Development of a CBPR Protocol for an IDU Focus Group on Overdose Prevention and Naloxone Training & Distribution

Julie Gleason-Comstock
Wayne State University, jgleason@med.wayne.edu

Follow this and additional works at: http://scholarworks.gvsu.edu/mjph
Part of the Public Health Commons

Recommended Citation
Available at: http://scholarworks.gvsu.edu/mjph/vol4/iss1/10
Development of a CBPR Protocol for an IDU Focus Group on Overdose Prevention and Naloxone Training & Distribution

Julie Gleason-Comstock, PhD, CHES
Wayne State University (WSU) Department of Family Medicine & Public Health Sciences and Center for Urban Studies (CUS), Office of the Provost

Opioid overdose is a leading cause of death among injection drug users (IDU). Naloxone is an effective opiate antagonist used by medical personnel for emergency resuscitation. To provide guidance for an urban public health initiative on naloxone training and distribution, a community health organization which operates a syringe exchange program, a local health department and a research university used an existing Community-Based Participatory Research (CBPR) relationship to develop a focus group protocol to receive input from IDU.
COMMUNITY-BASED PARTICIPATORY RESEARCH WITH AN INTRAVENOUS DRUG USERS FOCUS GROUP ON OVERDOSE REVERSAL

Julie Gleason-Comstock, PhD, CHES, Alicia Streater, PhD, Mark Sorbo, BA, Wayne State University (WSU)
Cindy Bolden Calhoun, Barbara Jones, Craig Miller, Community Health Awareness Group, Inc. (CHAG)
Luke Bergmann, PhD, City of Detroit Department of Health & Wellness Promotion (DHWP)

BACKGROUND

Opioid overdose is a leading cause of death among injection drug users (IDU). Naloxone is an effective opiate antagonist used by medical personnel for over thirty years for emergency resuscitation. Except for potential dope sickness, the drug has no side effects and no pharmacological effect when opiates are absent.

Recently community-based harm reduction programs have developed a training and distribution program in which injecting drug users themselves can administer naloxone in case of opiate overdose. Although it does not completely eliminate the need for medical intervention, the program can prevent unnecessary death from opiate overdose by allowing trained bystanders to inject naloxone immediately instead of using multiple ineffective methods to revive someone before calling 911. Studies show that injecting drug users are willing to and do use the naloxone to prevent overdose death and that it does not increase the frequency or quantity of opiates used.

METHODS

In preparation to implement this program, sixteen intravenous drug users (IDU), all registered members of the Life Points program, participated in one of two focus groups. Questions explored the IDU typical injecting environment, experiences with drug overdose and their opinions about using naloxone. Prior to the group, all participants completed a brief survey and watched a 10 minute video about naloxone.

PARTICIPANT CHARACTERISTICS

- 56% Female
- Race/Ethnicity
  - 44% African-American
  - 38% White, non Hispanic
  - 12% White, Hispanic
  - 6% American Indian
- Age
  - 25-30 (12%)
  - 31-39 (12%)
  - 40-49 (38%)
  - 50+ (38%)
- Education
  - 8th grade or less (13%)
  - Some high school (25%)
  - High school graduate/GED (38%)
  - College (25%)

RESULTS

INJECTING ENVIRONMENTS

- 80% of the respondents said they inject primarily in private locations
- Usually with friends and in their own homes
- 44% usually inject with a regular injecting partner
- Only 25% ever injected in a shooting gallery.
- 31% always inject alone
- Most like privacy when using; don’t like others watching while inject
- Many expressed feeling safe when they get high by themselves because they can’t afford enough dope to put them over the top or they always buy from someone they know.

OVERDOSE EXPERIENCES IN THE LAST 12 MONTHS

- 75% knew someone who overdosed at least once
- 44% had overdosed themselves
- Most often the OD occurred in their own house
- 8th grade or less (13%)
- Some high school (25%)
- High school graduate/GED (38%)
- College (25%)

WILLINGNESS TO USE NALOXONE AND INFORM OTHERS

- 100% were willing to carry and use naloxone when witnessing an OD
- “Even if I was high… it would wake me up, blow my high so I would be able to deal with it.”
- “You can work it out with someone where you say” I’ve got this and you give that so that if one of us falls out, you can hit me…”
- “Hey we still have a heart and conscience, even if we don’t know each other, we would do it.”

INTRODUCTION

A Community-Based Participatory Research collaborative between the City of Detroit Department of Health and Wellness Promotion, Community Health Awareness Group, Inc. and researchers from the WSU Center for Urban Studies, Office of the Provost, and the Department of Family Medicine & Public Health Sciences, School of Medicine, explored the feasibility of adapting the Chicago Recovery Alliance model for prevention of opiate overdose related death in the City of Detroit.

The opiate reversal program is planned as a natural expansion of services provided through CHAG’s Life Points Harm Reduction Outreach program. Life Points has provided syringe exchange, HIV/AIDS and Hepatitis C risk reduction education, referrals to drug treatment and HIV/AIDS testing to injecting drug users and others through mobile street outreach since 1996. The naloxone distribution program will be implemented through Life Points in late 2009.

ACKNOWLEDGEMENT

Acknowledgement: Chicago Recovery Alliance