



A qualitative study of fatal and non-fatal overdose among opiate users in South Wales

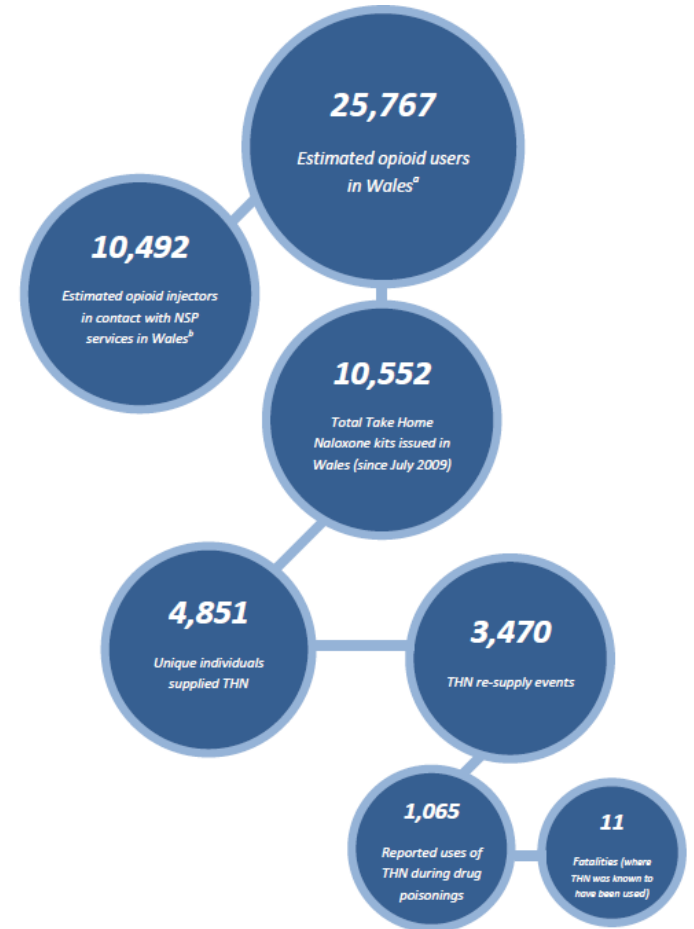
Professor Katy Holloway - USW

Dr Rhian Hills – WG

November 2016

Introduction

- Harm reduction
- Drug-related deaths
- Overdose prevention
- **Overdose management**
 - Take Home Naloxone (THN)
 - Change in legislation
 - Clinical guidance



What is known already?

- Limited qualitative research in the UK
 - Neale and Strang (2015)
 - Wright et al (2006)
- Much more in other countries
 - Sweden (Richert 2015)
 - US (Frank et al 2015; Wagner et al 2014; Binswanger 2012; Sherman et al 2008)

Methods

- Funding and ethics
- Sampling
- In-depth interviews
- Wide range of issues
- Narratives of overdose events
- Analysis



Sample

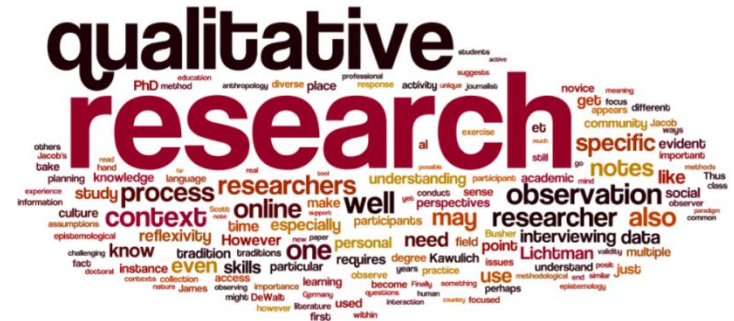
- 55 opiate users
 - Demographics
 - Drug use history
 - Treatment history
 - Prison history*
 - THN training
 - OD experience as victim and witness



Results

University of
South Wales
Prifysgol
De Cymru

- Management of OD events (i.e. responses) [?]
- >100 events described
- Four key issues:
 - (1) recognising an OD
 - (2) first responses
 - (3) use of folk methods
 - (4) use of THN



1. Recognising an OD

- Not always straightforward

– Not present in body

“... he'd bought some and went upstairs and done it and no one thought to go up and check on him or anything until it was too late.” (42)

– Not present in mind

“One of my best mates died at the side of me. I didn't know he was dead like. ... I'd been taking M-Cat ... I didn't care about anything. I wasn't really paying any attention to anything.” (48)



1. Recognising an OD

- Unwilling to check



“Well, it’s a fine line isn’t it, and short of shaking a person every couple of minutes saying are you gouching or are you not able to respond, which nobody wants ... When you’ve taken your drugs, you don’t want someone shaking you every two minutes to make sure you are still compos mentis.” (30)

1. Recognising an OD

- Key messages:
 - ‘use in sight’ ...
 - a capable witness
 - a designated smoker/shepherd
 - check on fellow users
 - drug consumption rooms (!)



2. First responses



- Fear and panic

“... everyone was screaming and shouting.” (46)

“I stood there like a shivering wreck sort of thing.” (55)

- Calling 999: too soon, delays (conflict, last resort, moving, hiding)

*“I said, ring the ambulance. No, no, no. I said, ring the ambulance. Nobody would ring the ambulance. So I took the phone off one of the girls who was there ... and said ‘f*** off’, rang the ambulance. ... She was alive until she nearly got to the hospital and then ended up it killed her.” (48)*

- Not calling 999 (interesting reasons)

“I’d rather him stay there to make sure he’s ok instead of him wandering off because we’d called the ambulance” (7).

