International Journal of Drug Policy 26 (2015) 92–99

Contents lists available at ScienceDirect

International Journal of Drug Policy

journal homepage: www.elsevier.com/locate/drugpo

Research paper

Wasted, overdosed, or beyond saving – To act or not to act? Heroin users' views, assessments, and responses to witnessed overdoses in Malmö, Sweden

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ARTICLE INFO

Article history:
Received 24 July 2013
Received in revised form 6 February 2014
Accepted 11 July 2014

Keywords:
Overdose
Heroin users
Overdose prevention
Heroin high
Qualitative interviews

ABSTRACT

Background: Overdose is a significant cause of death among heroin users. Frequently, other heroin users are present when an overdose occurs, which means the victim's life could be saved. There is a lack of studies that, based on heroin users own stories, examine their views, assessments, and responses to witnessed overdoses.
Methods: The study is based on qualitative interviews with thirty-five heroin users who witnessed someone else's overdose.
Results: The heroin users generally had a positive attitude towards assisting peers who had overdosed. A number of factors and circumstances, however, contribute to witnesses often experiencing resistance to or ambivalence about responding. The witness's own high, the difficulty in assessing the seriousness of the situation, an unwillingness to disturb someone else's high, uncertainty about the motive behind the overdose and whether the victim does or does not want assistance as well as fear of police involvement, were common factors that acted as barriers to adequate responses in overdose situations.
Conclusion: The fact that being high makes it difficult to respond to overdoses, using traditional methods, argues for simpler and more effective response techniques. This can include intranasal naloxone programs for heroin users. The findings regarding the uncertainty about the intention of the overdose victim and the sensitivity to the experience of a good high argue for more up-front communication and discussion amongst using peers so that they can make their intentions clear to each other. Issues like this can be addressed in overdose education interventions. Overdose prevention measures also need to address the fact that fear of the police acts as a barrier to call emergency services.
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Introduction

In many parts of the world, opiate overdoses are the main cause of death among heroin users (Davidson et al., 2003; Hser, Hoffman, Grella, & Anglin, 2001; Sergeev, Karpets, Sarang, & Tikhonov, 2003). In recent years, overdose fatalities have declined in Europe in general, while they continue to increase in Sweden and a few other countries (EMCDDA, 2013a,b). Sweden has a high drug-related mortality, and each year several hundred people die in acute drug-related deaths, many of which are heroin overdoses (Fugelstad, 2012).

Malmö was the city in Sweden where heroin was first spread among drug users, in the mid-1970s (Svensson, 2005). Today Malmö is one of the cities in Sweden with the highest proportion of annual heroin-related deaths (Fugelstad, 2012). According to a study of 149 heroin users at the needle exchange program and Detoxification Unit in Malmö (Brådvik, Hulenvik, Frank, Medvedeo, & Berglund, 2007) the overdose rate among the users is high in comparison with results from international studies. 74 percent of the respondents had experienced at least one overdose and almost all, 95 percent, had witnessed at least one overdose in the past five years.

Despite the high overdose death rate in Sweden little is done to investigate the circumstances regarding the overdoses and even less to reduce the number of fatalities (Richert, 2013). Interventions targeted at reducing harm from drug use are controversial in Sweden (Svensson, 2012) and overdose prevention measures such as, drug consumption rooms, peer naloxone distribution, and overdose response training programs are lacking (EMCDDA, 2013b).

The majority of heroin users have experienced at least one overdose of their own, and most have witnessed a peer overdosing

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http://dx.doi.org/10.1016/j.drugpo.2014.07.006
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(Brådvik et al., 2007a; Davidson, Ochoa, Hahn, Evans, & Moss, 2002; Pollini et al., 2006).

Most overdoses do not have a fatal outcome (Brådvik et al., 2007a; Warner-Smith, Darke, Lynskey, & Hall, 2001), and overdose fatalities are rarely immediate – rather they often entail a successive process, in which the victim sometimes dies more than an hour after using heroin (Zador, Sunjic, & Darke, 1996; Sporer, 2003). Therefore, there is often time to act and good prospects to save the person's life if someone else is present (Darke, Ross, & Hall, 1996a).

Studies have shown that drug users have a positive attitude towards assisting peers who has overdosed (Lagu, Anderson, & Stein, 2006; Strang, Best, Man, Noble, & Gossop, 2000; Liu et al., 2012). It is much more common that witnesses act to save the victim than the opposite, and their interventions often determines whether the individual survives or not (Davidson et al., 2002; Dietze, Cantwell, & Burgess, 2002; Pollini et al., 2006). Nonetheless, there are many overdose fatalities, even when other heroin users are present. Lack of knowledge about how to save someone who has overdosed (Darke, Ross, & Hall, 1996b; Powis et al., 1999), as well as resistance to call emergency services, due to fear of police involvement and possible long-term legal consequences (Tobin, Davey, & Latkin, 2005; Tracy et al., 2005; Pollini et al., 2006) are two commonly stated rationales for heroin users' inadequate responses.

