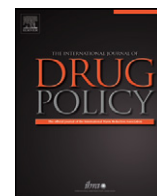




Contents lists available at ScienceDirect

International Journal of Drug Policy

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

Short report

Social and structural aspects of the overdose risk environment in St. Petersburg, Russia

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ARTICLE INFO

Article history:

Received 7 April 2008

Received in revised form 8 July 2008

Accepted 10 July 2008

Keywords:

Naloxone

Overdose

Risk environment

Emergency medical services

Russia

Structural intervention

ABSTRACT

Background: While overdose is a common cause of mortality among opioid injectors worldwide, little information exists on opioid overdoses or how context may influence overdose risk in Russia. This study sought to uncover social and structural aspects contributing to fatal overdose risk in St. Petersburg and assess prevention intervention feasibility.

Methods: Twenty-one key informant interviews were conducted with drug users, treatment providers, toxicologists, police, and ambulance staff. Thematic coding of interview content was conducted to elucidate elements of the overdose risk environment.

Results: Several factors within St. Petersburg's environment were identified as shaping illicit drug users' risk behaviours and contributing to conditions of suboptimal response to overdose in the community. Most drug users live and experience overdoses at home, where family and home environment may mediate or moderate risk behaviours. The overdose risk environment is also worsened by inefficient emergency response infrastructure, insufficient cardiopulmonary or naloxone training resources, and the preponderance of abstinence-based treatment approaches to the exclusion of other treatment modalities. However, attitudes of drug users and law enforcement officials generally support overdose prevention intervention feasibility. Modifiable aspects of the risk environment suggest community-based and structural interventions, including overdose response training for drug users and professionals that encompasses naloxone distribution to the users and equipping more ambulances with naloxone.

Conclusion: Local social and structural elements influence risk environments for overdose. Interventions at the community and structural levels to prevent and respond to opioid overdoses are needed for and integral to reducing overdose mortality in St. Petersburg.

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Background

Illegal use and injection of drugs have increased dramatically in the Russian Federation since the 1990s (Koshkina, 2000). In addition to an injection-driven HIV epidemic, approximately 100,000 Russians die annually from overdoses and problems related to drug use, a mortality rate higher than that for motor-vehicle incidents and homicide in Russia (Bureau for International Narcotics and Law Enforcement Affairs, 2008). St. Petersburg, the second largest city in Russia, is home to an estimated 70,000 injecting drug users (IDU) (4% of adults), making it one of the largest subnational injecting populations of the developing and transitional countries (Burrows,

2006; Central and Eastern European Harm Reduction Network, 2006; Long et al., 2006). Compared to the 59% lifetime overdose experience reported in a 16-city survey of Russian IDUs that did not include St. Petersburg (Sergeev, Karpets, Sarang, & Tikhonov, 2003), 75% of IDUs surveyed in St. Petersburg had ever overdosed, 60% having experienced one or more in the past year (Grau et al., 2008).

The risk of dying from overdose encompasses not only factors precipitating overdose but also appropriateness of response when it occurs. Studies of overdose typically focus on individual behaviours such as injecting alone and concurrent alcohol use (Coffin et al., 2003; Melent'ev & Novikov, 2002; Sherman, Cheng, & Kral, 2007), a tendency that may obscure the role of other important aspects contributing to overdose causation and death. Social and structural factors can also influence drug users' ability to prevent overdose, respond effectively, and reduce likelihood of fatality (Dietze, Jolley,

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Fry, Bammer, & Moore, 2006; Galea et al., 2003; Hembree et al., 2005; Tobin, Davey, & Latkin, 2005). In Russia, distrust of medical institutions arising from mistreatment, fear of police, and perceived ineffectiveness deterred people from seeking medical help (Sergeev et al., 2003). Consideration of the “risk environment” (Rhodes & Simic, 2005; Rhodes, Singer, Bourgois, Friedman, & Strathdee, 2005; Rhodes, Stimson, et al., 1999) includes the interplay of physical, social, economic, and policy factors, that influence production of risk and may determine intervention effectiveness (Kerr, Kimber, & Rhodes, 2007; Kerr, Small, Moore, & Wood, 2007; Van Beek, Dakin, Kimber, & Gilmour, 2004). Building upon this, we sought to uncover factors contributing to the overdose risk environment in St. Petersburg and to assess feasibility of a prevention intervention.

