

# **Synthetic Opioid Preparedness**

## **Interim HSE Guidelines**

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Version 1: December 2023

Interim Guidelines in response to the emergence of nitazenes on the Dublin and Cork drug markets.

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## About these guidelines

This document has been developed to provide interim guidance for HSE CHO Managers on responding to the emergence of synthetic opioids on the Irish drug market.

This guidance explains how CHO Managers and local service providers can prepare for and respond to incidents involving potent synthetic opioids like nitazenes should they emerge.

Guidance on this area is subject to change based on national developments and through the development of a formal National Early Warning System in partnership with the Health Research Board throughout 2024 – 2025.

## National Red Alert Group (NRAG)

At a national level, the emergence of synthetic opioids is being monitored by a National Red Alert Group (NRAG) led by Prof Eamon Keenan, National Clinical Lead for Addiction Services. This group consists of national stakeholders who will urgently review cases of concern.

If local concern is identified, the NRAG should be contacted immediately by contacting Nicki Killeen on the below details. Areas will have a different baseline of overdoses usually experienced. If it is felt that there is a sudden increase in these numbers then contact should be made with NRAG for review.

Immediate contact should be made if the below situations occur:

- A sudden increase in overdoses in your service or local area which is higher than normal activity.
- 3-5 overdoses present in a service or location on the same day which are concerning (require additional naloxone, are linked with a new drug). If reporting on increases in overdose, please attempt to document how many, where it occurred, the substance used, naloxone information and if the person was transferred to hospital.
- 5 or more overdoses present in your service the same week which are concerning (are a concern in services, require additional naloxone, are linked with a new drug). Note, figures may vary among emergency service call outs in different areas with operators knowing the normal baseline for emergency call outs.
- If there is a sudden death(s) or recent death(s) you are made aware of. It is important to report possible deaths in a timely manner for the NRAG can review the case for evidence.

The NRAG will work in partnership with local areas to review emerging issues and develop a communication strategy, as necessary.

Name	Role	Contact
HSE Lead Eamon Keenan Clinical Lead HSE Addiction Services	<ul style="list-style-type: none"><li>- Review of cases nationally</li><li>- Clinical sign-off on drug alerts nationally, as per HSE Alert Protocols (Appendix 3)</li><li>- Authorisation of sample access and movement of samples in partnership with Garda and named laboratories</li><li>- Sign-off on risk communications and alerts</li><li>- Media representative on behalf of the HSE</li></ul>	<a href="mailto:Eamon.keenan@hse.ie">Eamon.keenan@hse.ie</a>
HSE Lead Nicki Killeen HSE National Social Inclusion Office	<ul style="list-style-type: none"><li>- Act as point of contact on trends of concern and collate data on emerging situations</li><li>- Consult areas on best practice responses</li><li>- Coordination of sample access and movement of samples in partnership with Garda and named laboratories</li></ul>	E: <a href="mailto:Nicki.killeen@hse.ie">Nicki.killeen@hse.ie</a> P: 0873680296

	<ul style="list-style-type: none"> <li>- Coordination and development of risk communications and alerts</li> <li>- Stakeholder coordination across health, law enforcement, communications and laboratory networks</li> <li>- Media representative on behalf of the HSE</li> </ul>	
<b>An Garda Síochána Lead</b> Séamus Mc Cormack Garda Drugs and Organised Crime (DOCB)	<ul style="list-style-type: none"> <li>- Oversight and coordination of Garda response with local Units such as review of overdose cases, local and national intel and sample access</li> <li>- Authorisation of sample access and movement of samples in partnership with Clinical Lead and named laboratories</li> <li>- Maintain contact with health leads and review communication responses</li> <li>- Circulation of information among Garda stakeholders as necessary</li> </ul>	Contact maintained through HSE or local Garda Units.
<b>Laboratory Networks Coordinators</b> <ul style="list-style-type: none"> <li>- Sinead Mc Namara and Marie Egleton, HSE National Drug Treatment Centre</li> <li>- Rodney Lakes and Sarah Killoran, Forensic Science Ireland</li> <li>- Mairead Webster, The State Laboratory</li> <li>- Dr Pierce Kavanagh, School of Pharmacology &amp; Therapeutics, Trinity College Dublin</li> </ul>	<ul style="list-style-type: none"> <li>- Sample review and confirmation analysis</li> <li>- Informing risk communications</li> </ul>	Contact maintained through HSE Leads
<b>Emergency Departments</b> <ul style="list-style-type: none"> <li>- Dr Adrian Moughly, Mater Misericordiae University Hospital</li> </ul>	<ul style="list-style-type: none"> <li>- Provide updates to HSE and NRAG if presentations increase related to substance use</li> <li>- Collate data on cases and access samples</li> </ul>	Contact maintained through HSE Leads
<b>Emergency Service Providers</b> <ul style="list-style-type: none"> <li>- Professor Cathal O'Donnell, Clinical Director, National Ambulance Service.</li> <li>- Martin O'Reilly, District Officer, Dublin Fire Brigade</li> <li>- Gavin Doyle, National Control Operations Manager, National</li> </ul>	<ul style="list-style-type: none"> <li>- Monitor call outs to identify increases in possible overdose cases</li> <li>- Provide twice daily updates on call outs during outbreaks</li> </ul>	Contact maintained through HSE Leads

