Heroin overdose (part 3)

Professor David Clark continues to look at various ways that can be used to reduce the number of heroin overdoses and overdose deaths, and at the responsibility that we all share in trying to do this.

In my last Briefing, I emphasised that a wide range of people are potentially able to help reduce the number of heroin overdoses. These include heroin users themselves, specialist and generalist workers in the field, family members and friends, commissioners and policy makers, and even members of the general public. In this Briefing, I continue to look at ways in which these various groups of people can contribute.

Heroin users most commonly overdose when in company, and death from overdose is rarely instantaneous, creating opportunities for those present – most commonly other heroin users – to reduce potential morbidity and mortality by intervening in some way.

However, research has consistently shown that only a small proportion of overdose witnesses use first aid measures, such as cardiopulmonary resuscitation (CPR) and placing the overdose victim in the coma position. Moreover, studies reveal that an ambulance is called in only about 50 per cent of cases.

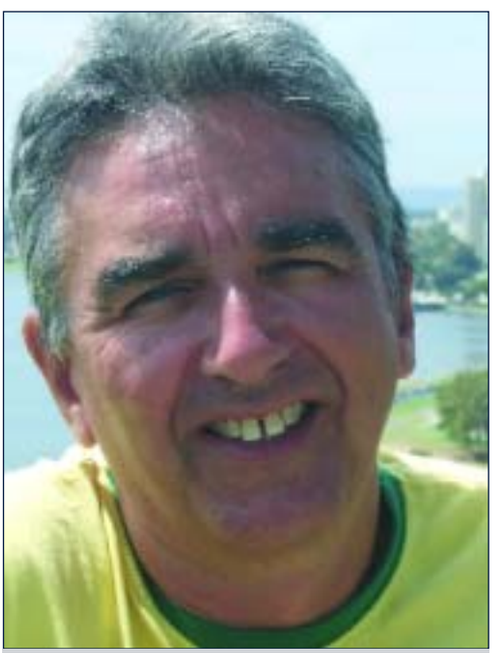
Many heroin users who do not call emergency services fail to do because they are concerned about being arrested by the police, for possible manslaughter or for possession of drugs. Despite the fact that there is no reason for the police to turn up at an overdose incident unless a fatality has occurred, they generally do so in the UK. This is not the case in Australia.

There are a variety of ways in which we can reduce overdose deaths by a greater 'engagement' of overdose witnesses.

Treatment agencies should offer regular education courses on drug overdose, with topics ranging from prevention measures through to first aid classes. These courses should involve discussion between service users and staff as to how to increase the flow of credible messages about overdose among a networks of users.

Police should not attend a non-fatal overdose unless essential. Ambulance crew should acknowledge the help of witnesses when merited. If a heroin user has done something right they should be told, since they will be more likely to do it again.

Research has found that rather than being thanked for their positive and sometimes life-saving actions – which can enhance their self-esteem – heroin users are often looked down upon by members of emergency services and, in particular, by the police:



'Police should not attend a non-fatal overdose unless essential'

'...They just treated me like a dirty junkie which I suppose I was... but if it wasn't for me he would be dead, you know.' (Unpublished WIRED research in Swansea.)

Heroin users must accept that they have to provide information for the coroner's court if they are witness to an overdose death. Treatment agencies should provide them with information about, and support concerning, the giving of information and attending a coroner's court.

Naloxone, an opiate receptor antagonist, is used to reverse the life-threatening suppression of respiration caused by heroin. Whilst naloxone is often used by ambulance services to 'revive' people who have overdosed on heroin, the drug is not freely available for use by heroin users.

Policymakers and commissioners need to take up the suggestions of John Strang and colleagues (*British Medical Journal*, 21 June 2007) to increase the availability of naloxone and provide relevant training to non-healthcare staff, and to users, their families and carers.

Three groups are considered to have a relatively higher incidence of heroin overdose: former users who are just leaving prison, former users who have been on an abstinence-based treatment programme, and clients in the early stages of a methadone substitution programme.

The dangers of overdose to people in these situations needs to appreciated, not just by the individuals themselves, but also by their families and carers, as well as by practitioners and commissioners. The reality is that most members of the latter groups are not well-trained or well-informed about heroin overdose.

One of the fears expressed by parents is the 'knock on the door' – by a policeman ready to inform them that their son or daughter had been found dead, of a suspected heroin overdose. Given their concerns, and lack of knowledge about overdose, it is important that family members and carers receive credible, objective and understanding communications from those people they turn to for advice and support, such as their GP.

One mother who participated in a WIRED research project was told by her GP: 'I think you've got to face the fact that... your son is gonna die... it's either gonna be accidental or deliberate... he's not getting better. He's as bad as he can be, he's taking anything and everything; he's so desperate.'

She received no support or advice. Although this is an isolated example, it emphasises the need for better training and education, and understanding about heroin overdose among generalist workers.

As a final comment, it must be recognised that we live in a society that is highly prejudiced against heroin users. As a result, some heroin users are less likely to access treatment services, and some ex-users are less likely to be accepted by, and be integrated back into, 'normal' society (a critical element of recovery). They are therefore likely to continue using, or start using again, thereby being at risk of overdose.

Reducing prejudice, stigmatisation and stereotyping of heroin users will reduce heroin overdoses and deaths.