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Research Paper

Fatal and non-fatal overdose among opiate users in South Wales: A qualitative study of peer responses

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ABSTRACT

Background: Overdose is a major cause of death among injecting drug users in Wales. Few studies, however, have explored the overdose responses of witnesses in this context. This study applies Rhodes' concept of the 'risk environment' to examine how witnesses respond to opiate overdose.

Method: In depth, semi-structured interviews were conducted with fifty-five participants recruited from statutory and third sector drug treatment providers operating across South Wales and from two Welsh prisons. Eligibility was based on whether the person was, or had recently been, an opiate user and whether they had personally experienced or witnessed an overdose event.

Results: Witnesses were amenable to assisting overdosed peers. However, a number of micro- and macro-level factors impeded the successful implementation of harm reduction techniques in response to an overdose. At micro level, the social setting of injecting drug use, peer group drug use norms and difficulties in identifying an overdose were linked to ineffective response. Macro-level factors including laws governing the possession of drugs and harm reduction discourse were also found to limit the uptake of overdose response techniques.

Conclusion: Findings suggest a need to insert pragmatic solutions into overdose prevention programmes and training to counter the factors hindering effective responses to overdose. This includes simpler techniques and harnessing the support and knowledge of injecting drug users' social networks. Although these will go some way to addressing specific micro-level barriers, we also emphasise the need for additional policy measures that can address the macro-environmental conditions that produce and maintain features of injecting drug users' risk environments.

Introduction

Drug-related mortality is a leading cause of death and considered a major public health problem in many European countries (EMCDDA, 2017). Recent figures show a rise in the number of overdose deaths in the EU, largely driven by increases in opioid overdoses in England and Wales (ONS, 2016). Between 2012 and 2015, drug-related deaths involving opiates in England and Wales have more than doubled and there has been a 107% increase in overdose deaths involving all opioids (ONS, 2016). England and Wales also have the highest rate of high-risk opiate users in the EU – approximately eight in every 1000 individuals – a figure believed to be one contributing factor behind the recent rise in drug-related mortalities (EMCDDA, 2017).

Drug-related mortality is particularly high in Wales where the rate for drug-related deaths registered in 2012 was 45.8 per million population, nearly double that of England (25.4 per million) (ONS, 2013). Deaths involving opiates increased to 85 in 2015, a rise of 93% from the 44 registered in the previous year (ONS, 2016). Moreover, non-fatal overdoses in Wales are not uncommon: according to a recent study of 661 opiate users, approximately half (47%) had overdosed at some point in their lives, with issues of quantity, poly drug use and purity all cited as contributory factors (Holloway, Bennett, & Hills, 2016). This is consistent with research suggesting that the majority of overdoses are non-fatal (Darke, Mattick, & Degenhardt, 2003) and have been experienced by opiate users on at least one occasion (Brådvik, Hulenvik, Frank, Medvedeo, & Berglund, 2007; Darke, Ross, & Hall, 1996).

Overdose deaths are rarely instantaneous but instead involve a process whereby the central nervous system (CNS), including respiration, is slowed to a fatal degree. In the absence of any medical or clinical intervention, the actions of fellow injecting drug users are important to the chances of survival (Holloway et al., 2016; Richert, 2015; Wagner et al., 2014). Studies have highlighted a moral 'code of conduct' amongst injecting drug users, which includes assisting other injecting-drug users in the event of an overdose (Parkin & Coomber, 2011;

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Parkin, 2013). Moreover, peers can act as 'enablers' of harm reduction measures or techniques (Duff, 2009), either through informing the emergency services, administering naloxone or providing CPR (Bennett & Holloway, 2012; Holloway et al., 2016; Liu et al., 2012; Parkin & Coomber, 2011; Richert, 2015; Rome & Boyle, 2008; Wagner et al., 2014). Mobilising and equipping peers with the correct resources required to respond to overdoses may therefore bring about potentially life-saving consequences (Holloway et al., 2016).

Nevertheless, studies have identified a number of existing barriers that may prevent the efficient and timely response to an overdose. These include a lack of sufficient training and knowledge in administering correct medical procedures (Frank et al., 2015; Liu et al., 2012; Rome & Boyle, 2008; Wagner et al., 2014), an inability to distinguish between an overdose and a 'gouch',[1] (Richert, 2015) and a reliance on ineffective 'folk methods' (Frank et al., 2015). Calling for an ambulance is often a 'last resort' due to a fear of police prosecution, particularly in countries where drug use is criminalised or if individuals have outstanding warrants for arrest (Bartlett, Xin, Zhang, & Huang, 2011; Richert, 2015; Rome & Boyle, 2008; Sherman et al., 2008). In cases where overdose victims are considered 'beyond saving', they are often left without assistance (Richert, 2015).

Despite international research exploring overdose management in the US (Sherman et al., 2008; Wagner et al., 2014), China (Bartlett et al., 2011; Liu et al., 2012) and Sweden (Richert, 2015), the issue remains under explored in the UK. The most recent UK publication, for example, relies on re-examined data collected in Scotland almost 20 years ago (Neale & Strang, 2015), whilst Rome and Boyle's (2008) exploration of overdose prevention measures was based on data gathered in Scotland a decade ago. Evidently, there is a need to investigate contemporary overdose events to ascertain whether their findings and recommendations remain relevant today and are pertinent to other parts of the UK.