Ambulance Service		
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## Synthetic opioid emergence on the Dublin and Cork markets

On the 9<sup>th</sup> of November 2023, the HSE and NRAG became aware of overdose clusters in Dublin City possibly linked with a 'new' product. On the 10<sup>th</sup> of November 2023, the presence of a nitazene were confirmed in a light brown/tan coloured powders. These products were being sold as 'new' heroin/drugs as well as heroin itself, without people being aware of their presence. The nitazene emerging on the Dublin drug market was identified as N-Pyrrolidino Protonitazene (protonitazepyne). The outbreak period of this overdose cluster is documented as the 9<sup>th</sup> – 14<sup>th</sup> of November where intensive monitoring was in place. During this period, a total of 57 non-fatal overdoses were documented by Emergency Service Providers. Further review is required to determine the full health impacts of this outbreak in Dublin City.

In addition, the same nitazene (N-Pyrrolidino Protonitazene/ protonitazepyne) has since been detected on the Cork drug market as of the 7<sup>th</sup> of December 2024. The emergence of this substance has led to a steady increase in non-fatal overdose presentations and this situation is still under review as per the date of this publication.

### Nitazenes

Nitazenes are a group of compounds developed in the 1950s as opioid analgesics, but they were never approved to market due to their potency and associated risk.

The main characteristic of nitazenes is their high potency (e.g., hundreds to thousands fold more potent than morphine and other opioids and tenfold more potent than fentanyl). In the past few years, several nitazenes, including "designer analogs," have been detected in the drug supply and have been implicated in overdose mortality, primarily due to their exceptionally high potencies (Pergolizzi et al., 2023).

Nitazenes are a diverse group of synthetic opioids that have different names. There is limited information on some forms as they are very new to the market.

Examples of nitazenes include:

- isotonitazene
- metonitazene
- N-pyrrolidino etonitazene (also called etonitazepyne)
- etonitazene
- N-pyrrolidino protonitazene (also called protonitazepyne, linked with the recent Dublin and Cork overdoses)
- N-desethyl etonitazene

They can come in forms such as powder, tablet and liquid or sold as other substances without the person knowing. As of the date of publication (December 2023), they have only been detected as concern on the heroin market in the Republic of Ireland.

During 2022 and 2023 the EU Drug Agency (The EMCDDA) Early Warning System (EWS) reported that there was an increase in reports of poisonings, including deaths, involving nitazene opioids in parts of Europe (EMCDDA EWS, Personal Communication, December 2023). There are also signals that synthetic opioids are being seen more often on the UK drug markets (Mahase, 2023; Khatun, Andrews & Paterson, 2023).

The nitazenes that were implicated in the November and December 2023 overdoses in Dublin and Cork were in a powder format. However, there is concern that nitazenes in the form of counterfeit opioid tablets (like oxycodone blue or yellow tablets) as well as in counterfeit benzodiazepines tablets may also come into the market. This is an area being closely monitored.