2. First responses



- Inaction was rare

“I just leave because it’s only a drug relationship. So it’s like yeah all right, I’ve got my drugs, it’s a shame you’re going over. I’ll do my best to help you but I’m off because drug users don’t want police involved and it’s the way it is.” (16)

- Us V them

“But some people leave them and run away, and that’s dangerous. I would never, never do that and I try to tell people don’t, it’s not fair. Even call the ambulance, don’t just leave them lying there.” (2)

2. First responses

- Key messages:
 - Prepare people for the panic
 - Emphasise benefits of calling 999
 - Publicise standard practices
 - Promote the sense of heroism
 - Remove fear of authorities



3. Use of 'folk' methods



- Use of folk methods widely reported
 - Water, slapping, walking ...
 - An alternative to 999
 - Before/after calling 999
 - Folk methods seen as viable responses

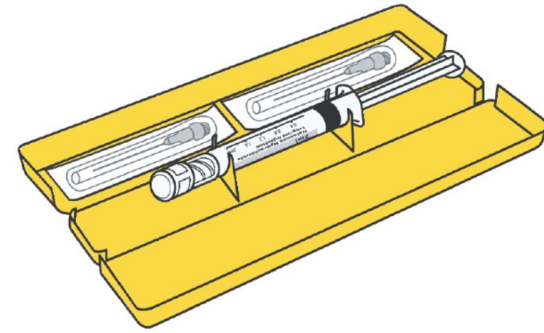
“I would throw cold water and slap them and bring them along, and pick them up and walk them, but they say don't do that. But, I said, well I have brought tons of people around doing that.” (53)

3. Use of 'folk' methods

- Key messages:
 - Folk methods are still commonly used
 - Educate about natural recovery
 - Coincidental not causal
 - Could make things worse

coincidence.

4. Use of THN



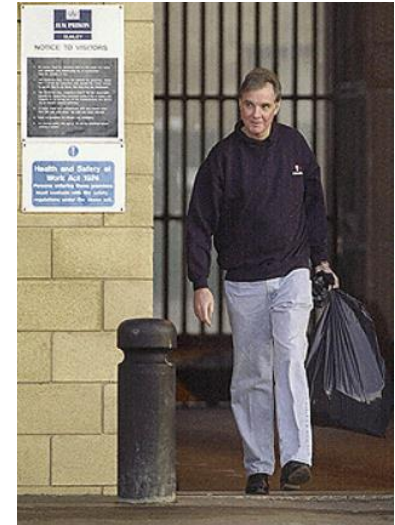
- Awareness/possession of THN
- Carrying kit (or not)

“It took me about five, 10 minutes then, to ride home on my bike, get the naloxone, come back, and administer it. And it was just too late, I think; he was already dead by then.” (41)

- Multiple doses (some lack of awareness)

“So he ... banged it in my leg I think it was, and I came around. Fifteen/twenty seconds, I came around. But before he did that, he phoned the ambulance, and I was like, ‘Cancel it. Cancel it.’ Obviously I was embarrassed, you know?” (5)

4. Use of THN



- Leaving prison without kits

“... Prison asked me if I wanted a kit and they said it would be in reception for when I went home. I never received it.” (46)

- Not wanting a kit

“I’m going back to my family and I don’t even want to be thinking about carrying a Naloxone kit with me because I don’t even want to be thinking about going to those places where the drug users are, so I just want to try and cut it all out and just stop it completely and stay away from it all. If I was actively going out to carry on using ... then yeah I probably would take one, but that’s not my plan.” (43)

4. Use of THN

- Forgetting what to do

“I don’t know, I’ve got a Naloxone set, but I’ll be honest with you, I wouldn’t know how to administer Naloxone even though I’ve done the training. I think it’s because I’d be too panicked that I’d get it wrong or I’d be too panicked in the moment that I just wouldn’t be able to do it. I’ve got the set but I think I’d better do the training again to be honest with you. (34)”

4. Use of THN



- Key messages:
 - Emphasise the need to carry the kit
 - Multiple doses needed (trial in ABMU, Cwm Taf)
 - Prisoners must leave with kits
 - Emphasise the benefits for others
 - Add guidance to generic NSP services
 - Consistent and continuous training

Conclusions

- External validity issues
- Wider provision of OD management training
- Hands-on training
- Prepare people for the panic and stress
- Encourage use ‘in sight’ of capable others
- Willingness – check, carry
- Upfront communication amongst using peers
- Address fear of authorities

Implications ...

WalesOnline

More than 10 heroin overdoses in Swansea in a month sparks police warning

While none of them were fatal, DrugAid and South Wales Police have issued a warning

W News ▶ Wales News ▶ Gwent Police

Heroin batch linked to three sudden deaths as police issue warning

Police say they are 'extremely concerned' after the deaths

References

- Neale, J., Miller, P. and West, R. (2014) 'Reporting quantitative information in qualitative research: guidance for authors and reviewers', *Addiction*, 109: 175-176.
- Public Health Wales (2015) *Harm Reduction Database Wales: Take Home Naloxone 2013-2014*.
- Richter, T. (2015) 'Wasted, overdosed, or beyond saving – To act or not to act? Heroin users' views, assessments, and responses to witnessed overdoses in Malmo, Sweden', *International Journal of Drug Policy*, 26: 92-99.
- Rome, A. and Boyle, K. (2008) *Reducing Drug Users' Risk of Overdose*. Edinburgh: Scottish Government Social Research.
- Wagner, K.D. et al (2014) "'I felt like a superhero": The experience of responding to drug overdose among individuals trained in overdose prevention.' *International Journal of Drug Policy*, 25: 157-165.
- Welsh Government (2008) *Working Together to Reduce Harm: Substance Misuse Strategy for Wales 2008-2018*. Cardiff: Welsh Government.