Most research on witnesses' responses at the scene of overdoses consists of quantitative studies based on journal material, surveys, or structured interviews with opiate users. Only a few qualitative interview studies have investigated witnesses' responses to overdoses (e.g. Bartlett, Xin, Zhang, & Huang, 2011; Green et al., 2009; Sherman et al., 2008; Wagner, Davidson, Iverson, et al., 2014; Wright, Oldham, Francis, & Jones, 2006). The majority of these studies focus on specific overdose prevention interventions, such as distributing naloxone to heroin users, as well as first aid training, and the results of these interventions.

What is lacking are studies grounded in heroin users' own stories about the overdose situations they have witnessed and which, from their perspective, illuminate how these situations can be understood, judged, and handled. What has seldom been discussed is the complexity and multiple meanings of the high and its potential significance in this context. For instance, how do witnesses determine that an overdose is about to happen, and how do they distinguish an overdose from a powerful high? What significance does the present person's own intoxication have in this context? Does it make a difference whether the overdose is seen as intentional or accidental? Are there overdose situations in which it is seen as just no point in intervening?

From previous research it is clear that overdoses can make for complex and hard-to-define situations. Although several typical symptoms can be defined, there is no absolute unity, either among users or researchers, about what constitutes an overdose (Fitzgerald, Hamilton, & Dietze, 2000). There is a wide spectrum between a powerful overdose-like heroin high and a fatal overdose (Gore, 1997; Svensson, 2005), and overdoses often entail a successive process in which the victim may die sometime after initial overdose symptoms (Sporer, 2003). Furthermore, persons have different aims in drug use, varied relationships to the high, and different approaches to risk-taking in the context of drug use (Richert & Svensson, 2008). Although the majority of overdoses have been defined as accidental (Brådvik, Hulenvik, Frank, Medvedeo, & Berglund, 2007b; Darke & Ross, 2001; Best et al., 2000; Püschel, Teschke, & Castrup, 1993), they are in many cases the result of a more or less deliberate risk-taking, in some cases with indifference about potential consequences (Miller, 2006; Moore, 2004; Neale, 2000). To be close to an overdose, experiencing a powerful high, is also something that some individuals strive for (Richert & Svensson, 2008). Overdoses can also be suicide attempts. The proportion of intentional overdoses is hard to estimate, but various researchers have calculated the range to be between 10 and 30 percent (Best et al., 2000; Darke & Ross, 2001; Heale, Dietze, & Fry, 2003; Vingoe, Welch, Farrell, & Strang, 1999). Some studies however, indicate that up to half of all overdoses might be intentional (Neale, 2000), and others that there is likely to be a certain underestimate of the proportion of overdoses that are intentional or at least include a measure of "suicidal intent" (Heale et al., 2003).

The complexity described above – in which an overdose can be understood within a continuum between a powerful high and a fatal dose, and between a pure accident and a planned suicide – may have significance for how heroin users interpret overdose situations and whether or not they choose respond.

The purpose of this study is to investigate how heroin users identify, interpret, and assess the overdoses of others, as well as how they make sense of their own and other witnesses' responses to overdose situations. The main aim is to identify and analyse barriers to adequate responses. A particular focus is on how the varied characteristics and multiple meanings of the drug high may be of significance in this context.

Methods

Recruitment, selection and interview procedure

The research is built on interviews with thirty-five heroin users who have been present at one or more heroin overdoses. The participants were recruited during periods of fieldwork at the needle exchange program in Malmö, Sweden, between 2009 and 2012.

Eligibility criteria included: aged $\geq$18 years; self-reported injection heroin use for at least one year; to have witnessed at least one heroin overdose.

The interviewees were chosen through a strategic selection, with the goal of gaining a broad sample with variation according to gender, age, length of heroin use, as well as social situation. This was primarily possible due to the interviewer (TR) being well acquainted with the study environment. Several of the participants were also known by the interviewer, as they had participated in a previous research study about heroin overdoses (Richert & Svensson, 2008). This facilitated recruitment and was also an advantage in interview situations, as a relationship had already been established.

The interviews conducted were qualitative research interviews, a form of interview which aims to "obtain descriptions of the interviewee's life-world in order to interpret the meaning of the described phenomenon" (Kvale, 1997). The interviews were performed using a thematized interview guide, but much room was left for the free narration of the interviewees. Participants were asked to describe in detail an overdose that they had witnessed. They were also asked to describe and reflect on different responses to overdoses (their own and others), to reason around how they assess, define and distinguish an overdose from a "strong heroin high", to describe their views on when and how to act in different overdose situations as well as to define circumstances that led to difficulties in assessing or responding to the overdose.

The interviews took place face-to-face and were conducted by the author, who has extensive experience with qualitative interviews. The interviews vary in regards to length, form, and quality. This was primarily due to the fact that the interviewees were in an active state of heroin abuse. A few participants were severely intoxicated during the interviews and some showed symptoms of withdrawal. In a few cases, the condition, state of well-being, or lack of time of the interviewee caused a problem in the interview

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