### **N-pyrrolidino protonitazene (Protonitazepyne)**

The available information suggests that protonitazepyne is a potent opioid, with recent unpublished data from *in vitro* studies suggesting that protonitazepyne has a potency approximately 25 times greater than that of fentanyl (The Centre for Forensic Science Research and Education, 2023). The effects of protonitazepyne are likely to share similarities with fentanyl and other opioid analgesics. These include relaxation and euphoria and, at higher doses, sedation, profound intoxication, and respiratory depression. Overdose may cause life-threatening poisoning from respiratory depression and arrest.

On the 11<sup>th</sup> December 2023, protonitazepyne was placed under intensive monitoring by the EU Drug Agency Early Warning System (EWS) (EMCDDA EWS, personal communication, 2023). This is as a result of identification in Dublin overdose clusters as well as at least 20 deaths in the United States and the United Kingdom and the potential public health risks that protonitazepyne may pose.

Any event linked to a substance under intensive monitoring is classed as an event of potential high impact on public health. With this substance detected on the Irish drug market, it is therefore important for services to begin monitoring and reporting overdoses to the NRAG.

### **Synthetic opioid preparedness**

At the time of publication (December 2023), the synthetic opioid, N-pyrrolidino protonitazene (protonitazepyne) has recently emerged in both the Dublin and Cork Regions. However, the HSE request that all areas begin to prepare immediately should this trend present nationally.

It is important to only communicate on the emergence of synthetic opioids once they are confirmed to mitigate 'alert fatigue' and to have an impactful public health message at the right time to help influence behaviour change. Overdoses can occur for a number of reasons which should be considered as part of responses. Rapid action should only be applied in cases of concern, and it is important for areas to investigate situations and conduct a local risk assessment. Communications should be in partnership with the NRAG and HSE Communications.

For now, all areas should be communicating the potential risk locally to ensure people who use drugs are informed of this emerging issue. Services should begin planning with people who use drugs on applying extra harm reduction measures such as developing a safety plan and carrying naloxone on them and within the home. Services should begin establishing how they would reach their local drug use community should an alert be issued.

### **National Preparation**

#### **Establish reporting networks to monitor trends**

Begin monitoring trends at a local level across a number of data sources – addiction and homeless services, hospitals and through law enforcement. Other networks may need to be established to engage with hard-to-reach groups and those not attending services. The aim of this is to detect early indications or 'signals' of change. Establish contacts across networks to frequently report data to CHO Managers for escalation to the HSE National Social Inclusion Office and NRAG.

#### **Initiate frequent reporting to the HSE National Social Inclusion Office**

Report overdoses of concern (as necessary) and potential drug market shifts (as necessary or weekly/more frequent through intensive monitoring periods). See Appendix 1 and Appendix 2.

## Harm reduction preparation

Harm reduction guidance will be provided by the NRAG based on situations as they emerge. Questions on best practice advice can be directed to Nicki Killeen and NRAG. Services should increase harm reduction efforts in preparation for the emergence of synthetic opioids, this can include harm reduction workshops and working with client groups on safety plans and emergency plans for use. Services should ensure additional harm reduction efforts are made in the lead up to the Christmas period and closer of services. People who use drugs should be aware of service opening hours, alternative services, have drug use safety plans in place and adequate supplies of naloxone for themselves and family members.

In situations of extreme threat such as local overdose clusters, additional measures may be required to ensure harm reduction awareness and increased naloxone distribution. These plans will be developed locally and based on service capacity.

## Naloxone preparation

Naloxone is the emergency antidote for overdoses caused by heroin and other opiates and opioids (such as methadone, morphine, fentanyl and nitazenes). Standard naloxone dosing should sufficiently reverse the effects of an opioid overdose – even of a potent opioid – until an ambulance arrives. Standard naloxone dosing is 400 microgram doses of injectable naloxone, or single dose of nasal naloxone, repeated until breathing is restored.

In preparation for the emergence of synthetic opioids, CHO Managers should review at risk settings locally and ensure all settings are prepared with naloxone training and delivery. Addiction and homeless residential services should ensure they have adequate staff, peers and family members trained in administering naloxone and that they have adequate quantities of naloxone available in their service. Extra attempts should be made to engage peers in naloxone delivery through the Circle Programme. Services should increase promotion of naloxone among client groups and their families in preparation for the emergence of synthetic opioids locally.