Methods

From September 2006 to June 2007, 21 interviews ($n=3$ for each group) were conducted with informants key to understanding overdose experiences and current response practices in St. Petersburg: drug users in treatment, drug users not in treatment, ambulance staff, toxicologists from the poisoning ward at the city's primary hospital, policemen, inpatient narcologists (psychiatrists with sole authority for treating addiction) and outpatient narcologists. Topics included interviewee's biographical details (age, sex, work experience), perceptions about overdose, causes and responses, details of overdoses witnessed and responded to, knowledge about naloxone (Bigg, 2002; Chamberlain & Klein, 1994), awareness of prevention overdose programmes, and attitudes toward a possible overdose prevention and naloxone training programme. Recruitment of drug users was based on random selection of: (a) patients who had been in detoxification for seven or more days for the in-treatment subset (Bekhterev Institute), and (b) for those out-of-treatment, drug users visiting The Biomedical Centre, a not-for-profit health and research organization for drug users. Their inclusion criteria were past month drug use and history of witnessing or experiencing overdose. Recruitment of professionals occurred only after gaining approval from a supervisor/chief (i.e., of police, of the ward), who typically nominated interviewees. Eligibility criterion for interviewing professionals was experience working with drug users. Interviews were audio-taped, transcribed, translated and coded thematically using inductive techniques (Layder, 1993) by two team members [TCG, LEG] in consultation with the Russian-speaking interviewers [KNB, MT]. Emergent themes typically pertained to individual circumstances and behaviours surrounding overdose; many were exogenous to the individual and suggested mediation of behaviours. To conceptualize and interpret these contextual drivers, we subsequently drew upon the risk environment framework for this analysis. Institutional Review Boards at Yale University, the Biomedical Centre, and the Bekhterev Psychoneurological Institute approved this study.

Results

An overdose problem has existed, does exist and will continue to exist in St. Petersburg. . . because overdose depends on heroin quality-and heroin quality comes down. But other reasons for overdose will exist forever. (male, 35, heroin injector, 18 years injecting).

Home and family conditions

Interviews with drug users and narcologists revealed that home and family conditions might contribute to overdose risk, since drug

use and overdoses often occur at home. Russian IDU tend to be younger than their Western counterparts and to live with partners, parents, or other relatives (Grau et al., 2008; Sergeev et al., 2003; Shaboltas et al., 2006), similar to IDUs in other non-Western settings (Dorabjee & Samson, 2000; Kartikyan, Chaturvedi, & Bhalarao, 1992; Kumar et al., 2000). While this situation is observed elsewhere in Russia (Sergeev et al., 2003), the home is not typically considered a setting mediating overdose risk. Mechanisms by which family environment can influence their relative's drug use and overdose risk emerged in interviews.

Some drug users inject at other (and potentially less safe) locations in order to avoid discovery of their drug use by other family members:

Usually I inject at home or when my parents are not at home, but sometimes I have to inject on the street. (male, 32, injecting heroin and other opioids 9 years).

Injecting secretly at home under physical or time constraints increases the potential of doing something careless or too quickly, which can result in overdose.

My last overdose was a heroin overdose. . . at home. I'd been in the toilet and I made an injection. My relatives felt that something was wrong, that I was in the toilet for too long, and then they opened the door and called an ambulance and began to slap my cheeks. (male, 35, injecting heroin 18 years).

Family can also play a powerful preventive role in reducing fatal overdose risk when a harm reduction approach is embraced. A rare report of naloxone administration illustrates one parent's modification to the home environment:

I used my ordinary dose, but the quality was better and I ended up unconscious. My friend was with me. He injected some medicine (naloxone). It was in his home. His mother works in narcology and had some of the medicine at home. (male, 32, heroin injector, 7 years injecting).

Fear as a contextualizing factor of the overdose risk environment

Linked to broader stigmatisation of IDU in Russia, professional's fears of drug users and drug user's fears of professionals both contributed to suboptimal overdose response conditions. Fear of drug users legitimized professionals' inaction to a witnessed overdose: “We have no instructions on how to respond [to] an overdose and I will not perform rescue breathing on a drug user- he can have AIDS!” (Policeman, policing 17 years). This fear was also a rationale for exerting greater control over emergency response encouraging emergency medical services (EMS) staff to alter protocols to include police escort, opening the possibility of harassment and arrest: “. . . sometimes the ambulance staff calls the police. . . when there are many drug users and the ambulance staff is just afraid.” (Dispensary narcologist, female, practicing 21 years).

This perpetuates the impression among drug users that a *sine qua non* in calling an ambulance is involvement of police. Drug users commonly expressed a potent fear of arrest, interrogation, and criminal prosecution whether they were receiving care within a hospital or from EMS.

My friend was hospitalized after an overdose. . . when he woke up in the hospital, he hit and beat the doctors and ran away. He did it because he feared the police were there. (female, 28, injects heroin and methadone, injecting 10 years).

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