

Opiate Overdose

by Anne Bolger (RGN)

Author Profile

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Anne has worked over 5 years in substance misuse. She has worked as a nurse, a nurse manager, hepatitis C liaison nurse and currently as the senior outreach worker. She has completed a post graduate higher diploma in substance misuse and plans to complete her master degree.

Accidental overdose among intravenous drug users (IVDU) is a significant international problem. Heroin overdose was cited as being the leading cause of death among men aged 25-54 in Portland Oregon in 1999. Annual acute drug related deaths in the European Union are reported to be between 7,000 - 9,000. Opiate related deaths account for the largest proportion of deaths among drug users in Ireland. Deaths in Ireland rose from 7 in 1990 to 119 in 2000. Between 1995 and 2000 there has been a substantial increase in drug related deaths in Dublin and outside the Dublin area. To date, there is no published Irish research outlining the prevalence of opiate overdose or assessing drug-users opiate overdose awareness. The following information is derived from International literature on opiate overdose and U.K strategies and innovations to prevent opiate overdose. Education and awareness

have been identified as the most significant indicators of prevention i.e both for drug users and professionals who work closely with them.

Topics to be covered here include;

- Some of the facts about opiate overdose
- Signs and symptoms of acute narcosis (opiate overdose)
- Contributing factors
- Prevention and education
- Inappropriate responses
- Treatment

Some of the facts

- Overdose is a serious risk associated with drug misuse.
- Death from overdose is rarely instantaneous.
- Most are accidental and potentially preventable.
- The majority of heroin related fatalities occur among older, more experienced and more dependent users who have a history of poly drug use (mixing drugs) particularly alcohol and benzodiazepines.
- Ambulance call out is reported to be low (as low as 10%).
- User's them-selves believe that drug users will overdose at least once in their lifetime.
- Most IVDU (70-85%) have witnessed an overdose.
- Approximately 80% of users know of a personal acquaintance who have died from accidental overdose.
- Over 50% of those who overdosed were using other drugs alongside heroin.

At the Drug Treatment Center Board (Trinity Court) I distributed self-report questionnaires to clients to establish the prevalence of overdose. One hundred and ninety two participants responded.

- Over 50% reported a previous overdose
- A fifth of these admitted to overdosing more than five times.
- Eighty five percent witnessed an overdose
- A fifth of these more than five times.

Contributing factors

- Polydrug use, especially alcohol and benzodiazepines (in most cases of fatal heroin overdoses, other drugs are found to contribute).
- Injecting opiates as oppose to smoking or snorting increases the risk of overdose.
- Low tolerance; e.g. detoxification, prison, a period of abstinence.
- Not being in treatment.
- A recent history of overdose.
- Psychiatric problems e.g. depression, borderline personality disorder etc.
- High purity, high availability.
- Using alone.

Signs and Symptoms

- Pupil constriction.
- Sudden unresponsiveness.
- Not rousable.
- Cyanosis (lips and fingertips turning blue).
- Depressed respirations.
- Depressed level of consciousness.
- Deep snoring or gurgling sounds.
- Faint pulse or no pulse.
- Death.

Prevention / Education

- Deter clients progressing to injecting, smoke or snort rather than inject.
- Never use alone.
- Wise to test the purity of the drug (i.e. small amount first).
- N.B. be extremely careful if tolerance has dropped (e.g. use much lower quantity than usual).
- Avoid polydrug use.
- Access treatment.

Myths and inappropriate responses

- Trying to walk a person around (it can actually speed up the absorption of the drugs taken orally).
- Cold bath (risk of hypothermia and drowning, also causes constriction of blood vessels, puts more pressure on the heart).
- Inflicting pain. An overdose is pharmacological process, if a person is "coming around" it is because the body is metabolizing the drugs.
- Injecting saline (myths spread by drug users). There is a risk of viral transmission of virus's e.g. Hep C or HIV.
- Run away (not an unusual response).

Treatment

- Call for Ambulance, 999/112
- If breathing, place the person in recovery position and observe until the ambulance arrives.
- If trained, carry out cardio pulmonary resuscitation (CPR) until ambulance arrives.

Naloxone (an opiate antagonist) is the antidote to opiates. It is a safe and effective treatment for the reversal of opiate overdose. It takes effect in 1-4 minutes and can be given intravenously or intramuscularly. The only danger with Naloxone is that it has a half-life of sixty minutes meaning the drug starts to 'wear off ' after this time. This is the very reason that it is essential that the person is observed for up to twelve hours after administration to ensure they don't overdose again. Naloxone is a prescription only drug and is only administered in hospitals in Ireland.

Drug use education is key to prevention of overdose. This information should provide some assistance in carrying out the necessary and vital work to prevent overdose among substance misusers. I acknowledge that the above information is a summary of relevant facts however if you wish to know more or require further clarification on any of the points or would like guidance on how to find more information I can be contacted at the address below;

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