In situations of extreme threat such as local overdose clusters, additional measures may be required to increase naloxone distribution. These plans will be developed locally and based on service capacity

## Treatment access

Treatment is a protective measure against overdose and will protect communities from exposure to synthetic opioids. Areas should make further efforts to offer treatment especially for people who are reluctant to engage. Consider enhanced targeted outreach to engage particular populations, like people who have never engaged in treatment or those who have tried it before but dropped out.

## Protocol for urgent emergencies

CHO Managers should begin developing rapid action plans locally should synthetic opioids present; this includes establishing local leads who will remain in contact and a designated 'Local Red Alert Group' (LRAG) who will remain in contact to conduct a risk assessment and response in partnership with the NRAG. Ensure all contact details are up to date and deputy contacts are nominated in their absence.

In case of urgent emergency, CHO managers and local services should:

1. Gather information to understand the scale of the threat and assess the risk
2. Communicate the threat to NRAG
3. Take actions to mitigate the threat locally

CHO Managers and services should develop their own protocol for urgent emergencies on how they respond to local threats. Guidance can be sought from NRAG. Local services should establish plans

for service adaption should synthetic opioids emerge, responses will be based on the severity of the situation and service capacity. This decision will be made by the Head of Services and CHO Manager:

- This may include increased opening hours or out of hours services as a rapid response, for example in the evening or at the weekend if outbreaks occur.
- Adapting services such as developing emergency outreach plans to engage with hard-to-reach populations.
- Increased wrap around supports such as the provision of extra naloxone or harm reduction workshops for people who use, additional measures in residential settings such as an emergency policy on increased room checks for those at risk.
- Dissemination of information in the service and locally such as through posters, leaflets, texts to clients (if service already uses as established communication channel).

Staff should be briefed and understand procedures in place in their service in advance of emergencies presenting.

### Local Red Alert Group (LRAG)

The purpose of the Local Red Alert Group (LRAG) is to collate information locally for frequent monitoring, to collate information if health threats present and to respond in partnership with local services and the NRAG. At minimum, a local health and local Gardai lead needs to be established. Areas can expand on this group as necessary based on local capacity.

Title	Role	Contact details
Local Lead: Health	<ul style="list-style-type: none"> <li>- Review data from services, hospitals Gardai on frequent basis and report to HSE National Social Inclusion Office.</li> <li>- Investigate local issue presenting in timely manner</li> <li>- Act as point of local contact should health threats emerge. Report emerging issues to NRAG</li> <li>- Initiate local emergency plans prepared for synthetic opioid outbreak in attempt to minimise harm</li> <li>- Remain in contact with NRAG and develop communication strategies in partnership with Clinical Lead sign off</li> </ul>	CHO managers to develop and include details for local and national services
Local Lead: Gardai	<ul style="list-style-type: none"> <li>- Investigate local issue to obtain information on the situation unfolding</li> <li>- Remain in contact with local Health Lead and Drugs and Organised Crime (DOCB) as necessary</li> <li>- Obtain samples from overdose cases of concern (if possible)</li> <li>- Obtain similar samples from similar locations (if possible)</li> </ul>	



	- Develop plans for movement of samples locally and nationally for confirmation analysis	
Add other relevant stakeholders if necessary		

## Reporting Drug Emergencies

During this period where the HSE, NRAG and the EU Drug Agency want to monitor the emergence of synthetic opioids, it is important for local services to also conduct monitoring activities among their user communities and report overdoses of concern and possible changes on the local drug market for review by the HSE and NRAG.

When reviewing local trends, emergencies and outbreaks, consider key questions which are important for the NRAG review:

- **Drug market changes:** Are service users reporting a change in the drug market? (New dealers, products, higher strength products, products leading to overdose)?
- **Increase in overdose:** Is this an increase in overdoses in the service/locally? How many?
- **Symptoms:** Are there different symptoms than usually presenting?
- **Naloxone:** Is more naloxone being used as part of overdose response?
- **Deaths:** Are there reports emerging of deaths and how many?
- **Hospitalisation:** Have people been hospitalised and how many?
- **Access samples:** Is a sample available (drug, syringe or paraphernalia, blood from hospital)

In cases of drug emergencies, respond and gather as much information if available for the NRAG to review. Reporting templates can be found in Appendices 1 and 2 and sent to [nicki.killeen@hse.ie](mailto:nicki.killeen@hse.ie) or contact can be made directly via a phone call in cases of urgency.