There is also a need to understand the social, cultural, economic and political environments that shape both drug injecting practices and responses to overdose (Green et al., 2009; Rhodes, 2002, 2009). Rhodes' (2002, 2009) concept of the 'risk environment' is a useful analytic for uncovering the various contextual determinants that operate at two levels to produce drug-related harm. At micro level, social influences and drug use norms, local neighbourhood characteristics and the social setting of injecting drug use are tied to the production of normative risk perceptions amongst injecting drug users. These social norms shape context specific risk practices that undermine harm reduction techniques, such as routes of administering injections (Boyd, Fast, Hobbins, McNeil, & Small, 2017), public injecting (Rhodes et al., 2007) and needle and syringe sharing (Rhodes, Singer, Bourgois, Friedman, & Strathdee, 2005). At a higher 'macro' level, structural and economic inequities and legal/policy contexts intersect with micro-level behaviours to produce drug-related harms. Recent research has considered how deindustrialisation has exacerbated injecting drug use and overdose risk in communities experiencing chronic unemployment (McLean, 2017). Other studies have noted how laws governing the possession of drugs and the public stigmatisation of injecting drug use foster a reluctance amongst users to engage with medical or emergency services in the event of an overdose (Rhodes et al., 2007; Richert, 2015).

The concept of the risk environment has been used in previous research to explore the social and structural production of safe and/or unsafe practices amongst injecting drug users (Adamson, Jackson, & Gahagan, 2017; Boyd et al., 2017; Green et al., 2009; Kerr, Small, Moore, & Wood, 2007; Mateu-Gelabert, Sandoval, Meylakhs, Wendel, & Friedman, 2010; McLean, 2017). Because these same factors can influence a drug user's ability to respond to overdose (Green et al., 2009), this paper uses the concept to explore how contextual factors mediate witness responses to peer overdose. There have been few attempts to explore how injecting drug users' risk environments shape overdose responses and the approach has utility for two reasons. First, discourses associated with overdose management proscribe messages that stress the need to enact rational techniques in relatively stable social conditions. Focusing on individual level responses however, fails to consider the various environmental influences that undermine or disrupt an individual's ability to perform overdose management techniques. In recognising these broader factors, services could be recalibrated to alter the environment in which overdose occurs, thereby reducing the chances of risk occurring (Kerr et al., 2007). Second, given the existence of different social, cultural, economic and political environments, drug-related harms and overdose risks are non-uniform and subject to variation in different settings (McLean, 2017; Rhodes, 2002, 2009). A framework that highlights how harm is produced in specific contexts is therefore able to account for differences in overdose response amongst different populations (Green et al., 2009). This is important as Wales has a markedly different social and political environment compared to countries where previous studies have explored responses to overdose (e.g. China (Bartlett et al., 2011; Liu et al., 2012) Sweden (Richert, 2015) and the US (Sherman et al., 2008; Wagner et al., 2014)).

Whereas China, Sweden and the US have, to varying degrees, traditionally pursued punitive and prohibitionist policies toward drug use and invested heavily in law enforcement, prevention and abstinence-based treatment (see Harm Reduction International, 2016; Stevens, 2011), harm reduction is at the heart of the Welsh Government's Substance Misuse Strategy and reducing the number of drug-related deaths is a key aim (Welsh Government, 2008). Since 2015, drug workers employed through Local Authorities have been able to distribute Take-home Naloxone (THN) to anyone in need of a kit, although THN has been readily available on prescription to those at risk of overdose since 2011. Training in overdose management and response is routinely provided to injecting drug users in the community and in prisons[2] with content covering the recognition of overdose symptoms, emergency procedures and how to administer naloxone (Bennett & Holloway, 2012). Given the different political architectures of the countries where research has previously been conducted, it is not unreasonable to suggest that variation between countries will exist in relation to peer-overdose responses.

To these ends, this study focuses on the factors influencing the responses of witnesses to peer opiate overdoses in Wales. Despite a political environment that maintains a focus on reducing drug-related harms, drug-related morbidity and mortality remains a persistent problem (Holloway et al., 2016; ONS, 2016; Public Health Wales, 2017). Consequently, there is a need to understand the contextual production of responses to overdose in this setting. In doing so, provision can be realigned with the specific features of the overdose risk environment.

Methods

The research was conducted in statutory and third sector drug treatment providers in five towns and cities and in two prisons in South Wales. Drug misuse deaths in the region are the highest in Wales (Public Health Wales, 2017) and have been driven by increases in deaths involving opiates in recent years: between 2014 and 2016, such deaths have more than doubled in parts of South Wales (ONS, 2017). Data recorded from individuals accessing needle and syringe programmes (NSPs) across Wales suggests South Wales has a high number of opioid users who are street homeless (Public Health Wales, 2017), particularly in Cardiff where there is a visible population of street-based injectors (Rhodes et al., 2007).

[1] A period of incapacitation or lethargy resulting from opioid consumption.

[2] THN training is consistent across community and prison settings. Training is offered on a voluntary basis and participants are provided with a naloxone kit on completion. In prison, participants are provided with a naloxone kit on release.