

A Preliminary Investigation into the Inappropriate Use of Naloxone by People Who Use Drugs

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Conflict of Interest:
None declared

Background & Aims

- Overdose is a common occurrence in the drug user community¹ however drug users' beliefs of overdose are not well understood²
- Naloxone is a widely accepted tool used to prevent drug related death from overdose³
- Concerns have been voiced in the literature⁴ and anecdotally about **naloxone being misused to induce acute withdrawal symptoms** in an opiate dependent peer
- This preliminary investigation aims to substantiate anecdotal claims of naloxone misuse in the drug user community, and explore the motivation behind it
- Aims to explore attitudes towards naloxone and if beliefs and experiences of drug overdose influence engagement with take-home naloxone (THN)

Methodology

- **Design:** Qualitative exploratory approach, cross-sectional design
- **Setting:** Urban and rural drugs services in South West England
- **Participants:** Service providers (SP) ($n = 5$) and service users dependent on opiates (SU) ($n = 9$)
- **Measurements:** Semi-structured interviews, audio-recorded and transcribed verbatim. Thematic analysis of interview data, based on published recommendations⁵

Subtheme 1: Acceptance in User Community

Many drug users have a naloxone kit and are prepared to use it in an overdose

SU 9: "I hear more and more people saying 'has anyone got naloxone?' before they start doing a hit, which I think is a really good thing."

SP 3: "They're positive about it, especially those who have reversed an overdose and seen their friend come back to life... you've saved a life, how powerful is that?"

Subtheme 3: Overdose Risk Perceptions

Believing not to be at risk of overdose, therefore not needing a THN kit

SU 8: "That's the only time that I think I would hit overdose, if I'm taking something that isn't what I think it is. [My tolerance] is massive. The stuff I've had is nowhere near good enough to be doing that to me."

SP 4: "A false belief that they're not gonna overdose, 'I don't need naloxone because I've never overdosed before, the drugs are no good so there's no need for me to have it.'"

Findings

Two themes and four subthemes identified from thematic analysis

Using Naloxone for Overdoses

Subtheme 2: Inappropriate Use of Naloxone

Using naloxone to purposely induce acute withdrawal symptoms in peer

SU 2: "He'd had a night outside of the (hostel) and then was awoken to being jabbed [with naloxone] ... he wasn't very well when I seen him ... he owed a bit of money to the lad, and the other lad knew he was using heroin and crack everyday ... I think he just jabbed him out of spite really, cause he didn't pay him."

SP 5: "Numerous reports of street sex workers using naloxone to defend themselves, especially in situations where they know that their aggressor, the person trying to attack them or rob them, is also a drug user."

Beliefs Surrounding Drug Overdose

Subtheme 4: Dealing with Overdose

Not knowing if someone has actually overdosed, or whether to intervene with naloxone

SU 1: "I panicked for about a minute, finding the naloxone. I was pretty sure he was dead... he came round and he didn't believe that frickin' he'd died."

SP 5: "It's very emotional, very stressful situation for the people attending it. For the person that's going through it...there's no real attachment to the seriousness of the situation."

Discussion

- Reports of inappropriate naloxone use substantiated, but varied by location (more widespread in urban areas) – SU in urban cities may experience more chaotic lifestyles compared to rural towns, and the potential to use naloxone as a 'weapon' is an appealing option
- Beliefs surrounding risk of overdose differed between drug users e.g. older drug users did not believe they were at risk of overdose because their tolerance to opiates was higher than their younger peers, and therefore believed they did not need to carry naloxone as a precaution – this is of concern since older drug users are a population where opiate related deaths are substantially increasing⁶
- Findings may be attributed to the **Health Belief Model**^{2,7}; perceived susceptibility of overdose (e.g. risk) and perceived barriers to naloxone (e.g. acute withdrawal) influences engagement in preventative behaviour (e.g. deciding to carry naloxone as a safety precaution)

Conclusion

This preliminary investigation identified some anecdotal reports of naloxone misuse, however further research must be conducted to explore the full extent of misuse in other areas of the UK. Improvements can then be suggested to the provision of naloxone and to overdose education interventions.

References:

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