## Drug emergency reporting and response processes

1. Data should be obtained locally and shared with the Clinical Lead and NRAG (feedback on situation, if samples have been obtained).
2. Clinical Lead and NRAG review available evidence and conduct risk assessment based on above key questions.
3. Lrag to implement local emergency protocols and remain in contact with service providers, hospitals, local Gardai to obtain as much information on the emerging situation.
4. Lrag to keep Clinical Lead and NRAG informed as situation progresses.
5. If no samples obtained, Lrag and NRAG work to achieve sample to determine cause of situation.
6. National communication plans and alert determined by Clinical Lead, NRAG and HSE Communications Division.

## Sample collection

- Remaining drugs or paraphernalia (syringes, bags etc) should be safely stored and moved by local Gardai if agreed by NRAG and the designated laboratory.
- Services and CHO managers should develop their own safe storage policy and agreement with local Gardai should they need to maintain samples for Gardai transportation.
- Used syringes should be stored in a separate syringe box which can be re-opened. Personal syringe boxes provided to people who use drugs cannot be re-opened and are not suitable. Services may need to be provided with additional syringe collection boxes for this purpose only.

- The most effective samples to obtain accurate results will be the drug itself, a used syringe or blood/urine samples obtained in a hospital. However, biological fluid analysis can take significant time to review. In cases of concern and if there is a sudden emergence of overdose clusters in your area, local hospitals should be advised to store biological samples from cases in a fridge/freezer should they be required at a later date for review, in agreement with NRAG.

## Drug alerts and communications

Effective health risk communications notify target audiences of the existence of threats, help them to understand their susceptibility, and provide advice and support on how to reduce the risk of exposure and harm. Ineffective communications not only fail to prepare audiences for threats, but potentially increase the risk of harm by presenting inappropriate advice and eliciting cognitive responses that may act as barriers to effective action (EMCDDA, 2023).

Communication intended to change drug use behaviour typically requires target audiences to accept and trust the values and recommended actions of communicators. Development of trust, and audience beliefs about communicator competence, needs to be established long before a drug threat emerges. As audience's process and respond to threats to health and well-being in different ways, communications and alerts are likely to have differential impact (EMCDDA, 2023). This is why preparation work is required within CHOs, among service providers and peers immediately. Should a red alert be issued, these need to be treated as the highest cause for concern where people try to amend their behaviours to protect their health.

Objectives of risk communications and alerts:

- Informing people who use drugs, drug use communities and families, service providers and general public of an emerging threat.
- Providing transparent information on the emerging situation in terms of the date the event is occurring, who is impacted (what user group or drug market), where (known service, area or region, what is unfolding, what is the risk and recommendations on what people should do to reduce harm.
- Promoting individual behaviour change (messages may often advise to avoid harmful drugs if possible).
- Communicating safer-use messages and motivating the adoption of general or specific harm reduction practices in response to a drug threat.
- Improving audiences' factual knowledge and awareness of substances and potential harms.
- Preparing individuals and populations for future threats.
- Influencing attitudes regarding harmful drug use practices.
- Mobilising professional responses and networks.
- Fostering support for harm reduction activities.
- Sharing information between stakeholders.

(EMCDDA, 2023)

Risk communications and alerts will be developed in partnership with the Lrag and issued by the HSE Clinical Lead, the NRAG and with the HSE Communications division. The evidence provided by local services and analytical review will determine the type of communication and the channels used to communicate.

## Type of communication

Different communications may be issued by the HSE Clinical Lead and NRAG.

Examples include:

- An advisory notice for circulation among services to inform local interventions directly with people who use drugs
- A local, regional or national alert (Alerts may be yellow, amber or red depending on severity)

Different channels may be selected based on the type of communication and who the HSE Clinical Lead and NRAG want to reach with the messaging.

Examples of alert channels:

- Some information may be to inform service providers, medical providers and other relevant stakeholders for monitoring purposes
- Information may be for service circulation and use in interventions and resource development
- Public information across social media and mass media (usually maintained to limit alert fatigue among public and to obtain the most impactful message)

## Prepare for emergencies with people who use drugs

Local areas should prepare to provide additional harm reduction awareness and identify their communication channels should they issue an alert.

