Providing health education on accidental drug overdose

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There is an association between intravenous drug use and increased risk of death due to overdose. This article reports on the evaluation of a health promotion programme to educate drug users on preventing an overdose and how to deal with an overdose if it occurs.

In 2003 three local area health boards – Northern, South Western and East Coast – were responsible for the planning and delivery of health and social services within the Eastern Regional Health Authority (ERHA). Of the six postal districts in the ERHA region with the highest prevalence of illicit drug use, three were located under the South Western Area Health Board (SWAHB) (Comiskey, 1998).

A total of 23 clinics in the SWAHB provide methadone treatment for approximately 1,500 service users. These clinics range from large centres staffed by a full-time multidisciplinary team to smaller satellite clinics based in community centres or local health centres.

A deficit in the provision of health promotion information, particularly to drug users, was observed both within the addiction services and at national level. Several members of the addiction services nursing team came together to discuss and examine the possible reasons for this.

A strategy was initiated to develop and implement an initiative that aimed to meet the health information needs of drug users.

**Overdose information**

One particular area in which the availability of information was noted to be limited was that of opioid overdose.

An association between intravenous drug use and increased risk of mortality has been demonstrated (Darke and Zador, 1996), with deaths due to overdose contributing significantly to this (Oppenheimer et al, 1994; Percucci et al, 1991).

A study conducted by Cullen et al (2000) in Dublin examined the prevalence and experience of heroin overdose in a population of drug users and demonstrated that most drug users reported:

- A great deal of personal experience with overdose;
- Knowledge of many other drug users who had died from overdose;
- Limited use of preventive measures;
- A poor understanding of how to deal with an overdose.

**The project**

The aim of the health promotion programme was to educate drug users on preventing an overdose and offer advice on how to deal with an overdose should it occur.

A member of the health promotion initiative group researched the information needs regarding overdose among drug users and collaborated with a print media company in order to produce a leaflet and a poster on the topic.

In addition to their clear and concise content, the leaflet and poster had to have a visual impact to promote the message to those with weaker literacy skills. A sample of health care professionals, consisting of at least one person from each discipline working within the addiction services, reviewed the content prior to final printing.

Subsequently, the posters and leaflets were distributed to the clinics. The posters were strategically placed in high visual impact locations, such as waiting areas. The leaflets were placed in holders, which were mounted in close proximity to the posters. In addition, clients were encouraged by means of a supplementary notice to engage with health care professionals in the clinic if they had any queries or questions regarding overdose.

**Preliminary evaluation**

Evaluation is essential within any health promotion programme (Whitehead, 2003). Within this programme an impact evaluation assessment of its short-term impact on service users attending several addiction clinics was undertaken.

A questionnaire including four basic questions was devised to discover:

- Whether service users noticed or used the information on offer;
- If so, what aspects of the information users found most useful;
- Whether they made any changes in relation to overdose prevention or how they dealt with an overdose;
Whether they had any suggestions on how the leaflet or poster could be improved.

A convenience sampling method was employed and 20 per cent of service users in 15 clinics were asked to complete the questionnaire. In each clinic, a member of the nursing team approached service users as they entered the waiting area within a given time period. Each service user was asked if they wished to complete the questionnaire and if they agreed to do so, whether they required assistance to complete it.

Results
In total, 200 questionnaires were disseminated to service users and 194 questionnaires were completed. Of those who completed the questionnaire, 81 per cent (158) had read the poster or taken a leaflet.

The information that participants considered most useful was that regarding the recovery position and what to do if someone overdoses (Fig 1).

When asked if they had made any changes in the way they thought about or had dealt with an overdose, of those who responded, 71 per cent (105) indicated that they had and 29 per cent (42) indicated that they had not.

When asked if they had any suggestions on how to improve the content of the poster or leaflet, 20 per cent (28) of respondents suggested some additional information or features that could enhance the leaflet or poster. However, 80 per cent (114) were satisfied with the current version.

In addition, 19 per cent (30) of respondents suggested that the information should be distributed to other agencies that would have contact with drug users such as pharmacies and prisons.

Discussion
First, it has to be acknowledged that no organised health promotion infrastructure was in place in the service prior to the initiation of the current programme. This study was conducted to investigate the impact of the programme, focusing on overdose, and was aimed at drug users who were attending addiction centres, most of whom had a history of intravenous drug use.

A significant proportion of service users read the poster, took a leaflet or were aware of the information presented on the poster or in the leaflet. While this is encouraging, the information had been on display for a month. All those service users who completed the questionnaire attended the clinic regularly and had an opportunity to observe the poster or leaflet. This may indicate the need for an additional strategy, such as the verbal delivery of information.

Another positive development is the proportion of service users who found the subject matter valuable and were encouraged to be more aware of the factors that contribute to an opioid overdose and how they would deal with an overdose.

A substantial number of service users felt that additional information and features could enhance the existing material on overdose. This highlights the importance of service user involvement in the design of health promotion material, particularly on a topic that unequivocally impacts on the lives of those for whom the information is intended.

Sporer (2003) discusses four important strategies in the prevention of overdose:

- Education of drug users;
- Formation of family supports;
- Supervised injecting rooms;
- Appropriate education, especially rescue breathing.

Nurses who work within the addiction services have started to bridge the gap in education but a more structured approach needs to be established, including basic rescue breathing training.

With regards to the design of the questionnaire, a retrospective assessment to ascertain service users’ knowledge of overdose prior to the distribution of the health promotion material may have added further significance to the findings.

Conclusion
This nurse-led health programme had an important and positive impact on service users. Consequently, circulation of the leaflets has been expanded to other agencies that encounter drug users, such as prisons, GP surgeries and community agencies.

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REFERENCES


Each service user was asked if they wished to participate in completing the questionnaire and if they required assistance to complete the questionnaire.

and generally all of the information included in the leaflet or poster

in organised groups that is targeted at a larger number of service users attending a clinic

This alone is an important outcome, taking into consideration the proportion of intravenous drug users that are at risk of either a fatal or non-fatal overdose.

Such an assessment may have enabled a comparative and more accurate examination of service user knowledge prior to and following on from the distribution of the health promotion material.

While recognising that further research is necessary to assess the longer-term health benefits of such an initiative, nonetheless this preliminary evaluation will be used to further inform and assist in the planning and development of subsequent programmes, which will be ongoing in the service.

Projects such as this one should be a source of encouragement for those involved to continue to endeavour to improve the health and well being of service users.
REFERENCES

Reference name. (1999) 'Reference title' of the source document follows the authors name. Publishers name follows in 'Ref. body' text style. Note all right hand side-text columns containing reference information always have the copy range left.

For Journal articles Reference name. (1999) individual references for each article in the Clinical section is twelve.