Written evidence from Dr Tom May (University of South Wales)

1. Introduction and Rationale for Submission

1.1 I am a Research Fellow at the Centre for Criminology, University of South Wales. My main research interests are in substance misuse related issues, including methods to reduce the harms associated with injecting drug use.

1.2 The rationale for submitting this piece of written evidence is based on insights from a recently published co-authored paper in the *International Journal for Drug Policy*, entitled ‘Fatal and non-fatal overdose among opiate users in South Wales: A qualitative study of peer responses’ (Holloway, Hills & May, 2018).

1.3 The study found that in the absence of any immediate medical or clinical intervention, injecting drug-user peer groups have the capacity to respond and act effectively in the event of a peer opioid overdose.

1.4 Based on this finding, the study concluded with a number of recommendations for harnessing the support and knowledge of injecting drug users’ social networks in overdose situations. These recommendations included innovative, evidence-based harm reduction responses that have been shown to be effective at reducing the harms associated with injecting drug use internationally.

1.5 This is significant as the number of drug-related deaths from overdose is increasing across the UK and the current UK Drug Strategy (2007) currently makes no specific reference to the harm reduction potential of peer networks in the event of opioid overdose.

2. Executive Summary

2.1 Opioid overdoses are not uncommon among injecting drug users and they are responsible for an increasingly large proportion of drug-related deaths in the UK. Although the recommended response in the event of an overdose is to contact the emergency services, many injecting drug users are unwilling to do so due to fear of prosecution. This increases the risk of opioid-related mortality.
2.2 In the absence of any medical or clinical intervention, injecting drug-user peer groups must therefore respond and act in the event of a peer opioid overdose.

2.3 Our research found that when equipped with the correct resources and aware of correct harm reduction techniques, fellow injecting drug users are amenable and responsive to peer overdoses.

2.4 Drawing on the knowledge and relationships within injecting drug users’ social networks can therefore foster a social environment conducive to effective harm reduction.

2.5 Hence, there is a need for the UK government to improve the uptake and provision of innovative harm reduction techniques among injecting drug users in order to reduce the extent of health harms resulting from drug use.

3.0 An Innovative Response to Reducing the Harms Associated with Drug Use

3.1 Non-fatal overdoses 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 opioid users on at least one occasion (Brådvik, Hulenvik, Frank, Medvedeo, & Berglund, 2007; Darke, Ross, & Hall, 1996).

3.2 Opioid 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 this scenario, the recommended procedure is to contact the emergency services. However, many drug users are hesitant to do so due to fear of prosecution (for either, for example, being in possession of illegal substances, administering illegal substances to the overdose victim or for having outstanding warrants for arrests). In the absence of any medical or clinical intervention, the actions of fellow injecting drug users are therefore important to the chances of survival (Holloway et al., 2016; Richert, 2015; Wagner et al., 2014).

3.3 Our study, based on 55 qualitative interviews with opioid-dependent individuals in South Wales, found that injecting peer groups were amenable and responsive to overdoses particularly when equipped with the necessary resources and training.
3.4 Examples of effective responses found in our research included: dialling 999 to call for an ambulance, placing victims in the recovery position, providing CPR and staying with the victim until fully recovered or administering naloxone. These responses were found to be consistent with previous research exploring overdose management in distinct geographical and cultural settings (Bartlett et al., 2011; Richert, 2015; Sherman et al., 2008; Wagner et al., 2014) as well as the UK (Neale & Strang, 2015; Rome & Boyle, 2008).

3.5 Mobilising and equipping peers with the correct resources required to respond to overdoses can therefore bring about potentially life-saving consequences in the event of peer overdose.

3.6 Increasing the uptake of harm reduction techniques to reduce risk among this group is therefore recommended.

4.0 Recommendations

4.1 Alternative methods of intervention that draw upon the social resources available to injecting drug users can be instrumental in producing ‘cultures of care’ that ‘enhance resiliency and reduce the experience of harm’ (Duff, 2009: 207). For example, overdose prevention programmes that train users as designated ‘responders’ have been found to lead to ‘an increased sense of self-worth among some of society’s most marginalised members’ (Wagner et al, 2014, p.163). These interventions share similarities with public health interventions that train bystanders to respond to medical emergencies and have successfully been implemented in Los Angeles (Wagner et al., 2014). Training users to transition to a new pro-social role of ‘responder’ can proffer a range of positive emotions – including heroism, satisfaction and increased self-esteem – associated with saving a peer’s life.

4.2 Ensuring that harm reduction advice advocates the importance of using in sight of others (rather than not alone) is also recommended. In our study, many victims had overdosed in the same house as their peers but after injecting alone in a different room. Witnesses often described finding victims only by chance or good fortune.

4.3 Further innovative measures might also look to promote messages encouraging staggered injecting amongst users. This would involve one person in a group acting as a ‘designated smoker’ who smokes a small amount of the substance whilst others inject. This could help to ensure that at least one person in the group remains capable
of calling for an ambulance and/or administering naloxone. While this might be an ambitious goal given the nature of opioid use and the compulsion to inject among users, research from Sweden found that it may work among certain groups such as couples or people with close relationships (Richert, 2015).

4.4 There is an urgent need to role out a national take-home naloxone programme in England. This includes local authorities making take-home naloxone available to any person requesting it, particularly to groups at high risk of having an opioid-related overdose or those likely to witness someone having an opioid-related overdose.

5.0 References