In preparation for the emergence of synthetic opioids, people who use drugs should be consulted regarding the channels that they wish to receive harm reduction and alerts. Below should be obtained from the intended audience:

- **How they want to receive information** about alerts and reducing harm (interventions, resources, posters/signs, online etc)
- **The type of resources they prefer** (poster, booklet, online, other)
- **Where they may see public messages in case of urgent emergency** (settings such as addiction services, residential services, shops, online, public displays, other)
- **Review the recommended harm reduction below and any additional information they feel they need to reduce harm**

## Harm reduction advice

Below can be used to inform services harm reduction interventions.

### **Injecting and smoking both carry risk**

Based on feedback from the recent overdose clusters in the Dublin Region, we are aware that people who are exposed to nitazenes could overdose if the substance is injected or smoked. Therefore, harm reduction advice at this moment in time should not state that smoking is safer but that all methods of consumption have risk so people don't feel a false sense of security when smoking.

### **Poly drug use**

Based on feedback from the recent Dublin overdose clusters, we are aware that nitazenes were consumed alongside a number of other substances, mainly benzodiazepines. Interventions should include information on drug interactions and aim to reduce the amount and volume of substances used.

## **Nitazenes detected on the Dublin drug market**

As of the date of publication (December 2023), Nitazenes have been found sold on the heroin market in Dublin and Cork as

- A light brown powder as a 'new heroin' which is 'stronger'
- As heroin without people being aware

Anecdotal feedback varies in terms of powders varying from light brown, golden to containing a light pink. Other feedback suggests that heroin burns when prepared for use as a different colour and 'jelly-like' texture. The colour and appearance may vary based on the batches that present.

## **Don't suddenly stop the use of opioids**

Recommending people to suddenly stop the use of drugs is not advised and can lead to adverse risks such as withdrawal. Harm reduction should make people aware of the trends and how people can minimise harms at this time. Treatment should be offered to those who wish to stop use as a protective measure to avoid sudden withdrawal. Services should have plans in place to offer increased treatment as a harm reduction measure.

## **All drug use has risk**

At this moment in time, we don't know enough about the emerging situation to recommend which drug may have a higher safety profile. Nitazenes have been found across Europe sold as heroin, in powder form (white, brown) and as falsified tablets. People who use drugs should be made aware of all risks and not diverted to one drug as a 'safer' option. Updates and alerts will be posted to the HSE site Drugs.ie when more is known about nitazenes on the Irish drug market.

## **Nitazenes harm reduction**

Standard messages can be used nationally to develop harm reduction resources for people who use drugs.

## **About nitazenes**

'Nitazenes' are a type of synthetic opioid which have been recently found on the Irish heroin market, they are very new to the European drug market and there is very little known about some of them.

- Nitazene drugs were first developed in the 1950's when scientists were trying to make safe painkillers, but they were never sold to the public because of how risky they are.
- They are more potent and as dangerous as fentanyl and have a high overdose risk.
- Nitazenes have been connected to a number of overdose outbreaks and overdose deaths worldwide.
- They are currently circulating in Ireland as a light brown/sandy powder as 'new' or sold to a person as heroin without them knowing.
- They have been found in the UK as fake benzodiazepines and oxycodone tablets as well as liquid.

It is important to prepare with steps to try and keep yourself as safe as possible during this time.

Always follow harm reduction advice and steps recommended by official HSE alerts and from your local services.

### **Be in the know: drug supplies can change**

- The contents and purity of drugs can change from time to time.
- Nitazenes or other risky drugs could be sold to you without you knowing.
- Nitazenes could also be sold to you as 'new heroin', or another new type of drug.
- They could start to be sold as tablets or other drugs.
- Be aware – this could mean you are at greater risk of overdose with these drugs.
- If possible, you should try to avoid buying new types of drugs.

### **Use less and wait**

- What's in drugs can change and your dealer doesn't always know what's in them.
- Start with a very small test amount, wait and see how you react before taking more.
- Smoking and injecting are both an overdose risk
- If injecting, go very slow and wait. Remember, it could take some time for you to feel the effects.

