful relationship between staff in McGarry House and the Emergency Services, however both identified the potential for a more complete implementation of identified good practice. Staff and key stakeholders all identified that interagency communications between McGarry and HSE services were improving through the efforts of all involved. However, both staff and key stakeholders felt a need for increased clarity on how to best communicate about overdose risk, without compromising client confidentiality. There is significant potential for staff in agencies such as the Homeless Persons' Centre to identify risk at referral points and pass this information on to staff of McGarry to support early intervention. There was also concern that risk information and McGarry staff role in relation to this is not always effectively communicated to, or understood by, GPs.

**FINDING 10:
THE ISSUE OF
PREGNANCY
AND HIGH RISK
SUBSTANCE USE IS
CHALLENGING TO
WORK WITH AND
SUPPORT IS NEEDED
FOR THIS**

On a number of occasions prior to the research, residents in McGarry were pregnant and continuing to engage in high risk substance use. For the staff team in McGarry, the fear of death was exacerbated where the death of the woman could also mean the death of her foetus. Where there is a potential loss of two lives, the need for staff to feel that they can provide appropriate support and risk management to pregnant substance using women is intensified. Staff felt that the provision of education and information to them, and of specialised professional support systems for the women could mitigate these problems.

⁵ Please see the Literature Review in the main 'Heads Up' report for comprehensive review of evidence for the effectiveness of naloxone.

5 RECOMMENDATIONS: HOW CAN OVERDOSE BE REDUCED IN MCGARRY HOUSE?

International research has shown that while there is no single solution for reducing overdose deaths, a strategy involving multiple partners from all agencies who work with at-risk people, including a diverse suite of responses and interventions will be the most effective way to address the issue⁶. There are three main levels at which overdose and death from overdose may be addressed⁷:

Clients	<ul style="list-style-type: none"> • People can reduce their own risk, by taking certain precautions. • People can help reduce their friends' risk, by knowing how to respond if they think they are overdosing.
Services	<ul style="list-style-type: none"> • Services like McGarry can help their clients to understand risk and how to reduce it.
Services working together / government	<ul style="list-style-type: none"> • By training people at risk of overdose in first aid and giving them access to naloxone, services like McGarry can help overdoses from becoming fatal. • Different organisations can work together to help reduce overdose at a local, regional or national level.

There are 13 recommendations⁸ arising from the research. Five of these relate to internal systems, five relate to interagency strategies and three can be applied both locally in McGarry and regionally in Limerick/the Mid-Western Region.

⁶ See section 4.6 of the main report for full literature review of evidence for this.

⁷ Frisher, M., Baldacchino, A., Crome, L. and Bloor, R. Preventing opioid overdoses in Europe: A critical assessment of known risk factors and preventative measures EMCDDA, 2012.

⁸ One of the recommendations is for an Overdose Policy for McGarry. The research team drafted a policy for McGarry and that policy outlines in detail the recommended processes for risk assessment, harm reduction, overdose response, supporting residents and staff after overdose and procedures around the death of a service user. If you are interested in the detailed information about procedures in the project, please have a look at the policy which is at the end of the main report.

It is important to note that some recommendations will depend on availability of time, resources and strategic priorities and the regional and national level, particularly where the recommendations involve other agencies, apart from McGarry House. For example, developing a naloxone programme would need to be done in conjunction with the HSE and medical services locally and in line with HSE strategy.

**RECOMMENDATION 1:
PEER PROGRAMME
FOR OVERDOSE
RISK AND
PREVENTION**

Development and evaluation of a peer skills and education programme on overdose risk, prevention and management. A peer skills and education programme would support residents to understand overdose risk, take steps to prevent overdose, and manage effectively if they are around someone else overdosing. Such a programme must be accessible as possible to the most marginalised groups such as those with literacy issues, mental health issues or English as a second language.

**RECOMMENDATION 2:
HARM REDUCTION
APPROACH AND
SYSTEM**

Develop a process to deliver harm reduction information in a way that is consistent and accessible, and agreed at an interagency level. Aspects of this process include: agreement on the messages to be delivered to service users with different risk profiles, the use of a regionally agreed checklist to record interventions and ensure consistency and the development of resource libraries. Coordinated provision of harm reduction information or interventions would help service users to receive consistent and comprehensive harm reduction messages.

**RECOMMENDATION 3:
OVERDOSE POLICY**

Novas to redraft the organisation's Overdose Policy to more accurately reflect current practice and support consistent good practice across the organisation. A draft policy, which reflects staff suggestions for systems development is attached to the main report. Having practice agreed by the team and recorded in a 'live' policy (meaning it is reviewed often and changed as needed) would further promote consistent and high-quality service provision for residents.