### **Have a safety plan: Buddy up, avoid using alone and let people know you are using**

- A safety plan is important in case you overdose
- Prepare this plan with your key worker or peers
- Create buddy systems to try and make sure no one is using alone
- If you are using let people know, get them to text or call you, leave the door where you live open and ask someone to check in on you at a set time
- If you live with family, make sure they are trained in giving naloxone and know if and when to check on you
- Try to have one person in your group who isn't using at the same time to keep an eye on you

### **Naloxone: Get it, carry it and use it**

- If you overdose on nitazenes, naloxone can help save your life
- Talk to your service provider about naloxone for you, your family and friends
- Extra doses of naloxone may be needed with nitazenes
- If someone overdoses: act fast, don't wait to see if they will recover – you could save their life
- Remember, call an ambulance immediately
- Check the person is breathing, put them in the recovery position: on their side with their head resting on their arm
- Give them naloxone as soon as possible

### **Consider treatment**

- Getting onto opioid treatment can help protect you from experiencing an overdose. Discuss with your local service provider.

### **Look out for the signs of overdose and don't wait to respond**

An overdose won't always look the same but some of the signs to look out for are:

- Falling unconscious
- Very light shallow breathing or no breathing
- Loud raspy 'snoring' or gurgling
- Blue or pale lips or fingertips

Look out for any unexpected signs like cardiac arrest (pain in chest, fast heart beat).

### **Don't be afraid to get medical help in an emergency**

- This is a high risk time. It is important to respond and get help immediately if someone overdose

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## Appendices 1: Overdose reporting

### Reporting an Overdose in Your Service

If an overdose of concern or cluster of overdoses occur in your service, please complete and submit this form as soon as possible to the local CHO Addiction Service Manager for review with the HSE National Social Inclusion Office. Please submit details per form for each separate overdose of concern (including a physical description of what was taken and an estimate of the amount):

Name of service:

Date of overdose(s):

1. Is it known what was taken (please state if there is concern for the product and provide details):

2. How was the drug used? (IV, smoked, other):

3. Was naloxone used and if so how many doses were needed?

4. Were emergency services called and did person go to hospital?

5. Was a syringe or sample obtained from the overdose and provided to An Garda Síochána?

6. What was the outcome of the overdose? Please provide a summary.

- 7.

## Appendices 2: Drug market monitoring December 2023

During this period, the HSE National Social Inclusion Office request frequent updates to help monitor trends in Dublin during December 2023 – January 2024.

Please complete at the end of each week and send to [nicki.killeen@hse.ie](mailto:nicki.killeen@hse.ie).

**1. Please provide an update on current drug trends being reported by your service.**

(For example, do they suspect new products are in circulation, are they being offered synthetic opioids/new products and are they choosing to buy these. Please provide as much information of any new products being discussed such as colour, effects, name, how they are being used, price and other market information etc).

**2. Are these substances leading to any of the following issues for people who attend your services:**

- Increase in overdose in service
- Increase in reported overdose outside of service
- Behaviour issues
- Mental health concerns
- Other, please state



## Appendices 3: HSE Risk Communication Policy

Below template highlights how responses are currently categorised by the HSE. This may be subject to change with future early warning system developments.

Alert not warranted	Information to support staff	HSE Advisory Notice	Targeted Alert	Public /National Alert
<ul style="list-style-type: none"> <li>- Information reviewed</li> <li>- Trend or issue noted.</li> <li>- Consideration for developing new information based on evidence.</li> </ul>	<ul style="list-style-type: none"> <li>- Information shared with professionals to support their work.</li> <li>- Possible tailored message shared on drugs.ie and HSE channels as information.</li> <li>- Situation monitored.</li> </ul>	<ul style="list-style-type: none"> <li>- Information for professionals or targeted audience to advise them of a trend.</li> <li>- May include details and harm reduction information.</li> <li>- May be internal within services or shared with media.</li> <li>- Situation monitored in relation to prevalence, hospital presentations and deaths.</li> </ul>	<ul style="list-style-type: none"> <li>- Alerts for an increased threat to life within a certain using cohort (area, festival or specific cohort).</li> </ul>	<ul style="list-style-type: none"> <li>- The highest level of concern.</li> <li>- Alert for an increased threat to life among the public.</li> </ul>