**RECOMMENDATION 4:
OVERDOSE
PREVENTION
INTERVENTIONS**

Develop overdose prevention interventions using established therapeutic techniques, and ensure that future training in therapeutic techniques is tailored to consider the issue of overdose. The McGarry Team are generally well-trained in therapeutic techniques such as motivational interviewing and relapse prevention/CBT. Novas can consider how therapeutic techniques can be used to enhance overdose prevention interventions, such as responding to resident ambivalence and denial, and supporting motivation to reduce overdose risk, with the ultimate aim to support a reduction in risky behaviours. This new way of working can be monitored regularly through team meetings, learning groups and 1-2-1/supervision sessions.

**RECOMMENDATION 5:
RISK ASSESSMENT
REVIEW**

Review and develop the client risk-assessment form to ensure information collected is relevant, necessary, adequate to assess overdose risk, that the information is not previously collected and available elsewhere (e.g. in HNA or other shared documents), and that it is clear who is responsible and when for ensuring completion and review of the assessment. Develop a quick-view chart/whiteboard in the office to ensure priority risk information is shared consistently across multiple shifts and across the whole team.

RECOMMENDATION 6:
LOW THRESHOLD
APPROACH

Put McGarry's low-threshold policy to Gardaí (specifically those with a role in the National Drug Strategy) for approval, to ensure that the organisation is working within the law, while continuing to work from a non-judgemental, evidence based harm reduction approach. Furthermore, the organisation must ensure that their low-threshold approach is communicated consistently and regularly to residents. This is to encourage residents to communicate concerns about overdose and risk to staff as promptly as possible. Regular communication of this policy to residents is essential due to the transient nature of the client group.

RECOMMENDATION 7:
CONFIDENTIALITY
AND INFORMATION
SHARING

To promote a sense amongst the residents that their information is treated with absolute dignity and respect, reassure residents that personal information they share with their key-worker is only shared across the team when necessary for the management of risk. Ensure the system of confidentiality is communicated regularly and clearly to residents to promote more frank disclosures of risk behaviours by residents to staff.

RECOMMENDATION 8:
STAFF SUPPORT
SYSTEMS

An appropriate range of formal and informal supports to be made available to staff in the aftermath of overdose. This range of supports should be developed in consultation with staff, and should be reviewed and monitored regularly for effectiveness, and consistency. More detailed considerations for implementation of such a system are contained in the Draft Overdose Policy, appended to the main report.

RECOMMENDATION 9:
NALOXONE
DISTRIBUTION
PROGRAMME

There is potential for Novas to explore, in conjunction with partners, opportunities for a naloxone distribution programme for residents. Programmes that have shown to be successful in other countries have involved naloxone kits and training on overdose response, safe storage and handling, aftercare etc.

RECOMMENDATION 10:
INTERAGENCY
PROTOCOLS:
EMERGENCY SERVICES

To support optimal interagency communication between McGarry and Emergency Services, it is recommended that interagency protocols be formalised to agree and guide: consent for sharing information, requirements for discharge letters from the hospital to support readmission to McGarry and a system for communicating regarding inappropriate referrals. In addition to this, information sessions by the emergency services to Novas staff on communicating during overdose with emergency professionals could help to implement this.

RECOMMENDATION 11:
INCLUSION OF OVERDOSE
IN INTERAGENCY
PROTOCOLS WITH
THE HEALTH SERVICE
EXECUTIVE

It is recommended that the new protocols being developed between McGarry and the HSE (in development prior to this research) include explicit agreements about how overdose risk is communicated between the two services.

RECOMMENDATION 12:
PERSON CENTRED
ASSESSMENT TRAINING

This recommendation is that person centred risk assessment training is developed and undertaken collaboratively by the Homeless Person's Centre and Novas. There is a concern that residents are not providing key risk information at risk assessment because they are concerned about negative consequences for service users if they disclose their drug use – negative consequences may include not getting a bed, or feeling judged. The aim of such training is so that staff can encourage service users to feel comfortable providing information such as drug use, which can indicate overdose risk at an early point.

RECOMMENDATION 13:
GP AND PHARMACIST
COMMUNICATION

A standard information letter can be developed for GPs and pharmacists which details McGarry's role in relation to medication management and overdose prevention. This is to support shared understanding and ensure that GPs have the information required to undertake appropriately robust overdose prevention measures.

RECOMMENDATION 14:
SUPPORTING HIGH-RISK
PREGNANT DRUG
USING WOMEN

Develop an interagency response including relevant services such as McGarry, addiction services, maternity and social work services to consider responses not limited to but including:

- The instatement of a clinical support such as the Drug Liaison Midwife Service in the region
- The needs of staff in services working with this group including information, education and access to specialised professional advice
- A broader strategic holistic approach in the region looking at and responding to the needs of women who have substance misuse issues, including pregnant women, in relation to treatment and other support



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